# 2021

# Open Enrollment Benefit Guide For North Central Michigan College

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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.

## 2021 MEDICAL/RX PLAN CHANGES - ADMINISTRATIVE AND SUPPORT STAFF

### NOTE: THE MESSA MEDICAL/RX PLANS FOR THE FACULTY WILL REMAIN THE SAME EXCEPT FOR A MODERATE INCREASE IN COSTS

Effective 1/1/2021, the College provided Medical/Rx Plan provider will be changing from Priority Health to **Blue Cross Blue Shield of Michigan (BCBSM).** This decision was made in an attempt to mitigate the increase in Priority Health's renewal costs for 2021.

Although we were successful in mirroring the plans as much as possible with the standard plan design elements, the plans are not exactly identical. One of the areas where differences will surface will be in the area of prescription drugs. This is because carriers all have different formulary definitions (ie Preferred vs Non-Preferred).

Some tips to assist you through this transition are as follows:

If you have a chronic illness, are taking maintenance medications and are close to refill, get the refill before the end of the year and obtain a 90 day supply if your dosage is stable and your physician will prescribe for that duration. That will move you well into the next year.

If your prescription is considered to be Non-Preferred under BCBSM, work with your physician in identifying and prescribing an equivalent medication that is Preferred with BCBSM. You and/or your physician can go to the BCBSM Website to get a drug listing of Preferred vs Non-Preferred definitions.

Verify that your current providers are participating with BCBSM. BCBSM has a strong statewide network of participating providers and many providers who participate with Priority Health also participate with BCBSM. If you find your provider is not participating, you may want to seek out a similarly credentialed provider who is participating. Otherwise, your out-of-pocket costs will increase as benefits for out-of-network (OON) are covered at a lesser percentage. Also, your medical provider may chose to balance bill more than the BCBSM Plan allowance (as there is no contracted rate protection). Ask your provider how they bill.

Blue Cross Blue Shield has a National network of participating providers so you can obtain in-network services when you are traveling outside the State of Michigan. Consult the BCBSM website or call the number on the back of your BCBSM ID Card to find a participating provider.

You should continue presenting your Priority Health ID Card when seeking services through 12/31/2020. After 12/31/2020, discard the Priority Health ID Card(s) and begin using the BCBSM ID Card when seeking service on or after 1/1/2021 and remember to have your attending physicians update your provider coverage record. We are anticipating that BCBSM will issue the new cards by the end of December, 2020. Insurance cards will be mailed to your home. Be diligent in watching for them to arrive in the mail.

BCBSM has many tools that will assist you in your partnership with them. You can register on the BCBSM website below to obtain secure and confidential access to your coverage and claims information. The BCBSM Mobile App can help put information at your fingertips. The College will be providing flyers that will provide guidance in using the tools.

**www.bcbsm.com**

## Benefits Overview

**North Central Michigan College (NCMC)** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You may assess on SharePoint plan booklets, which give you more detailed information about each of these programs.

For 2021, you will share the costs of some benefits (Medical,/RX) and NCMC provides other benefits at no cost to you (Dental, Vision, Life, Accidental Death & Dismemberment, EAP).

