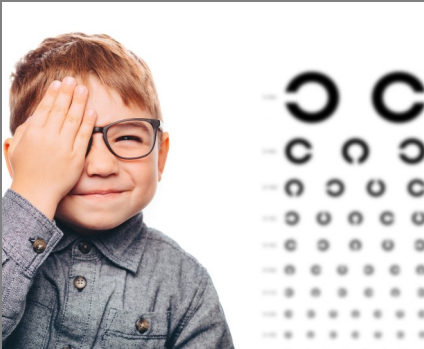


LAKE SHORE



TECHNICAL COLLEGE

Employee Benefits Guide



July 1, 2022 to June 30, 2023



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



Eligibility and Enrollments

About this Benefits Guide

Lakeshore Technical College (LTC) takes pride in being an employer of choice; offering a benefits program that is balanced, cost effective and competitive. The College offers a comprehensive suite of benefits to promote health and financial security for you and your family, designed for your financial protection. This booklet provides you with a summary of your benefits. Please review it carefully to choose the coverage that's right for you.

Eligibility

As a Lakeshore Technical College employee, you are eligible for benefits if you work full time 1,560 annual hours for full time exempt and non-exempt staff or 1,440 annual hours for full time faculty. Benefits are effective the first of the month coinciding with or following date of hire (Exception: If the 1st or 2nd falls on a weekend, coverage may begin 1st of current month). The enrollment form must be completed within 31 days from the date of eligibility.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your children up to age 26

Qualified Life Events

Generally, you may make your benefit elections only during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage

- Divorce or legal separation
- Birth of your child
- Death of your spouse, or dependent child
- Adoption or placement for adoption of your child
- Change in employment status of employee, spouse, or dependent child.
- Qualification by the plan administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 31 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 31 days of the qualified event, you lose the opportunity to come onto the plan until the next annual open enrollment period.

NEW Online Enrollment System!

To communicate the updates and the process for enrolling in benefits this year we will be using a new technology called **Enrollify** that specializes in mobile enabled technology and employee engagement. This tool will allow you to receive all the open enrollment updates on your smart phone using texts with links and will allow you to schedule a virtual consultation with a dedicated Benefit Counselor to complete your Open Enrollment through our new online enrollment system this year.



Cost of Your Benefits

Lakeshore Technical College pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

Benefit	Tax Treatment	Who Pays
Health Coverage	Pre-Tax	LTC and You
Dental Coverage	Pre-Tax	LTC and You
Basic Life and Supplemental Insurance Coverage	Taxable Fringe Over \$50,000	LTC
Supplemental Life Insurance Coverage	Post-Tax	You
Long-Term Disability	N/A	LTC
Short-Term Disability	Post-Tax	You
Vision Coverage	Pre-Tax	You
Employee Assistance Program (EAP)	N/A	LTC
Flexible Spending Accounts	Pre-Tax	You
Wisconsin Retirement System (WRS)	Pre-Tax	LTC and You
Retirement Options (403b and 457)	Pre-Tax and/or Post-Tax (Roth)	You

Health Insurance



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Lakeshore Technical College offers the following health plan option. The plan includes comprehensive health care benefits, including coverage for prescription drugs and free preventative care services.

- ★ The Health plan is a self-funded health plan with UMR as the third-party administrator. UnitedHealthcare Choice Plus Network is the network used for in Network level of benefits. Prescription Drug Coverage is provided through Elixir.

	In-Network	Non-Network
Calendar Year Deductible (embedded)		
Individual	\$2,000 without HRA / \$1,500 with HRA	\$4,000 without HRA / \$3,500 with HRA
Family	\$4,000 without HRA / \$3,000 with HRA	\$8,000 without HRA / \$7,000 with HRA
Calendar Year Out-Of-Pocket Maximum (embedded)		
Individual	\$4,000 without HRA / \$3,500 with HRA	\$8,000 without HRA / \$7,500 with HRA
Family	\$8,000 without HRA / \$7,000 with HRA	\$16,000 without HRA / \$15,000 with HRA
Your costs for covered care		
Preventive Services	0%	\$10 copay, Deductible, then 40%
Office Visits Primary & Specialty	Deductible, then 20%	\$10 copay, Deductible, then 40%
True Emergency Room Care	\$100 copay, Deductible, then 20%	\$100 copay, Deductible, then 20%
Non-True Emergency Room Care	\$200 copay, Deductible, then 20%	\$200 copay, Deductible, then 20%
Urgent Care	\$10 copay, Deductible, then 20%	\$10 copay, Deductible, then 20%
Hospital & Surgical Services	Deductible, then 20%	Deductible, then 40%
Diagnostic Lab & X-Ray	Deductible, then 20%	Deductible, then 40%
Prescription Drugs www.elixirsolutions.com		
Prescription Drug Out-Of-Pocket Max	\$4,550 Single / \$9,100 Family	
Generic Drugs (Tier 1)	30-Day Retail: \$10 copay 90-Day Retail: \$30 copay 90-Day Mail Order: \$20 copay	Not Covered
Preferred Brand Drugs (Tier 2)	30-Day Retail: \$30 copay 90-Day Retail: \$90 copay 90-Day Mail Order: \$60 copay	Not Covered
Non-Preferred Brand Drugs (Tier 3)	30-Day Retail: \$60 copay 90-Day Retail: \$180 copay 90-Day Mail Order: \$120 copay	Not Covered
Specialty Drugs (Tier 4)	Generic: \$30 copay Preferred: \$90 copay Non-Preferred: \$180 copay	Not Covered

The deductible, co-insurance, and co-payments applied to your in-network and non-network maximum out-of-pocket limits accumulate separately and are not transferable.





How To Find A Provider

With a preferred provider plan, using the network provider maximizes your benefits. You can find a network provider by clicking on the Find a Provider link at www.umar.com, then search for the United HealthCare Choice Plus network, which includes a Medical Provider or a Behavioral Health Provider. If you go to the provider outside this network, you will likely have higher out-of-pocket costs.

Case Management - A valuable part of your medical benefits

UMR Care Management is a staff of experienced, caring nurses (RNs) who help you get the most out of your health plan benefits. They work with you, your doctors, and other medical advisors to get the services that best meet your needs. Whether you're having a baby, have an emergency hospitalization or need non-emergency care, UMR Care Management Nurses will be available to assist you by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claim's payer
- Helping you better understand your health benefits

If you have questions about your Care Management benefits or upcoming healthcare services, call UMR Care Management at the phone number provided on your member ID card.



Contact: UMR | 800-826-9781

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [Health, Real Appeal, and Prescription](#)

Real Appeal



Weight issues in the U.S. have reached epidemic proportions. It's estimated nearly 7/10 adults are considered overweight or obese.

Available through UMR, Real Appeal can help you reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions. Real Appeal uses a highly interactive weekly online show, videos, and live online coaching to drive small behavior changes, week by week, over a full year.

Participants receive one-on-one support through online consultations with a personal coach and interactive group discussions. They also receive digital tools for desktop and mobile devices and a weight-loss kit with exercise DVDs, an electronic scale, a pedometer, a blender, calorie and weight-loss trackers, fitness guides and more. There is NO cost to members to participate.



