July 1, 2021–June 30, 2022

Summary of Benefits

2021-2022

HAGERSTOWN COMMUNITY COLLEGE

What's Inside

Important Notice about Your Prescription Drug Coverage and Medicare — see page 18.

Please read it and share it with any of your Medicare-eligible dependents.

This communication highlights some of the benefit plans available at Hagerstown Community College. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Hagerstown Community College reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

From the Office of Human Resources...

HAGERSTOWN COMMUNITY COLLEGE

Dear Employee:

As a full-time employee of Hagerstown Community College (HCC), you are eligible for the benefits package detailed in this Benefit Summary. Our goal is to provide a comprehensive benefits package that protects you and your family from catastrophic loss and encourages preventive care.

It is important to review your benefits package and assess coverage needs for you and your dependents. The benefit elections you choose will remain in effect through June 30, 2022. Benefits for newly hired employees become effective on the first of the month following your date of hire. After your initial enrollment period, elections may only be changed during the plan year if you experience a qualifying change in life/family status that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document such as birth/adoption of a child, marriage, or change in your spouse's employment.

FY21 Monthly Benefit Cost

The monthly benefits cost for full-time faculty and staff are illustrated below. Payroll deductions are taken on a pre-tax basis.

Medical	Employee	Employee + Children	Employee + Spouse	Family
Employees paid over 12 months	$49.66	$108.97	$127.13	$203.91
Employees paid over 11 months	$54.17	$118.88	$138.69	$222.45
Employees paid over 10 months	$59.59	$130.76	$152.56	$244.69

Vision	Employee	Employee + Children	Employee + Spouse	Family
Employees paid over 12 months	$0.55	$1.20	$1.50	$1.52
Employees paid over 11 months	$0.60	$1.31	$1.63	$1.66
Employees paid over 10 months	$0.66	$1.44	$1.80	$1.82

Dental	Employee	Employee + Children	Employee + Spouse	Family
Employees paid over 12 months	$2.73	$7.36	$8.59	$12.27
Employees paid over 11 months	$2.98	$8.03	$9.37	$13.39
Employees paid over 10 months	$3.28	$8.83	$10.31	$14.72

*For 10 and 11 month employees, monthly rates may vary depending on benefit eligibility date or pay schedule.

We are pleased to offer online enrollment through Benelogic. To enroll in your benefits please log on to https://hagerstowncc.benelogic.com. Detailed enrollment instructions can be found on page 5.

Should you have any questions or concerns about your benefits, please feel free to contact Human Resources by e-mail at HRD@hagerstowncc.edu or call ext. 2280, or contact the Benefits Hotline provided by PSA Financial at 1-877-716-6618.

Regards,
Fonda Franklin
Human Resources Manager

Employee Resources

Plan / Provider	Phone Number	Website
Benefits Hotline provided by PSA Financial	1-877-716-6618 Monday - Friday 8:30 a.m. to 5 p.m.	Email: HagerstownCC@psafinancial.com
Human Resources Fonda Franklin	240-500-2280	Email: HRD@HagerstownCC.edu
Medical CareFirst Group #: 1902852	1-877-691-5856	For general information and to search for a doctor: www.carefirst.com Enrolled members can also check benefits, claims, claim payments, and more at: www.carefirst.com/myaccount
Prescription CVS/Caremark Group #: 1902852	1-800-241-3371	
Dental United Concordia Group #: 0218421	1-800-332-0366	www.unitedconcordia.com
Vision Davis Vision - BlueVision Plus Group #: K423	1-800-783-5602	www.carefirst.com
Life and Disability Insurance Lincoln Financial Life Group #: 10217763 LTD Group #: 10217764	1-800-423-2765	www.Lincoln4Benefits.com
Flexible Spending Accounts Take Care by WageWorks	1-800-950-0105	www.takecareWageWorks.com Email: claims@takecareclaims.com
Employee Assistance Plan Cigna	1-888-371-1125	www.mycigna.com (Employer ID for initial registration: Hagerstown)

Employee Assistance Plan

As a vital part of our commitment to helping you maintain a healthy and fulfilling life, Hagerstown Community College is pleased to offer an Employee Assistance Plan—at **no cost to you** through **Cigna**. The program is completely confidential.