Benefits Offered

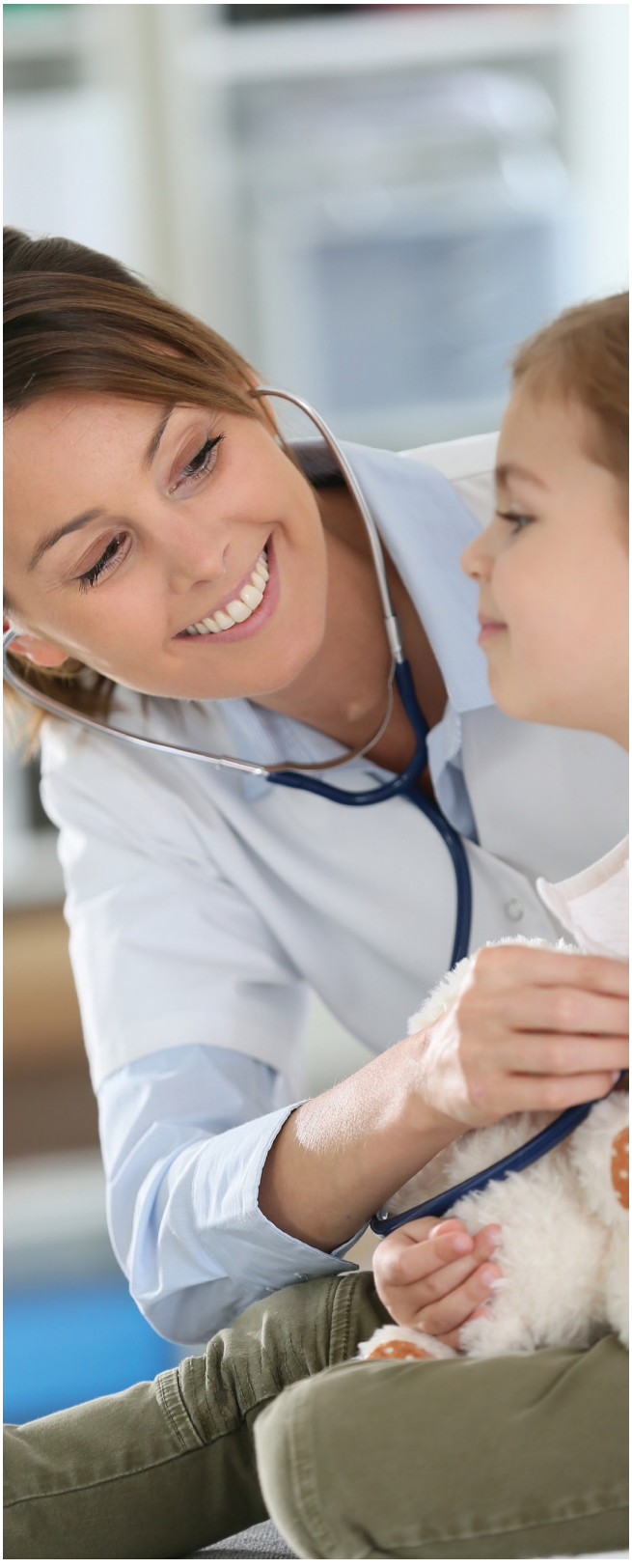
- Medical/RX: BCBSM for Administrative and Support Staff
- Medical/Rx: MESSA for Faculty
- HSA/FSA: Health Equity/MESSA
- Dental: MESSA/Delta Dental
- Vision Insurance: MESSA/VSP
- EAP: Ulliance
- Life Insurance/AD&D: MESSA/CIGNA
- Long Term Disability: MESSA/CIGNA

### Eligibility

You and your dependents are eligible for NCMC benefits on the first day of employment.

Eligible dependents are your spouse and children who are covered thorough the calendar year of attaining age 26 for Medical/Rx Coverage. For Dental and Vision Coverage dependents are covered to 19 years of age (or to age 25 if they are a fulltime student) and through the end of the Calendar Year,

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



## Medical Benefits for Administrative and Support Staff
## Administered by Blue Cross Blue Shield of Michigan (BCBSM)

Below is a high level summary of the BCBSM Medical/Rx plans being offered by North Central Michigan College for the Administrative and Support Staff as of 1/1/2021. Coverage differences (from the previous 2020 year PH medical plan offerings) are highlighted in either red (decreased) or green (increased) benefit. Please know that chart itself is only a high level summary and is not inclusive of all benefits.

NCMC offers you a choice of two (2) high deductible PPO medical plans. With the PPO, you may select where you receive your medical services. Note that If you use in-network providers, your costs will be less. Out-of-Network Provider do not have a contracted rate with BCBSM and my balance bill you more that the Plan Allowance.

| | Qualified High Deductible Health PPO Plan 1 | | Qualified High Deductible PPO Plan 2 | |
|---|---|---|---|---|
| Benefit | In-Network | Out-of-Network (OON) | In-Network | Out-of-Network (OON) |
| Annual Deductible | $1,400 single/$2,800 family | **$2,800 single/$5,600 family** | $2,000 single/$4,000 family | **$4,000 single/$8,000 family** |
| Annual Out-of-Pocket Maximum (includes deductible, coinsurance and copayments.) | **$4,000 single/$8,000 family** | **$8,000 single/ $16,000 family** | **$4,000 single / $8,000 family** | **$8,000 single / $16,000 family** |
| Coinsurance | 100/00% | 80/20% | 80/20% | 60/40% |
| Doctor's Office | **AFTER DEDUCTIBLES EXCEPT NO DEDUCTIBLE IF PREVENTIVE AND IN-NETWORK** | | | |
| Primary Care Office Visit | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Specialist Office Visit<br>Urgent Care | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Online medically necessary visits | 100% after deductible | Not covered if non-BCBSM vendor | 80% after deductible | Not covered if non-BCBSM vendor |
| Wellness Care (routine exams, routine lab tests, immunizations, well baby care and mammograms) | 100% Deductible does not apply | 80% after deductible | 100% Deductible does not apply | 60% after deductible |
| Prescription Drugs | **AFTER DEDUCTIBLES** | | | |
| Retail—Generic Drug (34-day supply) | $10 copay/Rx | $10 copay + 20% of BCBSM Approved Amount | $10 copay/Rx | $10 copay + 20% of BCBSM Approved Amount |
| Retail—**Formulary Drug** (34-day supply) | **$40** copay/Rx | **$40** copay + 20% of BCBSM Approved Amount | **$40** copay/Rx | **$40** copay + 20% of BCBSM Approved Amount |
| Retail—**Nonformulary Drug** (34-day supply) | **$80** copay/Rx | **$80** copay + 20% of BCBSM Approved Amount | **$80** copay/Rx | **$80** copay + 20% of BCBSM Approved Amount |
| Mail Order—Generic Drug (90-day supply) | $20 copay/Rx | | $20 copay/Rx | |
| Mail Order—Formulary Drug (90-day supply) | **$80** copay/Rx | | **$80** copay/Rx | |
| Mail Order—Nonformulary Drug (90-day supply) | **$160** copay/Rx | | **$160** copay/Rx | |
| Hospital Services | **AFTER DEDUCTIBLES** | | | |
| Emergency Room | 100% after deductible | Payable at the Network Benefit Level. R& C applies | 80% after deductible | Payable at the Network Benefit Level. R& C applies |
| Ambulance Services—Medically Necessary | 100% after deductible | Payable at the Network Benefit Level. R&C applies | 80% after deductible | Payable at the Network Benefit Level. R&C applies |
| OP Hospital Professional & Surgical Charges | 100% after deductible | 80% after deductible | | |
| Inpatient (Semi-Private Room) | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Surgery | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Diagnostic Radiology & Lab performed in physician office or freestanding facility | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| | | | | |