Eligible Members must fall into one of the following:

- Body Mass Index (BMI) - greater than 30.
 - Your BMI is your weight (in kilograms) over your height squared (in centimeters). Let's calculate, however, using pounds and inches. For instance, the BMI of a person who is 5'3" and weighs 125 lbs. is calculated as follows: Multiply the weight in pounds by 0.45 (the metric conversion factor).
- Greater than 25 but not more than 29.9 BMI with qualifying co-morbidity (diabetes, dyslipidemia, High-blood pressure, pre-diabetes, tobacco user).
- Greater than 23 but not more than 29.9 BMI with co-morbidity.

The Real Appeal Program Includes:

Coaching

- One-on-one coaching with a weight-loss expert and weekly group coaching and live online discussion

Personalized Support

- Tools to help support success based in individualized needs:
 - Nutrition guides, meal plans, recipes, shopping lists and tips for dining out, Video workouts and fitness Guides

Tools and Tracking

- Hands-on tools tailored to participant needs.
- Online support tools, including educational websites and digital applications.
- Online or mobile tracking tools to monitor nutrition and exercise – such as changing moods, cravings, feelings of satiety, exercise, and food intake.

ENROLL by going to getreal.realappeal.com. When you begin your enrollment, have your insurance information and calendar handy to choose your weekly online session day and time.

Contact: UMR | 800-826-9781

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Health, Real Appeal, and Prescription](#)



Opt Out & Spousal Surcharge

Alternate Benefit Program and Opt Out

For employees eligible for LTC's health insurance plan but have waived coverage, they may be eligible to receive an alternative benefit program payment via payroll.

Requirements for Eligibility:

- Full Time Staff eligible for health insurance
- Proof of other coverage – Documented evidence of other health coverage must be provided to the college (Spouse's Employer Letter or a copy of the insurance card) along with a signed Health Insurance Opt-Out Request form upon initial election.
- Participation Requirement – The College must maintain health insurance plan enrollment at 70% of Eligible Employees. Those electing ABP may be denied this option if health plan enrollment drops below 70%. In this event, eligibility to elect ABP will be determined on the basis of greatest length of enrollment in the health insurance plan.
- Confirmation of continued coverage will be requested each cafeteria (flexible spending) year and must complete a new Health Insurance Opt-Out Request form annually during open enrollment.

Late Enrollment:

- Employees have the right to enroll in the health plan at a later date pursuant to the insurance carrier's late enrollment terms and timelines and conditions for reentry, subject to the requirements of the cafeteria plan and related legal authority regarding election changes.

Payment:

- The ABP allows eligible participants, who have other health care coverage, to waive LTC's Health Insurance coverage and receive a \$333.33 monthly cash payment (\$4,000 annually).

Bridge:

The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ([Opt-Out Health – Alternative Benefit Plan](#))



Spousal Surcharge

A spousal surcharge is an additional fee or premium that an employee is required to pay if their spouse has an alternative source for healthcare coverage through their own employer yet elects to be added to the employee's plan. A spousal surcharge applies only if the spouse has other health insurance options.

All eligible, married employees who enroll for spousal health coverage must complete the Spouse Health Insurance Coverage Statement.

Lakeshore Technical College employees are subject to a \$100 per month surcharge to cover a spouse who is eligible for group health coverage through his/her own employer (other than through Lakeshore Technical College), or a spouse who is retired and has access to a health plan through his/her previous employer (other than through Lakeshore Technical College). If at any point your spouse ceases to be eligible for his/her employer's health coverage, he/she may be enrolled under the Lakeshore Technical College health plan coverage within 30 days from such loss of eligibility.

An open enrollment under another employer's benefit plan is considered a permitted mid-year change in status event under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible for, he/she should contact his/her employer and may request to enroll effective July 1 to avoid the surcharge.

Contact:

Christina Drews | 920-693-1163 | Christina.Drews@gotoltc.edu

Bridge:

The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ Spouse Health Insurance Coverage Statement Request from HR

Health Reimbursement Arrangement



Employees can complete various wellness components to earn funds into a Health Reimbursement Arrangement (HRA). These funds are used to help reduce the portion of the deductible you pay.

The wellness components vary from year to year and include items such as the completion of a biometric screening. Once the wellness components have been completed, funds will be earned for the following calendar year. Please note that the HRA has a \$250 employee/\$500 employee plus children/family deductible per calendar year (also referred to as an access point).

The College uses the LivingWell site for employees enrolled in the College's health plan to enter their wellness activities: <https://gotoltc.us/livingwell/login.php>.

Single	Family
\$500	\$1,000

For those who earn the full amounts as listed above, the deductible you pay is reduced as follows:

	Individual	Family
Deductible (in-network)	\$2,000	\$4,000
Health Reimbursement Account (HRA)	(\$500)	(\$1,000)
Your Portion of the Deductible*	\$1,500	\$3,000

*Eligible for flexible spending

The Explanation of Benefits (EOB)'s you receive from UMR will also outline the portion you owe and what is/is not eligible to be paid by insurance.

Contact:	UMR 800-826-9781
Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> Benefits (Health Reimbursement Account)

HRA Rollover

An HRA Rollover is available to you if there are any remaining funds available in your Health Reimbursement Arrangement from the previous year. Rollover funds are populated in February if applicable. Please note: if you used all your HRA funds, then there will be no rollover funds populated to your HRA rollover account. However, you may have a carryforward balance from prior year rollovers.



Yearly Rollover Amount		Maximum Balance	
Single	Family	Single	Family
\$250	\$500	\$500 balance	\$1,000 balance

To find out if you have any HRA Rollover funds available, go to www.umar.com and Login. Click on "Account balances" – "Flexible Spending" – "View My FSA".

Contact:	UMR 800-826-9781 – Ask for Flexible Spending Department
Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> Benefits (Flexible Spending & Rollover)



Flexible Spending Accounts

Flexible Spending Accounts (FSA) are designed to save you money on your taxes. They work in a similar way to a savings account but for qualified expenses. Each pay period, funds are deducted from your pay on a pretax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

Account Type	Eligible Expenses	2022 Annual Contribution Limits	Benefit
Health Care Account (HCA)	Medical, Dental, Vision care expenses not covered by insurance (co-insurance, glasses, contacts, deductibles)	Maximum contribution \$2,850 per year	Saves on eligible expenses reduces your taxable income
Dependent Care Account (DCA)	Dependent care expenses (day care, after school programs or elder care programs)	Maximum contribution \$5,000 per year	Reduces your taxable income.



Important Information About FSAs

Your FSA elections will be in effect from July 1 through June 30. Claims for reimbursement must be submitted by September 30 of the following year. This is known as the “use it or lose it” rule and it is governed by IRS regulations. FSA elections do not automatically continue from year to year; you must actively enroll each year.

Grace Period (Applies to Health Care & Dependent Care Flexible Spending Account(s) Only)

When enrolled in the Health Care Account and/or the Dependent Care Account as of the end of the Plan Year, you are eligible for a two-and-a-half-month grace period (July 1 to September 15). The grace period allows you and your dependents (if applicable) to continue incurring medical care expenses and dependent care expenses for up to two-and-a-half months following the end of the plan year and to be reimbursed for those expenses with any remaining account funds from the prior plan year. To help prevent unused dollars, from the prior plan year, being forfeited, during the two-and-a-half-month grace period, your plan will reimburse you from prior plan year dollars first before using the dollars that you elected for the present plan year.

