



2025 BENEFITS GUIDE

FACULTY • STAFF • RETIREES



MOMENTUM

IN MOTION

*CULTIVATING 21ST CENTURY
EXCELLENCE IN EMPLOYEE
HEALTH & WELLNESS*

Health Insurance
Life Insurance
Retirement

443.840.4398
benefits@ccbcmd.edu
www.ccbcmed.benelogic.com

President's Message

Dear Faculty and Staff:

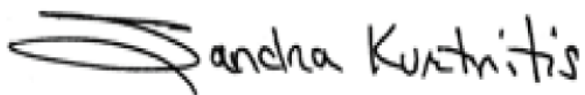
As we are in the midst of the fall semester, the dates for the college's Open Enrollment period this year are Friday, November 1, through Friday, November 22, 2024. Although many employees often overlook this important opportunity, we encourage you to review and/or adjust your benefit elections to make sure that they will continue to reflect your needs as of January 1, 2025. Strict IRS guidelines limit timelines so no changes can be made after the November 22, 2024, deadline.

I encourage you to take seriously this opportunity to reflect on your family health history and current needs to ensure that the plans you have in place afford the best coverage offered for you and your family.

The college is proud to invest significantly in healthcare benefits for our employees, but as a community, we do all share in increasing costs. Plan options and carriers will remain the same in 2025; however, despite earnest negotiations, the Cigna and Kaiser medical plans and the Carefirst dental plans will experience modest premium increases for the first time since 2021. The Cigna dental plan premium will remain the same and the NVA vision plan premium will decrease. We need your active involvement and participation in decisions about your overall well-being to ensure your physical and mental health while mitigating growing costs. This starts with making well-informed decisions about your healthcare needs. Look on The Daily Post for the "Benefits Highlights", Health Fair Dates, and Shot Clinics as of October 25, 2024 and consider setting aside a few minutes to do the following:

- Review your benefit plans
- Review your beneficiaries
- Enter a new dollar amount for your Flexible Spending Plans
- Visit the Open Enrollment Fairs to talk to the vendors and ask questions
- Sign up for a supplemental retirement plan

Best wishes for a safe and healthy 2025.



Sandra L. Kurtinitis, Ph.D.
President

Why work at CCBC? Because we love it here and we have great benefits!



Fred Koenig, Automotive Technology Instructor
Harold Babb, Coordinator, Auto GM
Kevin McCauley, Coordinator, Auto Nissan
Jim DeAngelis, Automotive Technology Assistant Professor
Mark Harris, Automotive Lab Technician I

- Health, Dental, Vision and Life insurance benefits with generous employer premium subsidies
- Retirement plans with significant employer contributions
- Excellent paid leave opportunities including vacation, personal, sick and safe, bereavement, jury duty and sabbaticals
- At least 19 paid holidays each year including spring and winter recesses
- No cost employee assistance plan for short-term counseling and life issue referrals
- Flexible spending accounts
- Tuition assistance for you and your family
- Access to group rated voluntary benefits like additional life insurance, long term disability, AFLAC income protection, personal legal services
- Access to supplemental 403(b) and 457(b) retirement plans including some plans with Roth saving options
- Professional development opportunities on campus and at conferences
- Preferred rates at the Sanbridge Children's Learning Center at CCBC Catonsville and other discounts at local businesses
- Free parking; Free access to three pools and fitness centers; Library privileges, and many special college events.

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Important Note: This enrollment guide is neither a contract nor a summary description of your health plan choices. Summary Plan Descriptions or Certificates of Coverage are available on Share Point from The Daily Post page, select Administrative Services/ Human Resources/Benefits. In the event of a discrepancy between the guidebook and webpages and a plan document or collective bargaining agreement, the terms of the plan document or collective bargaining agreement will govern.

Non-Assignment of Benefits: No participant or beneficiary may transfer, assign, or pledge any plan benefits.

If you have specific questions about a particular plan, call the CCBC Benefits Helpline: **443-840-4398** or email CCBC Benefits: **benefits@ccbcmd.edu**

Contact List for Benefits Information

Medical and Prescription		
Cigna (Group #3333727)		
OAP/OAPIN	800-896-0948	www.myCigna.com
Kaiser Permanente (Group #2497)		
HMO	800-777-7902	www.kaiserpermanente.org
Dental		
CareFirst BCBCS (Group #7J93)		
Traditional Dental & Regional Preferred	866-891-2802	www.carefirst.com
Cigna Dental Care Access (Group # 3333727)		
Dental Care	800-367-1037	www.myCigna.com
Vision		
National Vision Administrators (NVA) (Group #s: Active #1378000001 Retirees #1378000003)		
NVA	800-672-7723	www.e-nva.com
Cigna Employee Assistance Plan (EAP)		
Cigna Behavioral Health	888-431-4334	www.myCigna.com
Flexible Spending Accounts (FSA)		
Voya Benefits Company, LLC		
Health	888-401-3539	https://myhealthaccountsolution.s.voya.com
Dependent Child & Eldercare		
COBRA		
Life Insurance and AD&D		
Unum Whole Life (policyholders)	800-635-5597	
Unum Whole Life (non-policyholders)		See Unum section for website link
MetLife Term Life	800-638-6420	www.metlife.com
The Hartford AD&D	800-333-1555	association-insurers.net
Long Term Disability		
New York Life	888-842-4462	www.myNYLGBS.com
Supplemental Insurance		
Aflac	920-420-8861	susan_mcdaniel@us.aflac.com
Legal Resources		
Legal Resources	800-728-5768	www.legalresources.com
Credit Unions		
First Financial Federal Credit Union	800-342-8298	www.firstfinancial.org
Freedom Federal Credit Union	800-440-4120	www.freedomfcu.org