## Medical Benefits for Administrative and Support Staff (Continued)

### Administered by Blue Cross Blue Shield of Michigan (BCBSM)

| Benefit | Qualified High Deductible PPO Plan 1 | | Qualified High Deductible PPO Plan 2 | |
|---|---|---|---|---|
| | In-Network | Out-of-Network (OON) | In-Network | Out-of-Network (OON) |
| Note: Some mental health & substance use disorder services are considered by BCBSM to be comparable to an office visit or medical online visit. When a mental health or substance use disorder service is considered by BCBSM to be comparable to an office visit or medical online visit, they will process the claims under your office visit benefit or medical online visit benefit. | | | | |
| **Mental Health Services** | **AFTER DEDUCTIBLE** | | | |
| Inpatient Services (Inpatient mental health care and inpatient substance use disorder treatment) | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Services (Approved facility and clinic; Note: Online visits by a non-BCBSM vendor are not covered.) | 100% after deductible | 100% after deductible in participating facility only | 80% after deductible | 80% after deductible in participating facility only |
| **Other Services** | **AFTER DEDUCTIBLE** | | | |
| Maternity Services | Routine prenatal and postnatal are covered at 100% , deductible waived under the Preventive Health Care Services described above. | 80% after deductible | Routine prenatal and postnatal are covered at 100% , deductible waived under the Preventive Health Care Services described above. | 60% after deductible |
| All other maternity hospital/ physician services (Delivery, facility & anesthesia) | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Chiropractic & Spinal Manipulation (Combined In-Network/OON Benefit) | 100% after deductible up to a benefit **max of 12 visits/ calendar year** | 80% after deductible up to a benefit **max of 12 visits/ calendar year** | 80% after deductible up to a benefit **max of 12 visits/ calendar year** | 60% after deductible up to a benefit **max of 12 visits/ calendar year** |
| Physical, Occupational and Speech Therapy Services (Combined In-Network/ OON Benefit | 100% after deductible up to a benefit **max of 30 visits/benefit year** | 80% after deductible up to a benefit **max of 30 visits/benefit year** | 80% after deductible up to a benefit **max of 30 visits/calendar year** | 60% after deductible up to a benefit **max of 30 visits/ benefit year** |
| TMJ and Related Services | 100% after deductible | 80% after deductible | 80% after deductible | 60% after deductible |
| Skilled Nursing –must be in a participating skilled nursing facility | 100% after deductible up to a **max of 90 days/ calendar year** | 80% after deductible up to a **max of 90 days/ calendar year** | 80% after deductible up to a **max of 90 days/ calendar year** | **80% after deductible up to a max of 90 days/ calendar year** |
| Durable Medical Equipment , Prosthetic & Orthotic Support Restrictions apply—Contact BCBSM prior to purchasing | 100% after deductible | **80% after deductible** | 100% after deductible | **60% after deductible** |
| Private Duty Nursing Care | **100% after deductible** | **100% after in-network deductible** | **80% after deducible** | **80% after in-network deductible** |
| Hearing Care Services | **Not covered** | **Not covered** | **Not covered** | **Not covered** |

Please be advised that the differences indicated by red or green above are not intended to reflect all the differences between the existing plans and the new plans. The above chart is a high level summary only. The carrier documents prevail should there be any variances and you should consult these documents for details.

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.