Take Advantage of an FSA- Save \$ on Your Taxes

With a FSA, the money you contribute is not taxed. Nor is it taxed when you request reimbursement or file your income tax returns. Below is an example of the potential savings:

	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to Flexible Spending – Health Care & Dependent Care	\$2,000	\$0
Federal and Social Security taxes	\$15,696	\$16,350
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses	\$32,304	\$31,650
Tax savings with the Health Care & Dependent Care FSA	\$654	

Contact: <https://www.wageworks.com/> | 877-924-3967

Bridge: LTC Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Flexible Spending & Rollover\)](#)

Dental Insurance



Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler, and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

★ LTC offers you a self-funded dental plan with Delta Dental of Wisconsin.

Annual deductible	\$0
Annual maximum (per person)	\$2,000
Diagnostic & Preventive Services	
Exams & Cleanings	100%
X-rays	100%
Fluoride Treatments & Sealants	100%
Basic Services	
Fillings	80%
Root Canal Therapy	80%
Oral Surgery	80%
Major Services	
Crowns, Inlays, Onlays	70%
Repairs	70%
Bridges, Dentures, Implants	50%
Orthodontic Services	
Adults and Dependents (to age 26)	50% to \$2,000 lifetime maximum

Enhanced Benefits Program

This program offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care.



Helpful Tip: Minimize your out-of-pocket expense for dental care by asking your dentist for a pre-treatment estimate from Delta Dental before you agree to receive any prescribed major treatment.

Dental Provider Networks

Your lowest out-of-pocket costs will come from seeing a Delta Dental PPO dentist. That means savings on out-of-pocket costs and better choice. Non-network dentists may balance bill you for amounts over the plan percentages of coverage. Avoid balance billing by using network providers.



Contact: Delta Dental | 800-236-3712 | www.deltadentalwi.com

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [\(Benefit Summaries, Summary Plan Descriptions, & Dental & Vision Discount\)](#)



Vision Insurance



Even in today's economy, budgeting for regular eye exams is vital because early diagnosis and timely treatment of eye diseases - such as diabetic retinopathy, cataracts and glaucoma - is made possible. Vision Insurance can help defray the cost of those exams and treatment.

★ The Vision plan is with Superior Vision as the carrier.

Superior Select Midwest Network is the network used for in Network level of benefits.

	Exam and Materials Plan		Materials Only Plan	
	In Network	Out-of-Network	In Network	Out-of-Network
Annual deductible	\$0	\$0	\$0	\$0
Benefits				
Exam	Covered In Full	Up to \$35	Not Covered	Not Covered
Frames	\$150 Retail Allowance	Up to \$75	\$150 Retail Allowance	Up to \$75
Standard Lenses				
Single Vision	Covered In Full	Up to \$25	Covered In Full	Up to \$25
Bifocal	Covered In Full	Up to \$40	Covered In Full	Up to \$40
Trifocal	Covered In Full	Up to \$45	Covered In Full	Up to \$45
Contact Lenses ¹				
Elective	\$175 Retail Allowance	Up to \$150	\$175 Retail Allowance	Up to \$150
Medically Necessary	Covered In Full	Up to \$150	Covered In Full	Up to \$150
LASIK Vision Correction ²	\$200 Allowance	\$200 Allowance	\$200 Allowance	\$200 Allowance
Services/Frequency				
Exam	one per calendar year		N/A	
Frames	one per calendar year		one per calendar year	
Lenses	one pair per calendar year		one pair per calendar year	
Contact Lenses*	one allowance per calendar year		one allowance per calendar year	

¹ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

² Lasik Vision Correction in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations



Contact: Superior Vision | 800-879-6901 | www.superiorvision.com

Bridge: LTC Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [Vision](#)

Vision Discount Program



Your dental plan from Delta Dental includes a vision care discount program. Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care discount program. EyeMed offers you a choice of services at a great value. This is not insurance, but a discount plan that provides:

- Overall savings up to 35%
- Savings on laser vision correction
- Replacement contact lenses by mail
- Access to thousands of private practice and retail providers nationwide, including Lens Crafters®, Target Optical®, Shopko Optical®, and most Pearle Vision® locations.
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available).

Vision Discount Program	Member Benefit
Exam with Dilation as Necessary	\$5 off comprehensive exam \$10 off contact-lens exam
Complete Pair Glasses Purchased Apply only if a complete pair is purchased in the same transaction. Items purchased separately are discounted 20% off the retail price.	
Frames: Any frame available at provider location	35% off retail price
Single Plastic Lenses Including Standard Scratch Coating	Member Pays
Single-Vision	\$50
Bifocal	\$70
Trifocal	\$105
Lens Option	Member Pays
UV Coating	\$15
Tint (solid and gradient)	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45
Standard Progressive (add-on to bifocal)	\$65
Conventional Contact Lenses: Applied to materials only	15% off retail price
Laser Vision Correction: LASIK or PRK	15% off retail price or 5% off promotional price
Frequency: Exams, frames, lenses, and contact lenses	Unlimited

Additional Notes

After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Members will receive a 20% discount on items purchased at participating providers not included under the program and may not be combined with any other discounts or promotional offers. The discount does not apply to EyeMed provider's professional services or contact lenses. Prices may vary by location.

Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear
- Services provided as a result of Worker's Compensation



Contact: EyeMed Vision Care | 866-800-5457 | www.eyemedvisioncare.com/deltadental

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Dental & Vision Discount\)](#)



Life Insurance & Disability

Group Basic Life Insurance

LTC offers various life insurance options through Symetra Life Insurance Company. All active employees working a minimum of 23 hours each week (excluding temporary, leased, or seasonal) have a life insurance policy paid by LTC equal to one times their annual salary.

*Reduction in coverage due to age applies to basic life insurance and supplemental life insurance. Reductions are effective on September 1st following the date you attain age 70, 75, and 80.

Group Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Supplemental term life insurance for the employee is available in amounts of \$25,000, \$50,000, \$75,000, and \$100,000 coverage (Includes Accidental Death & Dismemberment). This is group term insurance which means the cost of the coverage increases as an employee enters a new age bracket. This coverage is available on a voluntary payroll deduction basis. Enrollment may require underwriting.

Group Life Insurance Monthly Rates:

Age Bracket	\$25,000	\$50,000	\$75,000	\$100,000
Up to 34	\$2.14/mo.	\$4.26/mo.	\$6.38/mo.	\$8.50/mo.
35-39	\$2.64	\$5.26	\$7.88	\$10.50
40-44	\$3.64	\$7.26	\$10.88	\$14.50
45-49	\$5.38	\$10.76	\$16.14	\$21.50
50-54	\$8.38	\$16.76	\$25.14	\$33.50
55-59	\$12.38	\$24.76	\$37.14	\$49.50
60-64	\$13.88	\$27.76	\$41.64	\$55.50

* Please note reduction in coverage due to age applies to basic life insurance and supplemental life insurance. Reductions will be effective on September 1st following the date you attain age 70, 75, and 80.

Voluntary Dependent Life Insurance

Voluntary dependent life insurance is available for your spouse and unmarried dependent children. The child's coverage extends from 15 days of age to age 19, or age 19 but under age 26 and in full time attendance (minimum 12 course credit hours per semester) at an accredited institution of learning. Age 19 or older and disabled.