Contact List for Benefits Information

Retirement		
Mandatory Plans		
Maryland State Teachers' Pension Plan (MSTP)	410-625-5555	www.sra.state.md.us/
Optional Retirement Plan (ORP)	800-492-5909	
Baltimore County Employees Retirement System (BCERS)	410-887-8246 or 877-222-3741	www.baltimorecountymd.gov
Supplemental Retirement Plans		
457(b) Deferred Compensation Plan – Voya Financial	703-577-9692	www.voya.com
Supplemental 403(b) Plan – Voya Financial		
Supplemental 403(b) Plan – Fidelity Investments	800-343-0860	fidelity.com/atwork
Supplemental 403(b) Plan – Lincoln Financial Group	410-316-9300 X119 or 800-454-6265	www.lfg.com
Supplemental 403(b) Plan – TIAA	800-842-2252	www.tiaa.org/marylandcc
Supplemental 403(b) Plan – T. Rowe Price	800-492-7670	www.troweprice.com
Supplemental 403(b) Plan – Corebridge Financial	800-448-2542	www.corebridgefinancial.com
Benefits Helpline		
CCBC Benefits Helpline	443-840-4398	benefits@ccbcmd.edu
Medicare Retirees		
RetireeFirst	443-290-3113 (TTY 711)	www.retireefirst.com/baltimore-county
Benelogic		
Benelogic online support	866-383-8613	https://ccbcmd.benelogic.com
Current Benefit Rates		
For a copy of Rates		Daily Post/Administrative Services/ Human Resources/Benefits

Important Reminder
 It is essential that you update your contact information in a timely manner.
 The HR Benefits Team is happy to help.
 Call the Benefits Helpline at 443-840-4398 OR
 email us at benefits@ccbcmd.edu

Eligibility and Enrollment

ELIGIBILITY

Employees

All full-time employees can choose any combination of benefits.

Part-time employees are eligible for our Sick and Safe Leave and Supplemental Retirement Plans.

Dependents

In addition to enrolling yourself, you may also enroll eligible dependents in any combination under Medical/Prescription, Dental, Vision, Supplemental Life, and Accidental Death and Dismemberment, and Legal Resources.

Spouse: A person to whom you are legally married.

Domestic Partner: A person with whom you share a committed relationship, residence and personal finances. This person may be same-sex or opposite-sex and must be at least 18 years of age. All documentation must be completed and submitted within 30 days of enrollment.

It is important to understand that Medicare does not recognize domestic partners. A domestic partner who turns age 65, covered under a CCBC medical plan is strongly urged apply for Medicare. A domestic partner may be subject to a Medicare penalty if they do not enroll in Medicare during their initial enrollment period. CCBC medical coverage would become secondary.

Establishing a Domestic Partnership at CCBC:

To verify that a domestic partnership exists, both individuals are required to register and complete a "Declaration of Domestic Partnership" Form in the Human Resources Office acknowledging that the relationship satisfies the above definition. The appropriate notarized documentation must be provided to the Human Resources Office. Call the Benefits Helpline for more information.

Dependent Children: Your, your spouse's, or CCBC registered domestic partner's biological, adopted, legal guardian and legal dependents up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminates at the end of the month in which they turn 26.

ENROLLMENT

New Hires

Enrollment in the benefit plans must be submitted within 30 days of your hire date. Coverage will begin

on the first of the next month after enrollment has been submitted in Benelogic.

New Hires are eligible for Guaranteed Issue life insurance. This means you do not have to complete a medical questionnaire called Evidence of Insurability (EOI).

However, any application submitted 30 days after the full time hire date is considered a late entry and will be subject to EOI. Beneficiaries can be changed any time of year by logging into Benelogic.

Rehired or Reinstated Employees

Employees returning within one year of their termination date may be reinstated with the same benefits as of the day of separation.

Employees returning to a benefits eligible position after one year are considered new hires and must enroll within 30 days of their hire date.

Required Documentation

Enrollment is contingent upon receipt of required documentation. Written proof may include legal documentation, copy of marriage license, social security card, CCBC Registered Domestic Partner documents, a birth certification or adoption paperwork.

CHANGES

Qualifying Life Event

When your life changes, sometimes your benefits need to change, too. Our core benefit plans run on a calendar year from January to December. You will not be able to make changes to your elections outside of the New Hire or Open Enrollment period unless you, your spouse, your CCBC registered Domestic Partner, or your dependent children experience an IRS defined qualified life event. Changes and supporting documents **must be submitted in Benelogic within 30 days** of the Qualifying Life Event.

Qualifying Life Events may include:

- Marriage, registration of a CCBC domestic partnership, legal separation, divorce or annulment, death of a spouse, or termination of registered domestic partnership
- Birth, adoption, or legal custody of a new dependent child
- Loss or gain of eligible coverage by your spouse, domestic partner, or dependent children
- Change in employment status/reduction of hours

Eligibility and Enrollment

- Loss of dependent child status (dependent is now 26 and ages off your plan)
- Eligibility for Medicaid or Medicare
- Enrollment in ACA Exchange

Open Enrollment

CCBC Open Enrollment is an annual event held in the Fall.