## MESSA Choices Medical Plan Highlights for Faculty
### Administered by MESSA

**In-Network health care benefits for you and your covered dependents**.

All services must be medially necessary and preformed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost to the applicable out-of network cost share amounts. For complete coverage details go to messa.org to log in to your member account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

| Plan features | In-network |
|---|---|
| **Annual deductible**<br><br>The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31. | $500 individual/$1,000 family |
| **Medical copayment**<br><br>A fixed amount you pay for a medical visit. | $10 Blue Cross online visit, $10 office visit,<br><br>$10 specialist visit, $25 urgent care, $50 emergency room |
| **Medical coinsurance**<br><br>A fixed percentage you pay for a medical service. | 0% |
| **Prescription drug coverage**<br><br>Subject to prescription copayments and coinsurance. | $10 generic/$20 brand |
| **Annual out-of-pocket maximums**<br><br>**Medical:** The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums.<br><br>**Prescription:** The most you have to pay for prescription copayments and coinsurance in a calendar year. | Medical: $1,500 individual/$3,000 family<br><br>Prescription: $1,000 individual/$2,000 family |

| Covered service | In-network cost share |
|---|---|
| **Preventive care**<br>Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. | No cost to you |
| **Prenatal and postnatal care**<br>Prenatal and postnatal doctor visits. | |
| **Blue Cross online visit** | Subject to deductible and Blue Cross online visit copayment |
| **Office visit**<br>(e.g. primary care physician, obstetrics and gynecology and pediatric visits) | Subject to deductible and office visit copayment |

| Covered service | In-network cost share |
|---|---|
| **Specialist visit** | Subject to deductible and specialist visit co-payment |
| **Urgent care**<br>Copayment waived if services are required to treat a medical emergency or accidental injury. | Subject to deductible and urgent care co-payment |
| **Hospital emergency room (ER)**<br>Copayment waived if admitted or due to an accidental injury. | Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply |
| **Allergy testing and therapy** | Subject to deductible and coinsurance Specialist visit copayment may apply |
| **Osteopathic manipulations**<br>Performed by an Osteopathic physician. Up to 38 visits per calendar year. | Subject to deductible and office visit copay-ment |
| **Chiropractic services including modalities**<br>Up to 38 visits per calendar year. | Subject to deductible and co-insurance Office visit co-payment may apply |
| **Acupuncture**<br>Must be performed by an M.D. or D.O. | Subject to deductible and coinsurance Office visit copayment may apply |
| **Mental health and substance abuse - outpatient care** | |
| **Mental health and substance abuse - inpatient care** | Subject to deductible and coinsur-ance |
| **Inpatient hospital** | |
| **Outpatient physical, occupational and speech therapy**<br>Up to a combined benefit maximum of 60 visits per individual per calendar year. | |
| **Diagnostic lab and X-ray** | |
| **Radiation and chemotherapy** | |
| **Autism - applied behavior analysis (ABA) services** | |
| **Hearing care**<br>Hearing related services performed by an M.D. or D.O. | |
| **Hearing aids**<br>There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period. | |
| **Ambulance** | |
| **Bariatric surgery** | |
| **Medical supplies** | |
| **Durable medical equipment (DME)** | |
| **Prosthetics and orthotics** | |
| **Home health care** | |
| **Skilled nursing facility**<br>Up to a maximum of 120 days per calendar year. | |
| **Human organ transplant**<br>Must be performed at an approved facility. | |

## Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.903.8346

## Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

## Covered services and approved amounts

**In-network providers** bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

**Out-of-network providers** may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

*Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.*

## Life and accidental death & dismemberment insurance

**Life insurance:** $5,000 policy for you.

**Accidental death & dismemberment insurance (AD&D):** $5,000 policy or you.

AD&D terminates at age 65 or when employment ends, whichever comes later.
*Life and AD&D insurance underwritten by Life Insurance Company of North America.*

**In-network health care benefits for you and your covered dependents**

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

| Plan features | In-network |
|---|---|
| **Annual deductible**<br>The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31. | Single coverage: $1,400<br><br>2-Person & Family coverage: $2,800<br><br>**Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.*<br><br>**When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.* |
| **Medical coinsurance**<br>A fixed percentage you pay for a medical service. | 0% |
| **Prescription drug coverage**<br>Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply.<br>*See Free preventive prescriptions below.* | ABC Rx |
| **Annual out-of-pocket maximums**<br>The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum. | Single coverage: $2,400<br><br>2-Person & Family coverage: $4,800 |
| **In-network services covered at no cost to you** | |
| **Free preventive prescriptions**<br>MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. | |
| **Preventive care and prenatal care**<br>Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits. | |