Family Plan 1	Family Plan 2
\$2 premium per month	\$4 premium per month
\$7,500 spouse and/or \$3,750 per child	\$15,000 spouse and/or \$7,500 per child

Long-Term Disability (LTD)

100% Employer paid Long Term Disability Insurance is offered through National Insurance Services (NIS). LTD insurance provides a non-taxable benefit of 67% of your base salary in the event you become disabled and are unable to work after 90 consecutive calendar days of disability.

Benefit Amount	67% of Base Earnings, maximum amount applies
Benefit Duration	Benefits are payable up to age 65; those over 65 have limits on the duration of the benefit
Elimination Period	90 days

Contact Human Resources if you need to get started on completing a long-term disability claim.

Contact: Christina Drews | 920-693-1163 | Christina.Drews@gotoltc.edu

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Life & Long-Term Disability\)](#)



Additional Programs

Since we carry our life insurance through Symetra, they offer additional free benefits for our employees including travel assistance, identity theft protection, and beneficiary assistance. Each of these services is only a phone call away 24/7.



Travel Assistance

Your Travel Assistance Program offers a variety of 24-hour-a-day services in more than 200 countries and territories worldwide for emergency help. Services under this program include finding medical services, free transportation when medically necessary, free transportation home for traveling companion's and dependent children, replacement of medication and eyeglasses. Other services include help locating/replacing lost or stolen luggage, documents and personal possessions, legal assistance, telephone interpretation in all major languages, and much more. When calling, be prepared to provide the address where you are staying, a phone number where we may reach you, and your employer's name.

Contact: Symetra | 877-823-5807 (US) 240-330-1422 (from anywhere else in the world)

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Miscellaneous\) "Value Added Programs GROUP LIFE"](#)

Identify Theft Protection Program

Identity theft is a rising concern, and it can happen to anyone. That's where your Identity Theft Protection Program comes in. It provides you with information to protect yourself and step-by-step coaching to help you confirm and resolve identity theft. The Identity Theft Protection Program is provided by Generali Global Assistance. If you think your identity has been stolen, call 24 hours a day, seven days a week. An Identity Theft Expert will help you obtain a copy of your credit report from all three major credit-reporting agencies and put a fraud alert on your records. The services also include lost wallet assistance, credit information review, translation services, emergency cash advance while traveling (a repayment guarantee is needed).



Contact: Symetra | 877-823-5807 (US) 240-330-1422 (from anywhere else in the world)

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Miscellaneous\) "Value Added Programs GROUP LIFE"](#)



Beneficiary Companion Program

Managing a loved one's final affairs can be overwhelming. The amount of time and effort needed to close an estate can make an already stressful time even more difficult. Your Beneficiary Companion Program can offer some relief and provide guidance to help with paperwork, notifications, and other time-consuming details.

The Beneficiary Companion Program is provided by Generali Global Assistance. Dedicated beneficiary assistance coordinators are available 24/7 to answer any questions, offer guidance on how to obtain death certificate copies, manage notifications such as social security administration, credit reporting agencies, credit card companies/financial institutions, third-party vendors, and government agencies.

Contact: Symetra | 877-823-5807 (US) 240-330-1422 (from anywhere else in the world)

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits \(Miscellaneous\) "Value Added Programs GROUP LIFE"](#)



Aflac Voluntary Plans

Available for employees working 1,200+ annual hours

AFLAC provides a variety of coverage options protecting over 50 million people worldwide against the financial uncertainty that comes with accidents and illnesses. Cash is paid directly to you over and above other insurance with no coordination of benefits.

These benefits also provide:

- Group plans with lower costs, increased benefits and guaranteed issue
- Cash that can be used for leftover medical bills, everyday living expenses
- and replacement of household income
- Group rated
- Fixed rates for the life of the coverage
- Individually owned and portable

Accident Coverage

This voluntary benefit prepares you for those unexpected expenses associated with an accident. Policyholders are paid these benefits for a covered accident:

- Initial treatment with/without X-ray
- Follow-up treatment
- Initial hospitalization
- Daily hospital confinement
- Specific sum injury benefit
- Major diagnostic exam
- Epidural pain management
- Physical therapy
- Rehabilitation
- Appliance benefit
- Ambulance (actual charges incurred)
- Blood and plasma
- Transportation
- Day family lodging
- Accidental dismemberment
- Accidental life insurance
- Annual Wellness Screening Benefit, one per covered person, per calendar year
- Pays regardless of other insurance

Lump Sum Critical Illness

- This is a lump sum option between \$10,000 and \$30,000 for an upfront payout in the event of a covered illness
- Covered critical illnesses include cancer, sudden cardiac arrest, heart attack, stroke, end stage renal failure, major organ transplant, and bone marrow

transplant

- Re-occurrence benefit
- Coronary artery bypass surgery benefit
- Health screening benefit for employee and spouse
- Can help with out-of-network expenses that may be associated with specialized care

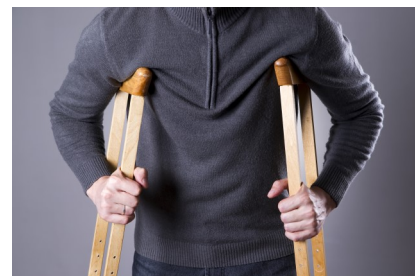
Short-Term Disability

A common misconception is that disability insurance is only for those who are severely injured or have an extended illness. This is not always the case. Like accidents, disabilities can happen when least expected. If an employee is unable to work for days or months due to a disability, how will they meet financial obligations like house or rent payments, groceries, and utility bills?

- The plan stays with you even when you change or leave your job
- Monthly benefits: \$300-\$5,000 (subject to income requirements)
- Benefit period: 3 months
- Elimination period (injury/sickness): 0/7 days

Voluntary Permanent Whole Life Insurance from Mass Mutual

- Optional coverage up to \$150,000 on a guaranteed issue basis (first time offer)
- Guaranteed issue is maintained for those enroll in first year of eligibility with a minimum of \$10k election
- Permanent coverage means you have a fixed premium for the life of the coverage that also builds a cash value
- As a Mutual company, Mass Mutual has paid an annual dividend for 186 straight years
- Best in class dividend helps you to build a meaning cash value that compounds annually
- Cash value grows tax deferred and gives you options for how to best use your cash value in the future when you need it
- Dividend paid via paid up additions
- Optional coverage for spouse and/or children
- Individually owned and portable with no change in coverage or cost should you leave



Contact: Shannon Lading | 920-450-5904 | Shannon_lading@us.aflac.com

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [Aflac & MeMD](#)



Employee Support

Employee Assistance Programs (EAP) (National Insurance Services & Symetra)

Sometimes life can be challenging. That's why LTC provides two different Employee Assistance Programs (EAP) to all eligible employees at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time. You or a member of your household (spouse, dependent children, etc.) can receive up to three in-person assessment and counseling sessions with masters-degreed counselors, 24-hours a day. Assistance by phone is available immediately. The EAP program also provides legal, financial, childcare and eldercare assistance.

Contact:	National Insurance Services 866-451-5465 www.niseap.com
Contact:	Symetra 888-327-9573 www.guidanceresources.com
Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> Benefits (Miscellaneous)



Mental Wellbeing

Text HOPELINE to 741741 anywhere, anytime about any kind of struggle.

A live, trained specialist receives the text and responds quickly.