This is your opportunity to review your benefit choices and make changes that best suit your family's needs. You can add, change, or waive your plan options, add or delete eligible dependents, and change some insurance coverage levels.

Here's how...

Flexible Spending Account (FSA)

- Want to enroll in an FSA? – Sign in to Benelogic and select an annual amount.
 - Want to **renew** your FSA or make changes? – Sign in to Benelogic and select an annual amount.
- IMPORTANT** - If you do not re-enroll during Open Enrollment, you will not have an FSA for the next plan year.

Benefit Plans

- Want to enroll in a plan or need to make changes? – Sign in to Benelogic and choose your plans or make your changes.
- **DO NOT** want to enroll or **DO NOT** need to make changes – No action required.

IMPORTANT – Current 2024 health elections will automatically rollover into 2025, except for the FSA. FSA re-enrollment is required for 2025.

COVERAGE EFFECTIVE AND TERMINATION DATES

If your employment ends during the school year, benefits terminate according to the bullets and table below.

- If you are contractual and your employment contract ends June 15, your coverage will terminate on July 31st.
- If you are terminated in the month of June, benefits will end on July 31st if you have been enrolled for a year. If you have not been enrolled for a year, or you are a Visiting Lecturer, your benefits will end on June 30th.
- If you are re-hired for the new school year, you will have a gap in coverage for the month of August. COBRA is available from CCBC or the Maryland State Marketplace, www.marylandhealthconnection.gov. You will be asked to re-enroll for the new contract term.
- If you are taking a leave of absence, you can continue coverage. You may be required to pay both the employee and employer share of the premiums.
- Coverage continues for a dependent child until the end of the month in which the child turns 26.

	When Does Coverage End?			
	Last Day	End of Month	Last Deduction	30 Days From Last Day
Medical, Dental, Vision		X		
Basic, Supp, Dependent Life Insurance	X			
Long Term Disability	X			
Whole Life Insurance	X			
FSA	X			
AD&D			X	
AFLAC				X
Legal Resources		X		
Employee Assistance Program (EAP)				X

Why Have Medical Insurance?

Medical insurance is important so you have preventive care and reactive care if something happens. Medical procedures and doctor's visits can be costly, so protect yourself, and stay healthy.

Want more information?

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits, Employee and CCBC premium costs.

Donna Rowan,
Instructional Specialist



Medical Coverage – Kaiser Permanente

Kaiser Permanente offers a traditional HMO plan. This plan covers the Maryland/Virginia/Washington D.C. area. You are covered for emergency and urgent care when you are traveling outside the service area.

Plan Highlights

- You must elect a Primary Care Physician (PCP). Your care will be coordinated through this doctor, and they will refer you to participating specialists or for hospital admissions.
- Once you have seen your doctor initially, you are able to schedule a video appointment to help save time and money. Video appointments are available at \$0 cost for primary and specialty services.
- For urgent care, you will call the advice line at **800-777-7902** or **703-359-7878** or **your doctor's office**.
- Every Kaiser facility is connected to your electronic health record and the "one shop" model allows you to obtain laboratory, radiology, and pharmacy all in the same building in most centers. Facilities can be found in Timonium, Baltimore Inner Harbor, Woodlawn, White Marsh, Halethorpe, Glen Burnie, Abingdon, Columbia and Annapolis.
- Pediatric vision includes one pair of single vision glasses from a select group of frames for no cost share for a child under age 19.
- Kaiser Permanente offers discounted programs for alternative medical services, for example, acupuncture, chiropractic, and massage therapy.
- Kaiser maintains a 24 hour, 7 days a week Medical Advice Helpline where registered nurses are available to answer urgent as well as routine medical questions.
- Discounted exercise classes available.

Visit <https://healthy.kaiserpermanente.org> or download the Kaiser mobile app. This allows you to change appointments, order prescription refills, print ID cards and email your doctor.

Behavioral Health Services

- Behavioral services are coordinated through the plan by contacting **866-530-8778** for assistance.
- Kaiser Permanente is providing even more ways to support our members' well-being. Get help with anxiety, stress, sleep, mood and more anytime you need it. We are offering anytime, anywhere emotional support through Ginger, **MyStrength**, and Calm, a leading on-demand behavioral health coaching app.
- Members will register via kp.org/selfcareapps
 - Ginger coaches are available anytime, 24 hours a day, 7 days a week, 365 days a year.
 - **MyStrength** has personalized programs to help you set mental health goals, learn coping skills, and more.
 - Calm is an app for sleep and meditation with hundreds of programs and activities to choose from.

Traveling While Away from Home

For emergency and urgent care services outside our service area, members can:

- Get remote care from Kaiser Permanente by scheduling a phone or video visit and speaking with a licensed care provider, 24/7 for medical advice.
- Visit a Cigna PPO Network provider, a Minute Clinic (located in select CVS and Target stores) or a Concentra Urgent Care Center in states where Kaiser Permanente does not operate.
- Go to the nearest urgent care facility or hospital, anywhere in the world.

Members are also covered for routine, urgent and emergency care in any Kaiser Permanente region.

Here are the resources that support employees before, during and after travel:

- Away from Home Travel Line – a single number to call about getting care away from home: **951-268-3900**.
- [Kp.org/travel](https://kp.org/travel) – the site covers many questions that may come up about getting care away from home services.