## MESSA ABC Plan 1 Medical Plan Highlights for Faculty (Continued)
### Administered by MESSA

| In-network services subject to deductible and applicable coinsurance | |
|---|---|
| **Blue Cross online visit** | **Urgent care** |
| **Office visit** | **Hospital emergency room (ER)** |
| **Chiropractic services including modalities**<br>Up to 38 visits per calendar year. | **Osteopathic manipulations**<br>Performed by an Osteopathic physician. Up to 38 visits per calendar year. |
| **Inpatient hospital** | **Autism - applied behavior analysis (ABA) services** |
| **Outpatient physical, occupational and speech therapy**<br>Up to a combined benefit maximum of 60 visits per individual per calendar year. | **Hearing aids**<br>There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period. |
| **Hearing care**<br>Hearing related services performed by an M.D. or D.O. | **Acupuncture**<br>Must be performed by an M.D. or D.O. |
| **Diagnostic lab and X-ray** | **Radiation and chemotherapy** |
| **Allergy testing and therapy** | **Bariatric surgery** |
| **Mental health and substance abuse - inpatient and outpatient care** | **Ambulance** |
| **Medical supplies** | **Durable medical equipment (DME)** |
| **Prosthetics and orthotics** | **Home health care** |
| **Skilled nursing facility**<br>Up to a maximum of 120 days per calendar year. | **Human organ transplant**<br>Must be performed at an approved facility. |

| Home delivery of prescription medications |
|---|
| MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.903.8346 |

| Medical care outside the U.S. |
|---|
| MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure. |

## MESSA ABC Plan 1 Medical Plan Highlights for Faculty (Continued)
**Administered by MESSA**

| Covered services and approved amounts |
|---|
| **In-network providers** bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements. |
| **Out-of-network providers** may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial. |
| *Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.* |
| **Life and accidental death & dismemberment insurance** |
| Life insurance: $5,000 policy for you. |
| Accidental death & dismemberment insurance (AD&D): $5,000 policy for you. |
| AD&D terminates at age 65 or when employment ends, whichever comes later.<br>*Life and AD&D insurance underwritten by Life Insurance Company of North America.* |

## How the Plans Work

Both BCBSM Plans (Admin/Support) and MESSA ABC Plan 1 (Faculty) are Qualified High Deducible Health Plans (QHDHP). With QHDHP's, except for preventive care, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. **Your paycheck deduction cost for Benefit Plans is shown on Page 16.**

| | BCBSM QHDHP PPO Plan 1<br>MESSA ABC Plan 1 | BCBSM QHDHP PPO Plan 2 |
|---|---|---|
| Per-paycheck Cost for Coverage | See Page 15 | See Page 15 |
| Annual In-Network Deductible | BCBSM : $1,400/$2,800<br>MESSA: $1,400/$2,800 | $2,000/$4,000 |
| Annual Out-of-pocket Maximum (Includes deductible, coinsurance and copayment expenses.) | BCBSM: $4,000/$8,000<br>MESSA: $2,400/$4,800 | $4,000/$8,000 |
| Using the Plan | Pay more towards premium with each paycheck and less if you use care | Pay less towards premium with each paycheck and more if you use care |
| Spending Account Options | Health Savings Account (HSA)<br>Limited Healthcare FSA<br>Dependent Care FSA | Health Savings Account (HSA)<br>Limited Healthcare FSA<br>Dependent Care FSA |

## Health Savings Account (HSS) or Flexible Spending Accounts (FSA)

For those employees who have a Qualified High Deductible Plan,, you may enroll in a Health Savings Accounts through Health Equity to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. If you do not take the Qualified High Deductible PPO Plans offered by NCMC and do not have a Qualified High Deductible Plan with another employer, you can enroll in the Flexible Spending Account (FSA) for medical, prescription drugs, dental and vision care expenses. If you do have a Health Savings Account, you may only use the FSA for dental and vision expenses.

| | HSA | FSA |
|---|---|---|
| What medical plan can I choose? | Administrative, and Support<br>BCBSM QHDHP PPO Plan 1 or Plan 2<br>Faculty: MESSA ABC Plan 1 | Cannot not use for Medical Expenses if you have a Health Savings Account. FSA is only available for dental and vision expenses. |
| What expenses are eligible? | Medical, prescription, dental & vision care (See IRS publication 502 for a full list) | Medical, prescription , dental & vision care (See IRS publication 502 for a full list) |
| When can I use the funds? | Funds are available as you contribute to the account | All of the funds you elect for the year are available on January 1 |
| Can I roll over funds each year? | Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs) | No, you will lose any funds remaining in your account at the end of the year |
| How do I pay for eligible expenses? | With your Health Equity debit card (You can also submit claims for reimbursement online at my.healthequity.com/login.aspx | Must file a Request for Reimbursement. Go to MESSA.org for the FSA form. |
| How much can I contribute each year? | You can contribute $3,600 for individual coverage or $7,200 for family coverage (this total includes company funding) in 2021 | You can contribute up to $2,750 to your health care FSA in 2021 |
| Can I change my contributions throughout the year? | Yes, please contact Human Resources to enable the change to be made to your payroll deduction. | No, unless you have a qualifying life event. |