HOPELINE™, text line offered by Center for Suicide Awareness, is a text (versus voice call) free emotional support service providing hope, help, and support when it's needed most.

HOPELINE™ serves anyone in any type of situation, providing them with access to free, 24/7 emotional support and information.

HOPELINE™'s purpose is to offer emotional support and resources before situations rise to a crisis level.

Mental Health America

When your mental health is off, you want to get help to make it better. Fortunately, there are a wide range of treatments and supports, including mental health screening tools to be found at www.mentalhealthamerica.net.

Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. Mental health conditions, such as depression or anxiety, are real, common, and treatable. And recovery is possible.

Contact:	Text 741741 https://centerforsuicideawareness.org/
Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> Benefits (Miscellaneous)



Other Benefits



Pet Insurance (Bivvy)

- Use the Exclusive employer code to insurance any pet for only \$14 a month (WI residents). Cost may vary based on state of residence.
- Covers any pet for the same premium, regardless of age, size, gender, or breed.
- Covers accidents and illnesses.
- Option to add on Bivvy Wellness Care to help pay for preventative and routine care.
- Use code LAKESHORE10
- Website: www.bivvy.com

MeMD Telemedicine

(See a licensed medical provider online)

- Employees and their dependents who are enrolled in the College's health plan are eligible
- Consult a medical provider by webcam or phone 24/7 Nationwide.
- Prescriptions sent instantly to the pharmacy of your choice.
- \$25 co-pay per visit
- The entire telehealth visit is completed on average within 30 minutes or less.



Need employer code listed:
AKCW8UQY
without employer code, you
will be charged \$67 vs. \$25

Sample of Medical Conditions MeMD can address:

- Abrasions, bruises
- Colds, Flu, and fever
- Sore throat, cough, congestion
- Allergies, hives, skin infections
- Bites and stings
- Minor headaches, arthritic pains, body aches
- Medication refills - short term (prescriptions cannot be written for controlled substances or elective medications)
- Diarrhea, vomiting, nausea
- Urinary tract infections
- Eye infections, conjunctivitis

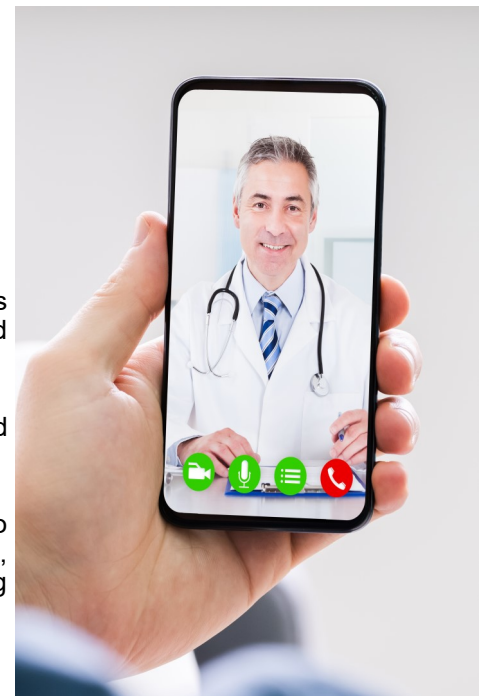
MeMD Telemedicine (Ca\$h Incentive):

Receive a \$50 cash incentive every time you or a family member uses MeMD.

- Provide visit summary to HR (redact personal health info)
- \$50 cash incentive per visit is (reimbursed through payroll)

Behavioral Health Services:

- Telepsychiatry Services – Employees have access to psychiatric providers that specialize in the diagnosis and treatment of mental health issues and can work with MeMD therapists to provide comprehensive care.
 - \$195 initial visit / \$95 follow-up visits
- Talk Therapy – Employees have access to high-quality, convenient, and confidential mental health services, so they can get the support they need.
 - \$65 fee per visit
- Teen Therapy – Teen teletherapy program gives your employees access to the mental healthcare their children need. Teletherapists treat depression, anxiety, body image concerns, eating disorders, bullying, peer conflict, drug and alcohol use, self-harm behaviors and other common adolescent issues.
 - \$65 fee per visit



Contact: MeMD|855-636-3669 | <https://www.memd.net/>

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [Aflac & MeMD](#)



Hours and Payroll

Summer Hours

Employees can modify their schedules or supplement with available rotation or personal leave hours. We are closed all Fridays in July through the first Friday in August.



Family & Medical Leave (FMLA)

Employees may be eligible for up to 12 weeks of unpaid leave for the employee's serious health or family member's condition. Employees are eligible once they have been employed for one year and worked a minimum of 1,000 hours.

Jury Service

Employees subpoenaed to serve as jurors or witnesses will be paid their regular salary and will turn over to the district reimbursement, excluding mileage allowance, which they receive for such service. The Human Resources Department needs to be notified immediately about such jury duty.

Worker's Compensation Insurance

Worker's compensation insurance is maintained by LTC to cover on-the-job injuries of all employees. Accidents should be reported immediately to your supervisor, the school nurse's office, and Human Resources Department.

Refreshment & Lunch Breaks

Employees are allowed a break of up to 15 minutes in the morning and a break of up to 15 minutes in the afternoon for refreshments. This time may not be used to leave the office earlier or to lengthen the lunch break period. Lunch breaks are not paid time. Employees, whose work schedule exceeds six hours, must take a half hour nonpaid lunch. Employees opting to exercise daily can add 15 minutes onto one daily, regularly scheduled break with their manager's approval. The entire 30 minutes would be paid and dedicated to physical activity.

Payroll

Your payroll is made by direct deposit on or before the 15th and the last business day of the month.

Voluntary Deduction Participation Options

Pre-Tax Payroll Deduction:

- Flexible Spending Accounts
- Health and Dental Employee portion
- Wisconsin Retirement System (WRS)
- Tax-Sheltered annuity plans (403b) *
- Deferred compensation plan (457) *
- Vision

After Tax Payroll Deduction:

- Child Care
- Foundation (scholarship donation)
- Life Insurance -Voluntary Supplemental & Dependent
- Short Term Disability (STD), Accident & Critical Illness
- United Way
- Tax-Sheltered annuity plans (403b) *
- Deferred compensation plan (457) *

Voluntary deductions will be withheld from both mid-month and end-of-the-month payrolls.



Time Off Benefits

Fiscal Year July 1 to June 30

Paid Leave of Absence (PLOA)

PLOA is given at the beginning of each fiscal year. It is used for illness and medical/dental appointments of the staff member or family member, funeral and birth or adoption of a child. "Family" means spouse, children, stepchildren, parents, stepparents, siblings, parents-in-law, grandparents and grandparents-in-law, grandchildren and any person living at the staff member's home receiving emotional and financial support whether related by blood or not, who is considered by the staff member as a lifelong family member. This definition of family does not include acquaintances, friends, or roommates.

PLOA	Faculty — 15 days	Exempt/Non-Exempt Staff — 15 days
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Personal Leave

Some PLOA hours may be used for non PLOA circumstances such as family graduations and/or marriages; appointments such as legal, financial, and business; special school events that are only scheduled during work hours; home appliance, equipment, or structural problems; and car malfunctions. It can also be used for school closing (i.e., between Christmas and New Year's holiday)

Personal	Faculty — 4 days	Exempt/Non-Exempt Staff — 4 days
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Bereavement (Funeral Leave)

Employees may use PLOA due to the preparation for or attendance of a funeral for a family member. The length of time should be reasonable with the circumstances, at the staff member's discretion.