Medical Coverage – Cigna

Cigna Medical Plan Options

CCBC offers two Cigna medical plans. The Open Access Plus plan (OAP) provides in- and out-of-network coverage. The Open Access Plus In-Network Plan (OAPIN) offers coverage provided by in-network Cigna OAP providers only.

Both plans offer the following conveniences:

- Freedom of choosing a PCP to guide your care (it is recommended, not required)
- You can see a specialist without referrals
- Nationwide in-network coverage for emergency care

24/7/365 Service

Customer service is available 24/7/365 and can be reached at **1-800-896-0948**.

Make myCigna Your Personal Health Place

Register today! Visit myCigna.com or download the myCigna® App. Once you do, you can log in anytime to:

- Manage and track claims
- View ID card information
- Find in-network doctors and compare cost and quality ratings
- Review your coverage
- Track your account balances and deductibles
- Order your Cigna Home Delivery prescriptions online and view order history
- Connect with Wellness Resources including Cigna EAP services.

Cigna Virtual Care

With virtual care you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Virtual care is designed to handle:

- Minor non-emergency medical care
- Primary care for routine care, plus preventive care with a virtual wellness screening
- Dermatology, convenient treatment for more than 3,000 skin, hair and nail conditions
- Behavioral support - allows you to talk privately with a licensed counselor, psychiatrists or board-certified doctor via video or phone.

Cigna Healthy Pregnancies, Healthy Babies

Sign up for the Cigna Healthy Pregnancies, Healthy Babies® program, designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth. When you enroll during your first or second trimester, and complete the program, including your postpartum check-in, you'll be eligible to receive a \$150 or \$75 gift card.

Discount Program - Healthy Rewards

Save money when you purchase health and wellness products and services for things such nutrition, fitness, vitamins, alternative medicine through the Cigna Healthy Rewards program. Visit [myCigna](http://myCigna.com) for online program information or call **1-800-870-3470**.

Omada®, a digital lifestyle change program that can help you lose weight, feel fantastic, and develop long-term healthy habits. See if you're eligible at: <http://omadahealth.com/ccbcmd> omadahealth.com/ccbcmd



Click, call or chat. Your Personal guide is ready and waiting to help.

myCigna.com

myCigna App

800.896.0948

Virtual care is **NOT** designed for medical emergencies. If you are experiencing an emergency, dial 911 immediately or visit the nearest hospital

Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Website Reference:	www.cigna.com			www.kp.org
COST SHARING LIFETIME LIMITS				
Calendar Year Deductible	N/A	\$200 Ind / \$400 Family	\$300 Ind / \$600 Family	N/A
Coinsurance	N/A	85% / 15%	75% / 25%	N/A
Annual Out-of-Pocket Maximum (OOPM)	\$1,100 / \$3,600	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,500 / \$9,400
PROFESSIONAL SERVICES				
Primary Care Office Visit	\$15 copay	\$10 copay	You pay 25% Plan pays 75% after deductible	\$10 copay
Gynecology Office Visit	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	\$10 copay
Specialist Office Visit	\$25 copay	\$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay
Phys/Speech/Occ Therapy Office Visit	\$25 copay; limited to 40 days each therapy per calendar year	PCP: \$10 copay; Specialist: \$20 copay 100 combined days limit per year	You pay 25% Plan pays 75% after deductible 100 combined days limit per year	\$10 copay (Speech/Occ limited to 90 days; physical limited to 30 visits)
Chiropractic Office Visit	\$25 copay; limited to 40 days per calendar year	PCP: \$10 copay; Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$15 copay; limited to 20 visits per year
Acupuncture	Primary Care Physician You pay \$15 per visit Specialist You pay \$25 per visit	Primary Care Physician You pay \$10 per visit Specialist You pay \$20 per visit	You pay 25% Plan pays 75% after deductible	\$15 per visit 20 visits per year
Allergy Shots/Other Covered Injection	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	\$10 copay
Diagnostic Services	PCP: \$15 copay Specialist: \$25 copay Independent x-ray or lab facility or Outpatient facility: 100% covered (LabCorp & Quest are participating providers)	PCP: \$10 copay Specialist: \$20 copay Independent x-ray or lab facility or Outpatient facility: You pay 5% Plan pays 95% after deductible (LabCorp & Quest are participating providers)	You pay 25% Plan pays 75% after deductible	100% covered

Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Advanced Radiological Imaging	100% covered	You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	100% covered
Annual Adult Physical	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	100% covered
Well Child Visit/ Immunizations	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	100% covered
Mammography Screening (Preventive)	100% covered	100% covered	100% covered	100% covered
PSA Testing (Preventive)	100% covered	100% covered	100% covered	100% covered
INPATIENT HOSPITAL CARE				
Room and Board Pre-auth REQUIRED if elective	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
Physician / Surgical Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
Anesthesia Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
ICU/CCU	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
OUTPATIENT CARE				
Surgical/Anesthesia Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay
Dialysis/Radiation/ Chemotherapy	100% covered	You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay
Hospice	100% covered	You pay 5% Plan pays 95% after deductible	You pay 5% Plan pays 95% after deductible	\$10 copay
Phys/Speech/Occ Therapy	\$25 copay Limited to 40 days each therapy per calendar year	PCP: \$10 copay; Specialist: \$20 copay 100 combined days limit per year	You pay 25% Plan pays 75% after deductible 100 combined days limit per year	\$10 copay (Speech/Occ limited to 90 days; Physical limited to 30 visits)
MATERNITY/INFERTILITY SERVICES				
1st Prenatal Visit	PCP: \$15 copay Specialist: \$25 copay	PCP: \$10 copay Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay

Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Pre- and Post-natal Care & Delivery	Global Maternity Professional Fees: 100% covered Inpatient Facility: 100% covered after \$100 copay	Global Maternity Professional Fees: You pay 5% Plan pays 95% after deductible Inpatient Facility: You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
MEDICAL EMERGENCIES				
Emergency Room	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$50 copay
Urgent Care	100% covered after \$25 copay	\$20 copay	\$20 copay	\$20 copay
Follow-up Visits	Copay	Copay	Copay	\$10 copay
Ambulance	100% covered (Air Ambulance Included)	You pay 5% Plan pays 95% after deductible (Air Ambulance Included)	You pay 5% Plan pays 95% after deductible (Air Ambulance Included)	Covered in full when authorized (Ground only)
MED EQUIPMENT/SUPPLIES				
Durable Medical Equipment	100% covered	You pay 5% Plan pays 95% after deductible	You pay 5% Plan pays 95% after deductible	80% covered
Diabetic Supplies	100% covered	100% covered	100% covered	80% covered
MENTAL HEALTH / SUBSTANCE ABUSE				
Inpatient	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Preauthorization required; must contact MHSA provider 100% covered
Outpatient	Office visit: \$25 copay Outpatient Facility: 100% covered	Office visit: \$20 copay Outpatient Facility: You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay individual and \$5 group therapy

Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
OTHER SERVICES				
Organ Transplants	PCP: \$15 copay Specialist: \$25 copay Inpatient Facility: 100% covered after \$100 copay Outpatient Facility: 100% covered Travel maximum \$10,000 per transplant (only available if using Lifesource facility)	PCP: \$10 copay Specialist: \$20 copay Inpatient facility, Outpatient facility, Physician's services: 85% after deductible Travel maximum \$10,000 per transplant (only available if using Lifesource facility)	You pay 25% Plan pays 75% after deductible	PCP: \$10 copay Specialist: \$10 copay Inpatient Facility: 100% covered Outpatient Facility: 100% covered
Cardiac Rehabilitation	\$25 copay Limited to 40 days per calendar year	PCP: \$10 copay Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay
Hearing Aids	100% covered Unlimited dollar maximum, 2 hearing aids every three years Call Amplifon at 1-877-806-7062 to schedule your appointment. Note: Customers are not limited to using Amplifon for digital hearing aids but you need to call Cigna at 1-800-896-0948 for assistance in finding a participating provider near you.	100% covered Unlimited dollar maximum, 2 hearing aids every three years	100% covered Unlimited dollar maximum, 2 hearing aids every three years	Limited to \$1,400 per hearing aid per three years; must be prescribed, filled and dispensed by a licensed audiologist. Pre-cert required.

Prescription Coverage – Cigna & Kaiser

Good news! Prescription premiums are included in medical premiums.

Cigna Prescriptions Express Scripts Home Delivery

Express Scripts Pharmacy is Cigna's home delivery pharmacy which delivers your 90-day supply of medications directly to your preferred physical address. This also saves you money; for a 3-month supply you will pay a 2-month co-pay. As part of the

first fill of a prescription through Express Scripts Pharmacy, members will need to provide payment information by phone with a Cigna representative or via the myCigna app or myCigna.com.

Day Supply		In Network Retail	Mail Service	Specialty
30	Generic	\$10	\$10	\$10
	Brand Formulary	\$30	\$30	\$30
	Brand Non Formulary	\$45	\$45	\$45
60	Generic	\$20	\$20	\$20
	Brand Formulary	\$60	\$60	\$60
	Brand Non Formulary	\$90	\$90	\$90
90-120	Generic	\$30	\$20	\$20
	Brand Formulary	\$90	\$60	\$60
	Brand Non Formulary	\$135	\$90	\$90

SAVE!

* Brand Name Drugs that have a generic equivalent require the co-pay plus the cost difference between the brand name drug and its generic equivalent regardless of physician instructions.

* Diabetic Supplies and Tablets (excluding insulin) are a \$0 copayment.

Kaiser Prescriptions

You save the most money by taking your prescriptions to a Kaiser Medical Center Pharmacy. Prescriptions can also be filled at community pharmacies, such as Giant, Safeway, Rite Aid, Target, and Walmart but you will have higher co-pays.

	30-Day		90-Day
	Kaiser Pharmacy	Kaiser Community	Mail
Generic	\$10	\$20	\$20
Brand Formulary	\$30	\$40	\$60
Brand Non Formulary	\$45	\$55	\$90

Why Have Dental Insurance?

Dental insurance helps to pay for regular teeth cleanings and checkups but the real benefit is the savings on bigger ticket procedures such as fillings, root canals and crowns. Having insurance can be a good incentive to make twice a year preventive cleanings.

Want more information?

- Summary Plan Descriptions have the details of each plan.

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Paige Sweeney, Admin Support Assistant II for Business Studies, BCJL.
Tammy Brice Employee Relations & Equity Administrator, Human Resources
Teresa Audia, Admin Support Assistant II, Behavioral and Social Sciences for School of WEBSS.