## Dental Benefits - Administered by MESSA/Delta Dental

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental. For a complete listing of exclusions and limitations, refer to the Delta Dental of Michigan certificate booklet. In order to obtain the coverage levels listed below, be sure your dentist participates with Delta Dental.

| **Diagnostic & Preventive Services**<br>100 % | **Basic Services**<br>90 % | **Major Services**<br>90 % | **Orthodontics**<br>90 % |
|---|---|---|---|
| • Radiographs {x-rays*)<br>• Oral Examination<br>• Prophylaxes<br>• Topical Fluoride**<br>• Brush Biopsy<br>• Emergency Pallative<br>• 2 Cleanings in 12 Months<br><br>**Rider**<br>(If neither box below is checked, you do not have this coverage.)<br><br>3 Cleanings in 12 Months<br><br>4 Cleanings in 12 Months<br><br>**Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.*<br><br>***Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.* | • Restorative<br>• Crowns**<br>• Oral Surgery<br>• Endodontic Services - treatment for diseased or damaged nerves.<br>• Periodontic Services - treatment for diseases of the gum and teeth-supporting structures.<br><br>***Payable once in any five -year period on the same tooth.*<br>**Rider**<br>(If the box below is not checked, you do not have this coverage.)<br><br>☐ Sealants: payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations. | • Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures.<br>• Payable once in any 5 year period for the same appliances. | • Necessary treatment and procedures required for the correction of abnormal bite.<br>• Orthodontic exam, radiographs and extractions are covered under Diagnostic and preventive services and Basic services.<br><br>**Rider**<br>(If the box below is not checked, you do not have this coverage.)<br><br>Adult orthodontics: removes the age 19 restriction on Orthodontics coverage. |

$1,500 Annual Maximum Per Person

Diagnostic & Preventive services, Basic Services and Major Services

$UCR Lifetime Maximum Per Person

Orthodontics

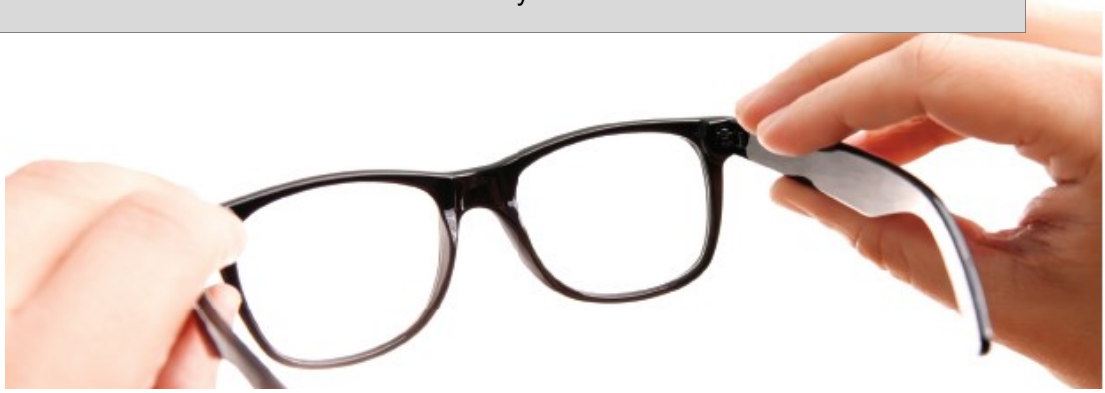
## Vision Insurance - VSP-3 Plus P Benefits

**Administered by MESSA/VSP**

**In-network providers: When you see a MESSA VSP in-network provider for services that are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly fro excess costs. A directly of MESSA VSP in-network providers is available on the web at www.messa.org > Members > Find a Doctor > VSP (Find an Eye Doctor).**

**Out-of-network providers (Maximum reimbursement to patient): Out-of-network providers are providers that do not participate MESSA's VSP plan. Benefits for examination, lenses or frames that are obtained from an out-of-network provider are subject to a maximum reimbursement. Member and dependents who choose to see an out-of-network provider must pay the provider and submit an itemized receipt to VSP from reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.**

| Service | In-Network (any VSP provider) | Out-of-Network (any qualified non-network provider of your choice) |
|---|---|---|
| Eye Exam<br>• Optometrist,<br>• Ophthalmologist | No copayment | $35 maximum reimbursement<br>$45 maximum reimbursement |
| Contact Lens Allowance (includes exam)<br>• Cosmetic (Elective)<br>• Disposable | Covered in full<br>$250 | $150 maximum reimbursement |
| Frame Allowance | $130* | $66 maximum reimbursement |
| Single/Tinted/Polarized | Covered | $38/$42/$56 maximum reimbursement |
| Bifocal/Tinted/Polarized | Covered | $60$70/$90 maximum reimbursement |
| Trifocal/Tinted/Polarized | Covered | $72/$84/$110 maximum reimbursement |
| Lenticular/Tinted/Polarized | Covered | $108/$118/$138 maximum reimbursement |
| Extra lens features such as Pink #1 or #2 Tints, Rimless, Oversize, Blended, Progressive | Covered | Patient pays for all materials and services above maximum reimbursement amount. |
| * The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-3 Plan P for materials provided by an in-network provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP. | | |