With the EAP, employees and family members will receive:

- Up to 10 face-to-face sessions per issue per year
- 24/7 phone consultations with Cigna's licensed clinicians
- Unlimited access to online research and other key resources

Get extra support for handling life's demands. Call for advice or a referral to a service in your community on topics such as:

- **Legal consultation:** receive a 30-minute free consultation, and up to a 25% discount on select fees
- **Parenting:** receive guidance on child development, sibling rivalry, separation anxiety, and much more
- **Senior care:** learn about challenges and solutions associated with caring for an aging loved one
- **Identity theft:** receive a 60-minute consultation with a fraud resolution specialist
- **Child care:** whether you need care all day or just after school, find a place that's right for your family
- **Pet care:** from grooming to boarding to veterinary services, find what you need to care for your pet

Benefits Hotline

As an employee of Hagerstown Community College, you have access to a dedicated service team at PSA that can assist you with your benefit needs.

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Change-in-status events

The Benefits Hotline can be reached toll-free at 1-877-716-6618 or via email at HagerstownCC@psafinancial.com. Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

Connect with your EAP by phone at 1-888-371-1125 or online at www.mycigna.com (Employer ID for initial registration: Hagerstown)

Eligibility

Employees

Employees working a minimum of 30 hours per week for at least nine months each year are eligible to participate in the benefits noted and described in this summary. Benefits for newly hired employees are effective on the first day of the month following the date of hire.

Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** Spouse of the same or opposite sex to whom you are legally married by ceremony
- **Child(ren):** Eligible to age 26 regardless of student, financial dependency, or marital status

Making Changes

Please keep in mind that benefit elections and their payroll deductions cannot be changed until the next open enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document. If you do not experience a change-in-status event, the elections you make will remain in effect until June 30, 2022.

Change-in-status events are changes in the below:

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

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

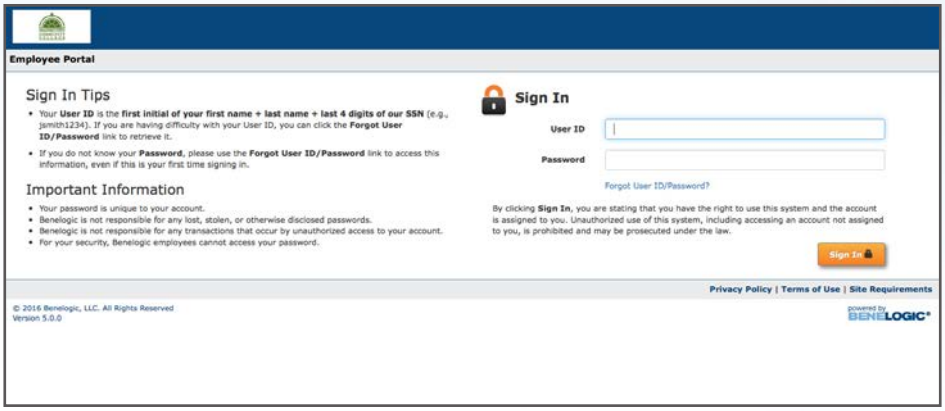
How to Enroll

hagerstowncc.benelogic.com

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

In this portal you can

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



hagerstowncc.benelogic.com

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

Before you enroll

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

When you're ready to enroll, simply follow the steps below

- Go to hagerstowncc.benelogic.com.
- Enter your User ID: First initial of First Name and Last Name with last four digits of your Social Security Number (e.g. Jsmith5454).
- Enter your Password. If you are signing in for the first time, your password is the last four digits of your Social Security Number.
- Follow the on-screen instructions to enroll in your benefits.
- When you have finished making your elections, click the Finish button to save your elections.
- Print your confirmation statement.