Dental Coverage – CareFirst & Cigna

CareFirst Traditional Dental

The Traditional program allows you to choose any dentist, however, your out-of-pocket costs may vary depending on whether your dentist participates with CareFirst.

- A participating dentist will file claims and you cannot be balanced billed.
- A non-participating dentist will bill you for any amount over the CareFirst allowed amount.

CareFirst Preferred Dental Plan

The CareFirst Preferred dental plan offers both in-network benefits and out-of-network benefits.

- When you use an in-network dentist, you receive the highest level of coverage with the least amount of out-of-pocket expense. Participating dentists have agreed to bill only up to the CareFirst allowed benefit amount, limiting your out-of-pocket expense.
- When you choose an out-of-network dentist, your costs may be higher because non-participating dentists are not contracted with CareFirst. This means they may bill you up to their charges. This will increase your out-of-pocket expense and you must pay for services and then file a claim for reimbursement.

Cigna Dental Care Access Plan (DHMO)

Cigna Dental Care Access Plan is a Dental Health Maintenance Organization (DHMO). Your dentist must be in the network, or no benefits are payable. Your provider will charge based on the Dental DHMO Schedule which can be found on SharePoint/Administrative Services/ Human Resources/Benefits

Find a provider

CareFirst

Visit <https://individual.carefirst.com/individuals-families/home.page>. Scroll down and click on “Find a Doctor”. You can then continue as a guest, sign in as a member, or select not registered to create an account.

Cigna

To search for a dentist on www.Cigna.com, visit the site and click “Find a Doctor, Dentist or Facility.” Follow the prompts on screen and when asked to choose your plan, select “CIGNA DENTAL CARE DHMO > Cigna Dental Care Access.

	CareFirst Traditional Dental	CareFirst Preferred Dental PPO		Cigna Dental Care Access DHMO
Covered Service (provider)	Participating or Non-Participating	In-Network (Preferred)	Out-of-Network	In-Network Only
Deductible per Calendar Year	\$25 Per person \$75 Per family	\$10 Per person \$25 Per family	\$20 Per person \$50 Per family	no deductible; \$5 Office Visit fee
Maximum Benefit per Calendar Year	\$1250 Per person	\$1500 Per person		Unlimited
	Plan Pays	Plan Pays		Charge Schedule
Preventative Care, Exams, Cleanings, X-Rays, Fluoride	80% AB when using participating provider	100% AB	80% AB	\$5
Fillings, Non-surgical Periodontal	80% AB after deductible	80% after deductible	60% after deductible	\$5 to \$75
Surgical Periodontal, Gingivectomy, Gingivoplasty	80% AB after deductible	80% AB for limited services after deductible	60% AB for limited services after deductible	See “Patient Charge Schedule” for details
Dentures, Bridgework, Crowns, Inlays, Onlays	50% AB after deductible	50% after deductible	30% after deductible	See “Patient Charge Schedule” for details
Orthodontia Services	50% AB after deductible	50% AB (\$1500 lifetime maximum for dependent children up to age 19)	30% AB (\$1500 lifetime maximum for dependent children up to age 19)	See “Patient Charge Schedule” for details

Why Have Vision Insurance?

Vision insurance helps offset the cost of vision exams and eyewear. Vision insurance is also important not just because of the money it saves you but your overall health. Doctors often can detect serious medical problems, such as high blood pressure, diabetes, some cancers and diseases. Just like a regular fitness program, vision promotes good health with regular eye exams.

Want more information?

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Vision Coverage – National Vision Administrators (NVA)

Vision coverage is administered by National Vision Administrators (NVA), a leading administrator of vision benefit programs throughout the United States and Puerto Rico. NVA has a provider network of over 120,000 ophthalmologists, optometrists, opticians, and retail stores including Walmart, Lenscrafters, Visionworks, My Eye Dr, America's Best, and many others.

You will receive two NVA vision ID cards along with participating providers near your home ZIP code. At the time of your appointment, present your NVA ID card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination once every 12 months, and one (1) pair of lenses and frame once every 24 months or contact lenses once every 24 months and contact lens evaluation/fitting once every 12 months from last date of service.

Your vision plan is a PPO, meaning that there is a large network of vision providers to choose from. You will have lower out-of-pocket costs when you have services at an NVA-participating provider, but you are free to have services at an out-of-network provider if you so choose.

When services are provided at an NVA-participating provider, the provider will file the claim to NVA, and you will be responsible for the costs of any copays, amounts exceeding allowances, and non-covered items. When services are provided at an out-of-network provider, you are responsible for the total cost of all services/items, and you must then submit your itemized receipt to **NVA Claims Department; PO Box 2187; Clifton, NJ 07013** for reimbursement.

How to Find Participating Providers

You have several options to find an NVA-participating Eye Care Professional. You can:

- Visit www.e-nva.com, click "Find A Provider", then enter the group number on your NVA vision ID card, as well as a ZIP code and mileage radius;
- Download the **NVA Vision app** from the App Store or Google Play to search for providers; or
- Call NVA Customer Service at **800-672-7723**.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Additional Discounts on Value-Added Services

Laser Eye Surgery: NVA has chosen The National LASIK Network to serve their members. This network was developed by LCA Vision in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to up to 60% savings at participating provider locations through NationsHearing®.

Discounts: In addition to your funded benefit, you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period.