# Employee Biweekly 2021 Payroll Contributions for Benefits

| Medical Benefit Plan EMPLOYEE | Biweekly COST |
|---|---|
| BCBSM QHDHP PPO Plan 1— 1400/2800 ADMIN/SUPPORT OPTION 1 | |
| Employee Only | $42.64 |
| Two Person | $102.33 |
| Family | $127.91 |
| BCBSM QHDHP PPO Plan 2—2000/4000 ADMIN/SUPPORT OPTION 2 | |
| Employee Only | None |
| Two Person | None |
| Family | None |
| MESSA Choices—500/1000 FACULTY OPTION 1 | |
| Employee Only | $75.31 |
| Two Person | $169.44 |
| Family | $210.86 |
| Faculty MESSA ABC Plan 1 - 1400/2800 FACULTY OPTION 2 | |
| Employee Only | TBD |
| Two Person | TBD |
| Family | TBD |

| Benefit Plan EMPLOYEE | Biweekly COST |
|---|---|
| Dental Rates ALL | |
| Employee Only | None |
| Two Person | None |
| Family | None |
| Vision Rates ALL | |
| Employee Only | None |
| Two Person | None |
| Family | None |

## LIFE ADVISOR EAP
### Administered by Ulliance

The Ulliance Life Advisor EAP® is a benefit that employers can sponsor and offer total well-being services to their employees, spouse/live-in partner and dependents under

Ulliance 30th
Enhancing People. Improving Business.

**LifeAdvisorEAP.com | 800.448.8326**

No cost and completely confidential

### Counseling
Counseling is available in-person or telephonically with a counselor close to work, home or school. Individual, family and couples counseling are all included. Short-term, solution focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions

### Coaching
Life Advisor Coaches offer telephonic support for individual life enhancement goals, such as education, career advancement, financial or self improvement goals.

### Crisis Support
Mental health professionals are available by phone 24/7/365.

### Referrals
Consultants provide recommendations for resources within the community.

### Work-life Materials
Information on a wide range of work-life balance topics are easily accessed through the EAP portal. A work-life library of related books are available by calling Ulliance and as always, are free of charge.

### Legal & Financial Consultations
Ulliance professionals can connect employees with resources to assist individuals regarding legal and financial issues.

# Life Advisor Employee Assistance Program

Ulliance Life Advisor Consultants are available 24 / 7

## Your Life Advisor Consultant can:

- Explore your unique work-life balance needs and identify the right Life Advisor services to support you and your family
- Schedule an appointment for you to see a local Ulliance EAP Counselor – Close to where you live or work at no charge to you or your covered dependents
- Provide you with immediate telephonic support for pressing issues
- Assist you by researching information you need for Work-Life balance

## Life Advisor EAP Counseling Services

- Confidential, face-to-face or phone sessions with a licensed counselor close to work or home at no cost to you
- Short term, solution-focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions

## Life Advisor Coaching Services

- Telephonic sessions with a counselor
- Support and motivation to achieve a work-life goal such as education, career advancement, financial or savings goals, or self-improvement goals

## The Life Advisor Monthly Newsletter

- An electronic monthly publication with information and resources on a variety of work-life concerns, such as relationships, substance abuse and goal setting

## Work-Life Materials

- Books and other helpful materials on a wide variety of work-life topics mailed directly to your home at no cost to you

## Life Advisor Well-Being Portal

- Anytime access to articles, resources, healthy-living tips, as well as our orientation videos
- Log-in at: LifeAdvisorEAP.com

**Ulliance provides no cost, confidential, short term counseling for you & your family.**

**Contact us at 800.448.8326**

## Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by NCMC. **The company provides basic life insurance of 2 X your annual base salary up to $100,000 at no cost to you**

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Cigna provides AD&D coverage equal to your life insurance amount at no cost to you. This coverage is in addition to your company-paid life insurance described above.

## Long Term Disability Insurance

Maximum Monthly Benefit: 70% of monthly earnings subject to a maximum benefit of $6,000.

Qualifying Period—Benefit begin:

1. Upon the exhaustion of accumulated sick days, or upon expiration of 90 calendar days of disability accumulated in any twelve (12) consecutive months, whichever is later.

OR

2. Upon expiration of three (3) consecutive days of disability occurring during a school year in which the Qualifying Period was previously satisfied.