Medical Plan Overview

Keeping you and your family in good health

The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. Hagerstown Community College offers medical coverage through **CareFirst**. The plan offers the flexibility to choose from both in and out-of-network providers, but keep in mind that if you receive care from an out-of-network provider you will be subject to higher out-of-pocket costs and balance billing by the provider. You are not required to select a Primary Care Provider (PCP) and you do not need a referral to receive care from a specialist.

Summary of Benefits and Coverage (SBC)

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

Understanding the BlueChoice Advantage Network

If you are receiving care inside the CareFirst service area

- When care is rendered in MD, DC, or Northern VA (known as the CareFirst service area), by a provider in the BlueChoice network, care is reimbursed at the in-network level.
- You must use a LabCorp or Meritus facility for any laboratory services.
- Any provider not participating in the BlueChoice network will be considered out-of-network.

If you are receiving care outside the CareFirst service area

- If you seek care outside the CareFirst service area, you will pay lower costs by using a national BlueCard PPO provider, and care received will be considered in-network.
- If you require laboratory services outside of MD, DC, or Northern VA, you may use any participating BlueCard PPO laboratory to receive in-network benefits.
- Any provider not participating in the BlueCard PPO network will be considered out-of-network.

Affordable Care Act (ACA)

The Affordable Care Act (ACA), establishes minimum value and affordability standards for health coverage provided by employers.

The health coverage offered by Hagerstown Community College meets the minimum value standard and is intended to be affordable based on your wages. Therefore, you and your eligible family members will generally not be eligible for premium tax credits available through the Health Insurance Marketplace, unless you have special circumstances that impact your household income for the year.

If you have questions about your specific circumstances, you should contact your tax advisor or visit www.healthcare.gov for additional information.

Need to locate a participating provider?

Please keep in mind that doctors who are not in the CareFirst network may not accept CareFirst's reimbursement rate as payment in full and reserve the right to bill you for the balance (also known as balance billing).

To locate a participating, in-network provider, visit www.carefirst.com/doctor.

Know Before You Go

Virtual Visits

Free live consultation 24/7 with a board-certified doctor.

Virtual Visits can help with:

- Fever
- Sore throat
- Pink eye
- Coughs/congestion
- Allergy season
- Bronchitis
- Rashes (poison ivy, etc.)

Convenience Care Clinics

Fast, appointment-free health care for minor conditions.

Convenience Care Clinics can help with:

- Fever
- Sore throat (strep testing available), coughs/congestion
- Earaches
- Sinus infection
- Abrasions/scrapes
- Vomiting
- Rashes (poison ivy, etc.)
- Bug bites

Urgent Care Centers

For help with serious illnesses and injuries.

Urgent Care Centers can help with:

- Sprains
- Strains
- Minor broken bones (e.g., fingers)
- Minor infections
- Small cuts that may need a few stitches
- Minor burns
- X-rays

Emergency Rooms (ER)

For when you have a life-threatening health event.

Go to the ER for:

- Heavy bleeding and large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Severe head or spinal injuries
- Difficulty breathing
- Major broken bones

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

Medical Plan Highlights

The features of your medical plan through **CareFirst** are highlighted in the chart below. Referrals are not required to see a specialist with this plan. You have the flexibility and freedom to choose from both in and out-of-network providers, and your choice will determine your out-of-pocket costs. Please refer to your plan description for full details.