Schedule of Vision Benefits

Benefits	Frequency	In-Network	Out-of-Network
Eye Examination			
Routine Examination	Once every 12 months	Covered 100%	Up to \$45
Contact Lenses Fit/Follow-up*			
Standard Daily Wear	Once every 12 months	Covered 100% after \$20 copay	Up to \$20
Standard Extended Wear	Once every 12 months	Covered 100% after \$30 copay	Up to \$30
Specialty Wear	Once every 12 months	Covered 100% after \$50 copay	Up to \$50
Lenses (Standard Glass or Plastic) "oversized included"			
Single Vision	Once every 24 months	Covered 100%	Up to \$41.50
Bifocal	Once every 24 months	Covered 100%	Up to \$67
Trifocal	Once every 24 months	Covered 100%	Up to \$90
Lenticular	Once every 24 months	Covered 100%	Up to \$156.50
Lens Options			
Polycarbonate SV – under age 19	Once every 24 months	Covered 100%	Up to \$25
Polycarbonate BI – under age 19	Once every 24 months	Covered 100%	Up to \$30
Polycarbonate TRI – under age 19	Once every 24 months	Covered 100%	Up to \$30
Solid Tints	Once every 24 months	Covered 100%	Up to \$10
Fashion Gradient Tints	Once every 24 months	Covered 100%	Up to \$12
Standard Scratch Coating	Once every 24 months	Covered 100%	Up to \$10
Anti-Reflective Coating – Tier 1	Once every 24 months	\$20 copay	Up to \$40
Frames			
Retail Frame Allowance	Once every 24 months	Covered up to \$100	Up to \$45
		20% Discount on Frame Balance**	N/A
Contact Lenses			
Elective	Once every 24 months	Covered up to \$75	Up to \$75
		15% discount on Conventional/ 10% discount on Disposable on remaining balance ***	N/A
Medically Necessary****	Once every 12 months	Covered 100%	Up to \$721

*Only covered if you choose Contact Lenses.

**Does not apply to Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands.

***Does not apply to Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

****Pre-approval from NVA required.

Why Have a Flexible Spending Account?

A flexible spending account is a savings account set up for costs associated with medical, dental, orthodontia, vision, Rx and dependent care. You don't pay taxes on this money which means you will save an amount equal to the taxes you would have paid on the money you set aside. You decide how much you might use in a year for health and dependent care expenses and CCBC will divide that by 20 pays and deduct that amount from your paycheck.

Money is deducted from your paycheck and deposited into your FSA account before payroll taxes are deducted. This is a "use it or lose it" program but will result in payroll tax savings.

Want more information?

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Rachel Newman Waddy,
Program Director Sleep Tech

Flexible Spending Accounts (FSA)

Health FSA - \$3,300 Maximum

Health FSA funds can be used for IRS defined eligible health care expenses incurred by:

You, your spouse, your children up to age 26, and others who meet the IRS definition of your tax dependent.

Eligible expenses include costs associated with medical, dental, orthodontia, vision, hearing products, prescription medications, and over the counter supplies.

You and your dependents do not have to be covered under CCBC's benefits to participate.

Dependent Care FSA – \$5,000 Maximum Per Household

Dependent Care FSA funds can be used for dependent care expenses you incur when someone has to take care of your eligible dependent(s) so that you can work. Please Note: If your family has a stay at home parent, as a caregiver, you would not be eligible for the Dependent Care FSA.

To qualify, expenses must be related to the care of a dependent child (under age 13, or any age with special needs) or dependent adult, and must enable you to work or attend school full-time.

Eligible Providers and Settings include licensed daycare centers and nursery schools, summer day camps, before/after school programs, babysitters including nannies, adult day care centers and relatives.

Relatives must be over 19 and not able to be claimed on your federal tax return.

Ineligible expenses include kindergarten, private school tuition, educational classes, and overnight camps.

As funds accumulate in your Dependent Care account through payroll deductions, you can submit documentation for reimbursement. The FSA debit card can be used for dependent and healthcare expenses. The full annual election amount will be available in the health account. Funds in the Dependent care FSA account are available as they are contributed each pay up to the annual election amount.

Access your FSA funds throughout the plan year to pay for eligible expenses with your FSA debit card



Claim Grace Period

In an effort to provide FSA participants the best value, CCBC has adopted an extended Grace Period. Participants may access their 2024 plan year funds with their FSA Card until March 15 of the following year.

Employees have until April 30 to file manual claims.

IRS Requirements

The IRS requires you to keep all original documentation for purchases associated with the FSA debit card. Voya may also request copies of your documentation to verify a debit card purchase. To be valid, documentation must include: date the expense was incurred, patient name (if applicable), amount of the expense after any insurance adjustment, provider name, service/product description.

Electronic and Paper Reimbursement Methods

Reimbursements are made payable to you, either by paper check or direct deposit. All reimbursement methods require you to submit documentation.

- Submit on-line through your secure account at <https://myhealthaccountsolutions.voya.com>.
- Download the Voya mobile application to submit through your mobile device
- Complete a paper claim form to submit via fax, secure email, or mail.

Why Have Life Insurance?

Life insurance is offered to help protect your loved ones in the event of your death, to help pay for funeral expenses and other final expenses. CCBC's comprehensive benefit plans are designed to give you the peace of mind to do your job well. We offer several different plan types and an option to buy term and whole life policies.

Want more information?