NOTE: The last three (3) sick days or days of disability under 1. above must be consecutive and due to the same or related cause.

Regular Occupation Total Disability Period: 2 years

Maximum Period of Payment:

1. For disability commencing prior to age 60 - up to age 65
2. For disability commencing at or after age 60 and prior to age 65 - up to 5 years
3. For disability commencing at or after age 66—up to the following periods:

| Disabled at Age | Duration of Benefits |
|---|---|
| 66 | 4 years |
| 67 | 3 years |
| 68 | 2 years |
| 69 or later | 1 year |

## Annually Required Notices

***HIPAA Special Enrollment Rights*** – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health 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 health 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. 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.

***Michelle's Law –*** The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010. If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions). Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

***Section 111*** – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

***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). 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
- 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.

***The Newborn's and Mother's Health Protection Act -*** Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

## ANNUALLY REQUIRED NOTICES

**Summary of Benefits and Coverage (SBC):** Distributed at time of hire or at Open Enrollment.

**Patient Protection**: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

**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. Contact your State for up to date information on eligibility .**

# CHIP (continued)

**ALABAMA - Medicaid**

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

**ALASKA - Medicaid**

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

**ARKANSAS - Medicaid**

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

**COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

**FLORIDA - Medicaid**

Website: http://www.flmedicaidtplrecovery.com/hipp
Phone: 1-877-357-3268

**GEORGIA - Medicaid**

Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

**INDIANA - Medicaid**

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.comPhone

**IOWA - Medicaid**

Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

**KANSAS - Medicaid**

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

**KENTUCKY - Medicaid**

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**LOUISIANA - Medicaid**

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

**MAINE - Medicaid**

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

**MASSACHUSETTS - Medicaid and CHIP**

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

**MINNESOTA - Medicaid**

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

**MISSOURI - Medicaid**

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

**MONTANA - Medicaid**

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

**NEBRASKA - Medicaid**

Website: http://www.AccessNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

**NEVADA - Medicaid**

Medicaid Website: http://dwss.nv.gov/Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE - Medicaid**

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

**NEW JERSEY - Medicaid and CHIP**

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

**NEW YORK - Medicaid**

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

**NORTH CAROLINA - Medicaid**

Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

**NORTH DAKOTA - Medicaid**

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

**OKLAHOMA - Medicaid and CHIP**

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**OREGON - Medicaid**

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

**PENNSYLVANIA - Medicaid**

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

**RHODE ISLAND- Medicaid**

Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347

**SOUTH CAROLINA - Medicaid**

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

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

**TEXAS - Medicaid**

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

**UTAH - Medicaid and CHIP**

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

**VERMONT - Medicaid**

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

**VIRGINIA - Medicaid and CHIP**

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

**WASHINGTON - Medicaid**

Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA - Medicaid**

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

**WISCONSIN - Medicaid and CHIP**

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

**WYOMING - Medicaid**

Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

:

:To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either

U.S. Department of Labor
Employee Benefits Security Administration

**www.dol.gov/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

## Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the North Central Michigan College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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.

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

### When Can You Join A Medicare Drug Plan?

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

## Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare (Continued)

### 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 BCBSM PPO High Deductible Plans effective 1-01-2021 will not be affected. Prescription drug coverage plan provisions/options under the North Central Michigan College is:

Retail Pharmacy (up to 31 days):

Generic Drugs: $10/Rx copayment after deductible

Preferred Brand Name Drugs: $40/Rx copayment after deductible

Non-Preferred Brand Name Drugs: $80/Rx copayment after deductible

S*ee* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current North Central Michigan College's Priority Health plan coverage, be aware that you and your dependents will not be able to get this coverage back except for re-enrollment during a designated 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 BCBSM 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.

## Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare (Continued)

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

**Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the North Central Michigan 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).

| | |
|---|---|
| Date: | 1-01-2021 |
| Name of Entity/Sender: | North Central Michigan College |
| Contact--Position/Office: | Human Resources Office |
| Address: | 1515 Howard St<br>Petoskey MI<br>49770 |
| Phone Number: | 231-348-6837 |

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

| Benefit | Administrator | Phone | Website/Email |
|---|---|---|---|
| Medical—Admin and Support | BCBSM | Consult back of ID Card | www.bcbsm.com |
| Medical - Faculty | MESSA | 800-336-0013 | www.messa.org |
| Dental | MESSA/Delta Dental | 800-336-0013 | www.messa.org |
| Vision | MESSA/VSP | 800-336-0013 | www.vsp.com |
| EAP | Ulliance | 800-448-8326 | LifeAdvisorEAP.com |
| Human Resources | Lynn Eckerle | 231-348-6837 | leckerle@ncmich.edu |

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.

Prepared by:

Gallagher

Insurance | Risk Management | Consulting

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