Plan Features	In-Network	Out-of-Network
Annual Deductible (Per Plan Year) Amount you must pay per plan year before the plan begins to pay benefits	$550 Individual $900 Family	
Annual Out-of-Pocket Maximum (Per Plan Year) Maximum amount you pay toward deductible, coinsurance, copays (medical and prescription), and covered expenses for the plan year • cost containment penalties and amounts in excess of usual and customary charges do not apply	$3,500 Individual $6,500 Family	
Preventive Care • Preventive Well Adult Care (office visit, pap smear, mammogram, prostate screening, GYN exam, annual physical, lab tests, immunizations/flu shots • Preventive Well Child Care (office visit, physician exam, lab tests, hearing tests, immunizations through age 19)	Plan pays 100% of allowable expenses; deductible does not apply	Plan pays 60% after deductible
CareFirst Video Visit	No charge	N/A
Office Visits • Primary Care Physician & Specialist • Routine pre-natal visit (after confirmation of pregnancy) and first post-natal visit • Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Diagnostic Tests and Procedures **X-rays and Lab Tests**	Plan pays 90% after deductible	Plan pays 60% after deductible
Hospital Services • Inpatient hospital care, including inpatient maternity care • Inpatient physician services	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	Plan pays 80% after deductible*	
Skilled Nursing Facility (maximum 120 days per year)	Plan pays 80% after deductible	Plan pays 60% after deductible
Chemical Dependency and Mental Health Services • Inpatient Hospital Care • Outpatient Services	Plan pays 80% after deductible	Plan pays 60% after deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
**If admitted, emergency room coinsurance would be waived. Benefits would be treated as inpatient health care provider services.*

Understanding the Deductible and Out-of-Pocket Maximum

Enrolled as an individual?

Deductible: You will be subject to the individual deductible.

Out-of-pocket maximum: The plan will pay 100% for covered services, once you have met your individual out-of-pocket maximum for the plan year.

Enrolled with spouse or dependent children?

Deductible: Each family member meets only the individual deductible. If several different family members have each paid enough in individual deductibles that, when added together, the family deductible has been met, the health plan begins paying the health care expenses for the entire family, even for the family members that haven't paid anything at all toward their individual deductible.

Out-of-pocket maximum: The plan will pay 100% for covered services once you have met the individual out-of-pocket maximum. If several different family members have each paid enough in individual amounts that, when added together, the family out-of-pocket maximum has been met, the health plan will pay 100% for covered services for the entire family, even for the family members that haven't paid anything at all toward their individual amount.

Prescription Drugs

When you enroll in the medical plan, you will automatically receive prescription drug coverage administered through CVS/Caremark. Your prescription drug coverage features include the below:

- A 34-day or 90-day supply of drugs available at participating retail locations
- A convenient way to purchase a 90-day supply of your medications and long-term maintenance drugs through Mail Order
- Educational tools and resources to help you save money, understand your plan, and manage your prescriptions at www.carefirst.com/rx

Below is a summary of your coverage and your cost:

Plan Features	Up to 34-day Supply You Pay	90-day Supply You Pay
Tier 1: Generic Drugs	$10 copay	$25 copay
Tier 2: Preferred Brand Drugs	$30 copay	$75 copay
Tier 3: Non-Preferred Brand Drugs	$50 copay	$125 copay
Tier 4: Preferred Specialty Drugs	$30 copay	$75 copay
Tier 5: Non-Preferred Specialty Drugs	$50 copay	$125 copay

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

Save money with generic drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand. Generic drugs save both you and the company money. Generic drugs contain the same active ingredients and are identical in dose, form, and administrative method as a brand name, but cost less.

Did you know?

- If the cost of your medication is less than your copay, you pay the cost of the medication.
- You can use your prescription drug card at more than 59,000 participating pharmacies nationwide.
- Frequently asked questions about your prescription benefits are available at www.carefirst.com/rx.

Access www.carefirst.com/rx for more information and for the most up-to-date lists of preferred drugs, preventive drugs, and prior authorizations.

CareFirst Member Benefits

Getting the most from your plan

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits, or search for information to help maintain your health, CareFirst offers the services and resources you need—right at your fingertips. Visit www.carefirst.com or download the mobile app.

Online access to your claims through My Account

My Account provides a secure way to access personalized information on your claims and out-of-pocket costs online, as well as a variety of tools and resources to manage your health plan. Simply log on to www.carefirst.com/myaccount to get started.