Vacation

This leave is available to our Exempt and Non-Exempt staff. Pro-rated benefits are provided to regularly scheduled; part-time employees based on the number of annual work hours.

Non-Contact Time

This leave is available to our faculty staff and is 2 weeks.

Earnings Details

Earnings for Non-Exempt Staff		Earnings for Exempt Staff	
Years of Service	Vacation Weeks	Years of Service	Vacation Weeks
0 – 4	2 weeks	0 - 4	3 weeks
5 – 9	3 weeks	5 - 14	4 weeks
10 -14	4 weeks		
15 +	4 weeks plus 4 days	15 +	4 weeks plus 4 days

Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Employee Handbook
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Holidays Observed

INDEPENDENCE DAY	CHRISTMAS DAY
LABOR DAY	NEW YEAR'S EVE
THANKSGIVING DAY	NEW YEAR'S DAY
DAY FOLLOWING THANKSGIVING	MEMORIAL DAY
CHRISTMAS EVE	FLOATING HOLIDAY\FLEXIBLE HOLIDAY

Other Services



Child Care Center

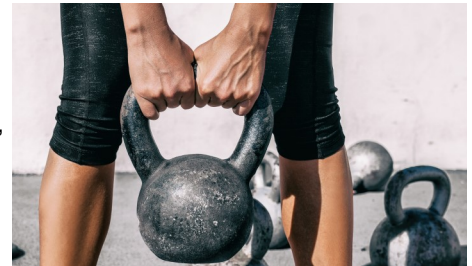
Employees interested in the Child Care Center should contact the Child Care center for more information. Childcare is available for children ages 2 and above. You may also be eligible for payroll deduction for childcare.

Contact: Melissa Griffin | (920) 693-1243 | melissa.griffin@gotoltc.edu
Bridge: The Bridge ☐ Instruction ☐ [Child Care](#)

Fitness Center

Employees may use the center's equipment which includes weight machines, rowing machines, bikes, tread mills and other workout equipment.

Visit the College Nurse in the Lakeshore building or call x1111 for more information.



US Cellular Discount Program

Overview:

- The Partner Employee Discounts Program (PED Program) provides the employees of current U.S. Cellular® Business and Government accounts the opportunity to qualify for a discount on their wireless service.
- The discount will apply only to consumer (Individual Account Type) voice plans; discounts will not apply to any additional Vertical Services requested.

Verification Process:

- All validation will take place through an online e-mail verification platform at www.uscellular.com/partner, using the customer's corporate e-mail address.
- Employees may sign up at a US Cellular Retail Store.
- Required employment verification every 2 years.

Sports Core Discount

The Kohler Sports Core offers an employee discount for LTC employees

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits ☐ [Miscellaneous](#)

United Way

LTC supports participation in the United Way (it is a form of fund solicitation for worthwhile community health and welfare organizations). If employees wish to contribute to United Way, they can make payments via payroll deduction, check, or credit card.

The LTC Bookstore

In addition to office supplies, the LTC Bookstore has other personal items for sale, e.g., candy, books, athletic apparel, personal hygiene items, novelty, and logo items.

Employees receive a 10% discount. www.lakeshoretechshop.com

Tuition Reimbursement

Full time employees and part time employees scheduled a minimum of 1200 annual hours are eligible for tuition reimbursement after 12 months of employment. There is a \$3,000 max reimbursement per fiscal year (July 1-June 30) and must receive a grade B or better. The Course Reimbursement Form should be completed, approved, and routed to HR with a copy of the grade report or transcript. Note: Staff must maintain employment for two years after payment or refund College employee's reimbursement.

Contact: Lisa Kwarcianny | 920-693-1158 | Lisa.Kwarcianny@gotoltc.edu
Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ Forms Library ☐ <https://thebridge.mywilm.com/Administration/hr/HR%20Forms/Forms/AllItems.aspx>



Retirement Plans

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System provides a pension benefit to eligible employees. Membership is mandatory, under law, for staff employed full-time.

Eligibility

All Benefit Eligible employees who work at least one year and a minimum of 1,200* hours per year (880 for faculty) must contribute to WRS. The employee must earn five years of WRS-creditable service to be vested. One year of WRS-creditable service is equal to 1,320 hours for faculty and 1,904 hours for all others.

Contributions

The employee and LTC each pay ½ of the total WRS required contribution (based on gross salary) for full-time staff. The deduction is pre-tax.

Contribution Rate – Changes Every year

2022- 13.00% Total (6.50% employer and 6.50% employee)

Employees who were a participating employee with WRS prior to July 1, 2011 and have not taken a separation benefit need to meet a minimum of 600 hours per year or 440 for faculty eligible immediately for vesting upon employment.

Contact:	Department of Employee Trust Fund (ETF) 877-533-5020 www.etf.wi.gov
Bridge:	The Bridge <input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> Benefits (WRS & Retirement Savings)

Supplemental Retirement Options (403B & 457)

LTC offers 403(b) and 457 plans to provide a convenient way to save for your future through payroll deductions.

Eligibility

You are eligible to participate in the plan as of your start date with LTC or anytime thereafter.

Employee Contributions

Contributions from your pay are made on a pre-tax or post tax basis—up to the IRA annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the Normal IRS annual limit. There are no employer contributions. All employees are eligible for this benefit through payroll deduction. Participation must be in keeping with state and federal laws.

Maximum Contribution Limits – Changes every year

Maximum contributions for 2022 is \$20,500. Over age 50 catch up is \$6,500.

How to contribute to a 403b Plan

To make an elective contribution to the Plan, you must enroll with the 403b provider and submit a Salary Reduction Agreement to the Plan's Third-Party Administrator, TSA Consulting. You may make, change, or stop such an election to contribute at your discretion. The effective date of these changes will be the date listed on your Salary Reduction Agreement or the next payroll date after it is approved by TSA Consulting. For more information access the "Enrollment Kit TPA" located on: The Bridge ☐ Administration ☐ Human Resources ☐ Benefits [\(WRS & Retirement Savings\)](#)

How to contribute to a 457 Plan

Contact Wisconsin Deferred Compensation at 877-457-9327 or visit www.wdc457.org.