My Account puts you in charge of your health plan information and gives you tools to manage your plan—and your health.

- See who and what is covered under your health plan.
- Review the status of all your claims.
- View and order ID cards.
- Access customized health and wellness information.
- Use the Drug Pricing tool.
- Find a Doctor.
- Check the status of your deductible and out-of-pocket maximum.
- Access tools for finding the best hospitals for you.

New to CareFirst?

Visit http://www.carefirst.com/MyAccountDemo/ to take a tour of My Account, and download the mobile app for personalized access on the go.

Health and Wellness Resources

http://carefirst.staywellsolutionsonline.com

Take an active role in managing your health by visiting CareFirst's Health and Wellness Information website. The online wellness library has information on a variety of health topics, interactive tools, healthy recipes, and much more.

www.carefirst.com

Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan online, day or night.

Wellness discounts

Blue365 is an exciting program that offers exclusive health and wellness deals that will keep you healthy and happy, every day of the year. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options, and much more. Visit **www.carefirst.com/wellnessdiscounts** to learn more.

Read up about your health

Access health calculators, tracking tools, podcast videos on specific health topics, nutrition and recipe libraries, and the latest news on the My CareFirst website, or download the latest issue of CareFirst's Vitality magazine to learn more about your plan and staying healthy.

Mobile access

View the most-visited information on your smartphone or tablet. For more information on the mobile site and app, visit www.carefirst.com/mobileaccess.

Dental

Hagerstown Community College offers dental coverage for you and your family through **United Concordia.** You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between the benefit allowance and their fee.

To locate a participating provider, visit www.unitedconcordia.com/find-a-dentist. Enter you location and search.

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. In-network preventive care services are not subject to the deductible, and the plan covers 100% of the cost!

Plan Features	In-Network	Out-of-Network
Annual Deductible (Per Calendar Year) *Amount you must pay per plan year before the plan begins to pay benefits unless otherwise noted*	$25 Individual $50 Family	$50 Individual $100 Family
Annual Benefit Maximum (Per Calendar Year) *Maximum amount the plan will pay for covered services for the plan year*	$1,500 per person, per calendar year	$1,000 per person, per calendar year
Preventive Services Oral exams, cleanings, bite-wing x-rays, topical fluoride applications, sealants, space maintainers, emergency palliative treatment	Plan pays 100% no deductible	Plan pays 100% after deductible
Basic Services Problem-focused oral exams, fillings, full mouth x-rays, root canal, periodontal maintenance and surgery, oral surgery, extractions	Plan pays 80% after deductible	Plan pays 60% after deductible
Major Services Crowns, inlays, onlays, implants, bridges, dentures, general anesthesia	Plan pays 50% after deductible	Plan pays 40% after deductible
Orthodontia Services Diagnostic, active, retention treatment Dependent children up to age 19	50% up to a maximum benefit of $1,000 per person (lifetime maximum)	
Pregnancy Benefits	Covers one additional cleaning during pregnancy Covers one additional periodontal maintenance Scaling and root planing Four periodontal surgery procedures	

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on the maximum contract allowances and not necessarily each dentist's submitted fees. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

United Concordia Dental Mobile App

Get benefits and oral health information on the go!

- Find a dentist near you.
- Access your benefits information.
- Get a virtual ID card.
- Learn about oral health and wellness.

Chomper Chums® Mobile App

Have fun while teaching kids proper oral health!

- Use the two-minute brushing timer.
- Develop proper brushing habits.
- Encourage healthy eating.
- Interact with fun animal characters.

Vision

Your Vision coverage provides a full range of vision care services through a BlueVision Plus plan through **Davis Vision.** You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

To locate a participating provider, visit www.carefirst.com/doctor or call Davis Vision at 1-800-783-5602.

Plan Features	In-Network	Out-of-Network Reimbursement
Comprehensive Eye Exam	$10 copay	Plan pays up to $45 (you pay balance)
Benefit Frequency		
Eye Exam	Once per benefit period*—every 12 months	
Frames	Once per benefit period*—every 12 months	
Lenses	Once per benefit period*—every 12 months	
Contact Lenses	Once per benefit period*—every 12 months	
Eyeglass Frames		
Exclusive Tower Collection	No copay approximately 270 frames	Plan pays up to $45 (you pay balance)
Non-Tower Frame	Plan pays up to $100 toward wholesale price or equivalent allowance at a retailer (you pay balance)	
Eyeglass Lenses		
Single Vision	No copay	Plan pays up to $52 (you pay balance)
Bifocal	No copay	Plan pays up to $82 (you pay balance)
Trifocal	No copay	Plan pays up to $101 (you pay balance)
Lenticular	No copay	Plan pays up to $181 (you pay balance)
Contact Lenses (in lieu of eyeglasses)		
Single/bifocal Lenses	Plan pays up to $97 (you pay balance)	Plan pays up to $97 (you pay balance)
Disposable Lenses	Plan pays up to $127 (you pay balance)	Plan pays up to $127 (you pay balance)
Medically Necessary	No copay with prior approval	Plan pays up to $285 (you pay balance)

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

** Benefit Period means the period of time during which Vision Care is eligible for payment. The Benefit Period is 12 months from the first covered service of the Evidence of Coverage. Benefits are limited to once per Benefit Period.*

CareFirst Vision—Delivering Sight and SOUND

Your Hearing Network...Added value with a Davis Vision Plan!

- Network: licensed hearing providers in all 50 states (audiologists and hearing aid dispensers)
- Savings: 40% off national average selling prices
- Choice: offers access to major brands and styles of hearing aids
- Value: your hearing network provides a 4 year manufacturer warranty, 4 year free battery supply, 1 year free follow up care, and 60 day satisfaction guarantee. Care credit financing available, including up to 18 months same as cash, no interest.
- Simplicity: your hearing network centrally schedules and manages appointment process
- Satisfaction Guarantee: your hearing network's 60 day money back guarantee, price match guarantee

Life and Disability Insurance

Basic Life and AD&D Insurance—Company Paid Benefit

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

For Employees

Hagerstown Community College provides eligible full-time employees with Life and AD&D insurance in the amount of $50,000—at **no cost to you** through **Lincoln Financial**. Evidence of Insurability is not required. (Benefits reduce to 50% at age 70.)

For Dependents

Hagerstown Community College provides Life insurance for eligible dependents of full-time employees—at **no cost to you** through **Lincoln Financial**.

- Spouse: $5,000 benefit
- Children age 6 months up to age 26: $2,000 benefit
- Children age 14 days to 6 months: $500 benefit
- Children under age 14 days: not eligible

If this benefit is not elected when you are first eligible, future enrollment will be subject to Evidence of Insurability.

Supplemental Life Insurance

Active employees can elect additional life insurance through **Lincoln Financial**. Participation is voluntary, and premiums are 100% **paid by the Employee**.

- One or two times your Basic Annual Earnings, up to a maximum benefit of $250,000
- Evidence of Insurability will be required if you elect a benefit over $150,000 or 2 times your Basic Annual Earnings, whichever is less
- Benefits reduce to 50% at age 70

If this benefit is not elected when you are first eligible, or if you increase your coverage at a later date, you will be subject to Evidence of Insurability.

Long Term Disability Insurance—Company Paid Benefit

Disability coverage replaces a portion of your income when you are unable to work due to an illness or injury.

Hagerstown Community College provides Long Term Disability (LTD) insurance coverage —at **no cost to you** through **Lincoln Financial**.

- 60% of your basic monthly earnings up to a maximum benefit of $12,500 per month (taxed as ordinary income)
- Benefit payments begin after 90 days of continuous disability

Evidence of Insurability (EOI)

Lincoln Financial requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required if you elect a benefit over $150,000 or two times your basic annual earnings, whichever is less.