Retirement Plans



Optional (No employer match)					Mandatory (If req met)
	Traditional 403(b)	Roth 403 (b)	457 Deferred Compensation	Roth 457 Deferred Compensation	Wisconsin Retirement System (WRS)
Contributions	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax
Growth	Tax-Deferred	Tax-Free	Tax-Deferred	Tax-Free	
Distributions	Taxable Available at retirement and age 59 ½ Early withdrawals subject to 10% federal penalty	Taxable Available at retirement and age 59 ½ Early withdrawals subject to 10% federal penalty	Taxable -Available at separation of service No age requirement No 10% federal penalty on early withdrawals	Taxable -Available at separation of service No age requirement No 10% federal penalty on early withdrawals	Contribution rates determined by ETF. Employer Match Formula Based Annuity calculated at retirement. 5-year Vesting Rule for hires July 1, 2012, and after
Annual Maximum Contributions	\$20,500 basic \$6,500 extra if 50 years of age or over Contributions offset maximum Roth 403(b) Contributions	\$20,500 basic \$6,500 extra if 50 years of age or over Contributions offset maximum 403(b) contributions	\$20,500 basic \$6,500 extra if 50 years of age or over Contributions offset maximum Roth 457 contributions	\$20,500 basic \$6,500 extra if 50 years of age or over Contributions offset maximum 457 Contributions	May participate in Variable Fund if desired. Minimum Retirement Age of 55 Employee share available for payout if term prior to age 55 Loans not available
Loans	No	No	No	No	
Hardships	Yes, for most	Yes, for most	Yes	Yes	
Benefits	Reduces taxable income Provides tax-deferred income in retirement Can combine 403(b), 457 and Roth 457 plan contributions	Can combine 403 (b), 457 and Roth 457 plan contributions Tax-Free growth Provides tax free income in retirement	Reduces taxable income Provides penalty-free tax deferred income for those retiring before age 59 ½ Can combine 403(b), 457 and Roth 457 plan contributions	Tax Free growth Provides tax-free income in retirement Can combine 403(b), 457 and Roth 457 plan contributions	
Vendors	WEA Benefits 800-279-4030 www.weabenefits.com American Funds 800-421-0180 www.americanfunds.com Fidelity Investments 800-343-0860 www.fidelity.com/atwork	WEA Benefits 800-279-4030 www.weabenefits.com American Funds 800-421-0180 www.americanfunds.com Fidelity Investments 800-343-0860 www.fidelity.com/atwork	WDC (WI Deferred Comp) 877-457-9327 www.wdc457.org	WDC (WI Deferred Comp) 877-4457-9327 www.wdc457.org	ETF (Employee Trust Fund) 1-877-533-5020 www.etf.wi.gov



College Savings Plan

Edvest — Wisconsin's official 529 College Savings plan to help families save for higher education costs for their children. An Edvest plan is similar to 401k plans for retirement, but it's used to save for college.

How to set up an account

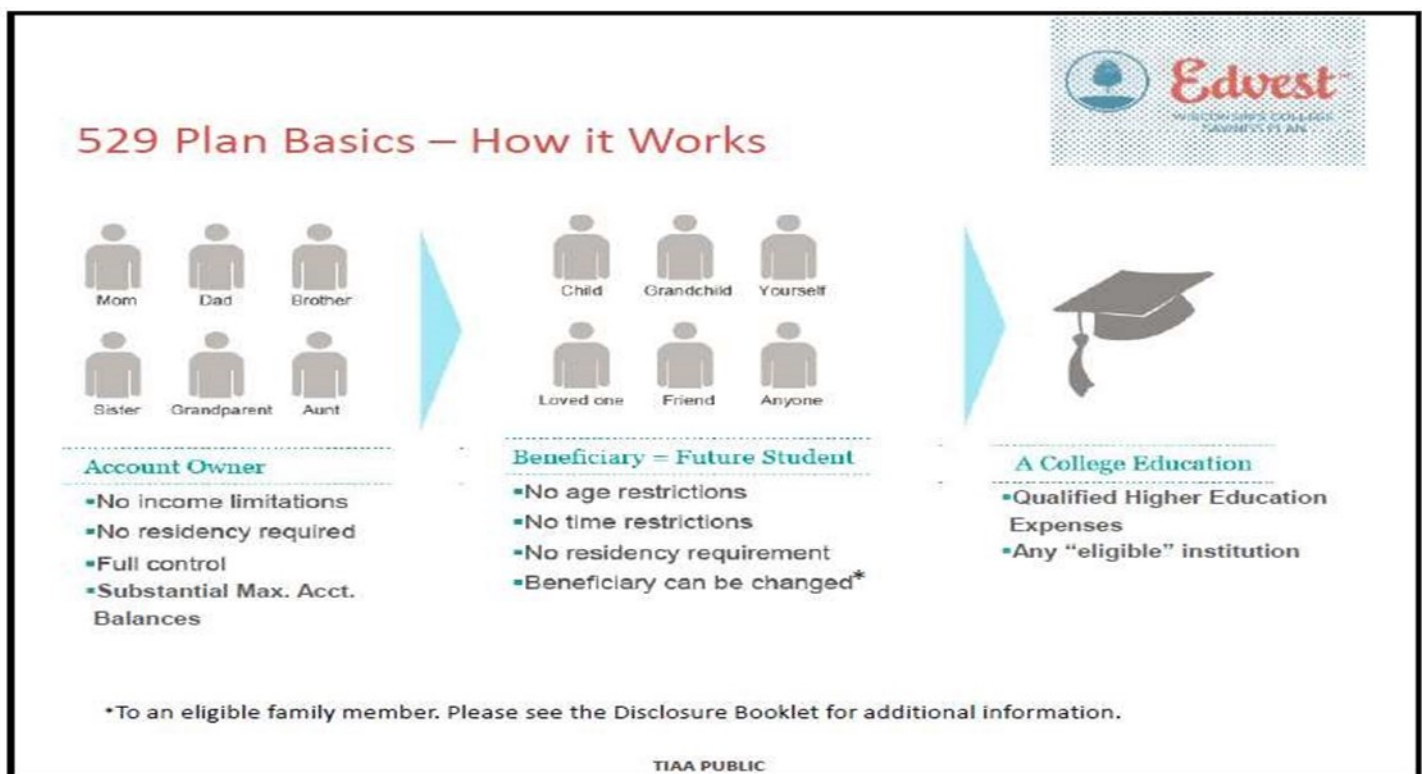
There is a \$25 contribution online – thereafter, LTC offers payroll deduction with a minimum contribution of \$15 per account each pay period. Edvest makes saving more affordable for more Wisconsin families.

Fast Facts

- Anyone may open or contribute to an Edvest Account, even out-of-state individuals.
- Wisconsin residents may be eligible for a state tax deduction (Limitations apply).
- Edvest funds may be used at universities, colleges, technical schools, graduate, and professional schools, as well as many certificate programs.
- Funds may be used at schools across the country and even some abroad.
- Use funds for tuition, books, room & board, computers, tablets & other expenses.
- Contribute whenever you want, at whatever amount you want, starting at \$25 or \$15 per pay period.
- Build savings by regularly contributing automatically through your bank account or payroll direct deposit.
- Opening an account takes about 15 minutes at edvest.com.



How it works



Contact: Edvest | 888-338-3789 | www.edvest.com

Bridge: The Bridge □ Administration □ Human Resources □ Benefits ([Edvest 529 Education Savings Plans](#))



Resource Summary

There are many additional resources located on LTC's Bridge website:

Bridge: The Bridge ☐ Administration ☐ Human Resources ☐ [Benefits](#)

Resources include summaries of Health, Dental, and Vision Benefits, information about Flexible Spending and Rollover, how to find Providers, Leave Benefits and more.

You may also access our, mobile-friendly Benefit Resources website, perfect for when you need information at your fingertips and on the go, by going to: <https://gotoltc.edu/hr/>



About This Guide

This benefit guide provides selected highlights of the LTC employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the College. All benefit plans are governed by master policies, contracts, and plan documents.

Any discrepancies between information provided through this guide and the actual terms of the policies, contracts, and plan documents are governed by the terms of these policies, contracts, and plan documents. Lakeshore Technical College reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.