Coverage that requires EOI will not be in effect until you receive approval from Lincoln Financial.

Employee Supplemental Life Rates per $1,000 of coverage	
Age	**Monthly Rate***
Under 24	$0.092
25 - 29	$0.099
30 - 34	$0.099
35 - 39	$0.125
40 - 44	$0.173
45 - 49	$0.288
50 - 54	$0.415
55 - 59	$0.666
60 - 64	$1.024
65 - 69	$1.735
70 - 74	$3.409
75 - 79	$6.218

**based on 12 months.*

Pre-existing condition limitations

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

There are two types of FSAs: Health Care FSA and Dependent Care FSA. The plans are administered by **Take Care by WageWorks**.

In order to participate in the Health Care FSA or the Dependent Care FSA, you must enroll each plan year.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to $2,750 annually in pre-tax dollars, which is deducted out of your pay throughout the year. It allows you to use pre-tax income for things like a copay at the doctor's office, prescription drugs, chiropractic treatments, and even weight-loss programs. You can use the FSA for expenses for yourself, your spouse, and your dependent children.

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

Estimate your expenses carefully

The Health Care FSA has a $500 carryover feature, which allows any amount of $500 or less remaining in your account at the end of the plan year to roll over into the next plan year.

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

You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Online Account Management

Access your Take Care by WageWorks account anytime, anywhere! Once you've established your User ID and Password, you'll be able to:

- Upload claims electronically.
- Check claim status.
- Receive electronic account updates.
- Review your account balance.
- Access your account and upload claims on the go with the MyFlex Mobile app and mobile website.

Dependent Care FSA

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

Eligible expenses include:

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

Includes programs such as:

- After school care
- Summer camp
- Daycare center
- Individual daycare provided by a licensed caregiver
- Elder care expenses

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Remember...

Dependent Care FSA and Health Care FSA are separate accounts. You can enroll in the Dependent Care FSA even if you do not enroll in the Health Care FSA and vice versa.

Don't forget!

Under the IRS's use-it-or-lose-it rule, you will forfeit any money left in your Dependent Care FSA at the end of the plan year. You will be given 90 days after the end of the plan year to submit claims.

Health Care FSA Pre-tax Savings Example

	Without FSA	With FSA
Gross Pay	$50,000	$50,000
FSA Contribution	$0	- $2,750
Taxable Income	$50,000	$47,250
Taxes*	- $11,995	- $11,241.50
Take Home Pay after Taxes	$38,005	$36,008.50
Eligible Expenses	- $2,750	- $2,750
Available Income before reimbursement	$35,255	$33,258.50
Tax-Free Reimbursement from FSA	$0	$2,750
Net Income	$35,255	$36,008.50

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

That's a potential savings of $753.50 for the year!

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility.

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

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

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

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

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

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

Required Federal Notices

Women's Health and Cancer Rights Act of 1998

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

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

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

Health Insurance Portability and Accountability Act (HIPAA)

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

Newborns' and Mothers' Health Protection Act

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

Special Enrollment Rights

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

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

Important Notice About Your Prescription Drug Coverage and Medicare

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

Please read this notice carefully and share it with any of your Medicare-eligible dependents. This notice has information about your current prescription drug coverage with Hagerstown Community College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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. Hagerstown Community College has determined that the prescription drug coverage offered by Hagerstown Community College is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Date:	July 1, 2021
Sender:	Hagerstown Community College
Contact:	Fonda Franklin, HR Manager
Address:	11400 Robinwood Drive Hagerstown, MD 21742
Phone:	240-500-2000

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Hagerstown Community College will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Hagerstown Community College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Hagerstown Community College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Scan QR code to watch
the 2021–2022 Employee Benefits
presentation or visit:
www.brainshark.com/wisdom/HCC2021

This communication highlights some of the benefit plans available at Hagerstown Community College. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Hagerstown Community College reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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