Employee Premiums

2022-2023 Employee Contributions (Monthly)

HEALTH		2021-2022	2022-2023		
		Full Premium	Full Premium	Employee 20%	Employer 80%
Active and Early Retirees	Employee Only	\$786.20	\$847.33	\$169.46	677.87
	Employee + Spouse	\$1,720.59	\$1,854.80	\$370.96	\$1,483.84
	Employee + Spouse w/Spousal Surcharge	\$1,720.59		\$470.96	\$1,483.84
	Employee + Child(ren)	\$1,409.07	\$1,518.99	\$303.80	\$1,215.19
	Family	\$2,343.65	\$2,526.45	\$505.29	\$2,021.16
	Family w/Spousal Surcharge	\$2,343.65		\$605.29	\$2,021.16
	Special Medicare Retiree + Spouse	\$1,594.95	\$1,719.36	\$343.87	\$1,375.49
	Special Medicare Family	\$2,218.01	\$2,391.01	\$478.20	\$1,912.81

DENTAL		2021-2022	2022-2023		
		Full Premium	Full Premium	Employee 14%	Employer 86%
Active and Early Retirees	Employee Only	\$44.44	\$44.44	\$6.22	\$38.22
	Family	\$127.63	\$127.63	\$17.87	\$109.76

VISION Exam & Materials Plan		2021-2022	2022-2023		
		Full Premium	Full Premium	Employee 100%	Employer 0%
Active and Early Retirees	Employee Only	\$7.64	\$7.64	\$7.64	\$0.00
	Employee + Spouse	\$15.28	\$15.28	\$15.28	\$0.00
	Employee + Child(ren)	\$17.26	\$17.26	\$17.26	\$0.00
	Family	\$26.69	\$26.69	\$26.69	\$0.00

VISION Materials Only Plan		2021-2022	2022-2023		
		Full Premium	Full Premium	Employee 100%	Employer 0%
Active and Early Retirees	Employee Only	\$5.61	\$5.61	\$5.61	\$0.00
	Employee + Spouse	\$11.22	\$11.22	\$11.22	\$0.00
	Employee + Child(ren)	\$12.43	\$12.43	\$12.43	\$0.00
	Family	\$19.31	\$19.31	\$19.31	\$0.00



Contact Information



Plan	Contact	Phone Number	Website/Email
Health Insurance Group # 76-412171 & Health Reimbursement Account (HRA) & HRA Rollover	UMR Medical, Network Providers, HRA, & Claims	800-826-9781	www.umar.com
	UMR Care Management	866-494-4502	
	To Order a New Card	800-320-3206	
	Username/Password/Technical Assistance	866-922-8266	
Other Insurance Information	UMR	800-826-9781	www.umar.com
Prescription Drugs	ElixirRx Member Services 24/7/365	800-361-4542, extension 2	Website: www.envisionrx.com customerservice@envisionrx.com
Flexible Spending	HealthEquity WageWorks	877-924-3967	www.wageworks.com
Weight Management Program	Real Appeal (Part of LTC's health insurance)	844-344-7325	we.realappeal.com support@realappeal.com
Telemedicine	MeMD	855-636-3669	www.memd.net
Dental Plan	Delta Dental	800-236-3712	www.deltadentalwi.com
Vision Insurance	Superior Vision	800.923.6766	www.superiorvision.com
COBRA	Discovery Benefits/WEX	866-451-3399	www.discoverybenefits.com
Vision <u>Discount</u>	EyeMed Vision Care	866-246-9041	www.deltadentalwi.com/providersearch/vision/
HOPELINE™	HOPELINE Center for Suicide Awareness	Text: HOPELINE To 741741	www.centerforsuicideawareness.org/hopeline/
Mental Health	Mental Health America	800-273-8255	www.mentalhealthamerica.net
Employee Assistance Programs (EAP)	National Insurance Services	866-451-5465	www.niseap.com
	Symetra	888-327-9573	www.guidanceresources.com Web ID: SYMETRA
Life & AD&D Insurance	LTC Human Resources Department	920-693-1163	Christina.Drews@gotoltc.edu
Long-Term Disability Insurance	LTC Human Resources Department	920-693-1163	Christina.Drews@gotoltc.edu
Edvest - Wisconsin's 529 College Savings Plan	Edvest College Savings Plan	888-338-3789	www.edvest.com
Wisconsin Retirement System (WRS)	ETF-Department of Employee Trust Funds	877-533-5020	www.etf.wi.gov



Contact Information

Plan	Contact	Phone Number	Website/Email
457 Deferred Compensation Plan	Wisconsin Deferred Comp	877-457-9327	www.wdc457.org
403(b) Retirement Savings Plans	TSA Consulting Third Party Administrator (TPA) of 403b plans	888-796-3786, Option 5 Fax: 866-908-7582	www.tsacg.com
	WEA Benefits	800-279-4030	www.weabenefits.com
	American Funds (Plan # 78136)	800-421-0180	www.americanfunds.com
	Fidelity Investments (7am-11pm CST)	800-343-0860 / 800-328-6608	www.fidelity.com/atwork

Human Resources Contact Information

Contact	Area	Phone Number	Email
Marissa Holst	Executive Director of Human Resources	920-693-1139	Marissa.Holst@gotoltc.edu
Christina Drews	Manager of Benefits & Human Resources	920-693-1163	Christina.Drews@gotoltc.edu
Kim Schad	Payroll Services Manager	920-693-1869	Kim.Schad@gotoltc.edu
Lisa Kwarciany	Human Resources Specialist	920-693-1158	Lisa.Kwarciany@gotoltc.edu
Bonnie Zorn	Human Resources/Recruitment Specialist	920-693-1863	Bonnie.Zorn@gotoltc.edu
Rachel Libera	Human Resources Assistant	920-693-1236	Rachel.Libera@gotoltc.edu



Important Notices



Newborn & Mother's Health Protection Act Notice

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

Women's Health & Cancer Rights Act Enrollment Notice

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 this plan. If you would like more information on WHCRA benefits, contact Human Resources.

HIPPA Notice of Privacy Practices Reminder

The organization is committed to the privacy of your health information. The administrators of the medical 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 Notice of Special Enrollment Rights

If you are eligible to participate in the benefit plans, you must complete the required enrollment steps and pay a part of the premium through payroll deductions, if applicable. 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.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

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.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.



Important Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MAINE – Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711

Important Notices



INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA – Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>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</p>
KANSAS – Medicaid	MISSOURI – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY – Medicaid	MONTANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA – Medicaid	NEBRASKA – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>



Important Notices

NEW YORK – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	VERMONT– Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND – Medicaid and CHIP	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

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)

Important Notices



NOTICE OF CREDITABLE COVERAGE — 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 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. Your employer 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.

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 through the company 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 your Human Resources or benefits representative 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 the company 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).

Date: January 01, 2022
Name of Entity/Sender: Lakeshore Technical College
Contact—Position/Office: Christina Drews—Manager of Benefits & Human Resources
Office Address: 1290 North Avenue
Cleveland, Wisconsin 53015-1412
Phone Number: 920-693-1163

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).



Important Notices

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **“balance billing.”** This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the plan administrator.

Important Notices



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.

How Can I Get More Information?

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

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.

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.



Important Notices

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

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."



Important Notices

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 the Plan Administrator.

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.

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.



Important Notices

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 period¹ to sign up for Medicare Part A or B, beginning on the earlier of

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

- 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.



Notes

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This benefit summary prepared by



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