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Basic & Supplemental Life Insurance – MetLife

Life insurance is offered to help protect your loved ones in the event of your death, to help pay for funeral expenses and other final expenses. Basic term life and supplemental term life insurance are available to full-time benefit-eligible employees.

Basic Term Life Insurance

Eligible employees receive one times their annual salary rounded up to the nearest \$1,000. The minimum benefit amount is \$50,000 for employees with a salary of \$50,000 or under. The maximum benefit amount is \$200,000. CCBC pays 90% of the premium and employees pay 10% of the annualized premium through 20 paycheck deductions per year.

Supplemental Life Insurance

In order to enroll in supplemental life insurance, you are required to be enrolled in basic life insurance. You can select an amount in increments of \$10,000 to a maximum of \$200,000. You pay 100% of the premium for this coverage.

Age of Employee	Reduction Percentage
65	65%
70	50%
75	35%

Spouse and Dependent Supplemental Life Insurance

Coverage for spouse can be purchased in increments of \$10,000 to maximum of 50% of employee combined basic and supplemental amount. Employees pay 100% of the premium.

Dependent child(ren) are eligible for enrollment from 15 days old to under 26 and supported by the employee. Dependent child(ren) of domestic partners included. Coverage for dependent child(ren) is \$10,000 for each of your children or \$20,000 for each of your children. Employees pay 100% of the premium.

Enrollment

New employees may enroll at any time within the 30-day enrollment period without completing a medical questionnaire called an Evidence of Insurability form (EOI). Current employees may enroll any time during the year but will be required to complete EOI. Send the completed form to CCBC's Human Resources, Benefits department.

Accelerated Death Benefit available for Employee and Spouse coverage

The Accelerated Benefit Option (ABO) is a part of the life insurance coverage that allows employees to receive a portion of their group life benefit before death if they have been diagnosed as having a terminal illness. You are eligible to receive up to 80% of your combined basic and supplemental life coverage; based on a \$10,000 minimum face amount.

MetLife Advantages

Once enrolled, you have access to services to help navigate what life may bring:

- Grief Counseling
- Funeral Discounts and Planning Services
- Life Settlement Account
- WillsCenter.com
- Digital Storage
- Travel Assistance
- If you enroll in a Supplemental Term Life plan, you also have access to:
 - Will Preparation
 - Estate Resolution Services

NOTE: **Imputed income** is the value of the income tax the Internal Revenue Service (IRS) puts on group-term life insurance coverage in excess of \$50,000. The IRS considers employer paid life insurance premiums for a policy more than \$50,000 as a fringe benefit that creates taxable income for the employee. If your basic life insurance is in excess of \$50,000, the portion of the premium paid by CCBC must be treated as income.

Portability and Conversion

When employment terminates or coverage ends, the Portability and Conversion benefit offers the option to continue coverage and maintain important protection for employees and their families. **Coverage ends on the date employment ends for both basic and supplemental life insurance.** The HR Benefits Department will provide you with the appropriate forms. You may reach the HR Benefits Department by phone at 443-840-4398 or by email at benefits@ccbcmd.edu.

Unum – Whole Life Insurance

Whole Life Insurance with Long Term Care coverage is available through Unum. This benefit provides additional life insurance protection for you and your family.

Eligible employees

- Full-time employees working 37.5 or more hours per week
- Spouse and dependent child(ren) coverage is available without employee enrollment

Issue limits

- The Whole Life Insurance is issued up to age 80.
- The Long Term Care rider is issued on policies with face amounts of \$10,000 or greater and issued up to age 70.

Whole Life Insurance is available to dependent children from 14 days old to age 26.

Benefit Overview

Whole Life Insurance with the Long Term Care

- Whole Life Insurance
 - Premiums won't increase as you age.
 - Policy builds a cash value.
 - The individual policy is yours and continues at the same rate upon separation or retirement from CCBC.
- The Long Term Care (LTC) rider
 - This benefit provides monthly cash payments if there is a loss of 2 of 6 Activities of Daily Living (ADLs) or Cognitive Impairment and care is provided through nursing home care, assisted living facility, home health care or adult day care.
 - The LTC rider is tax-qualified, which means that any benefits you receive will not be taxed.
 - Each LTC benefit payment reduces the policy value by a proportional amount and is considered an early payout of the death benefit.
 - To keep your full death benefit intact, in addition to receiving monthly payments, you may purchase the optional Restoration Benefits Rider, which can restore 100% of your death benefit and cash value

Premiums

- 12-month faculty and staff employees - Premiums deducted over 26 pay periods.
- 10-month faculty and staff employees - Premiums deducted over 20 pay periods.

Enrollment

- New Hires may enroll in Unum Whole Life within 30 days of hire and will not be required to complete a medical questionnaire called Evidence of Insurability (EOI). New Hires that enroll within this timeframe will be able to enroll in guaranteed issue life insurance up to these amounts: Employees: \$80,000, Spouse: \$20,000, Child: \$25,000.
- Employees who choose not to enroll during the 30-day period may do so during a future scheduled Open Enrollment, however, they will be considered late entrants and will be required to complete the medical questionnaire (EOI).
- You must be actively at work to be eligible for enrollment. Employees on continuous Family Medical Leave, Leave Without Pay, Personal Leave of Absence, or Medical Leave of Absence status may apply upon returning to work at next Open Enrollment.
- If you currently have coverage, you may increase your benefit up to the guaranteed issue limit during a future annual enrollment window with no medical questions asked.

Contact Information

For more information about Unum's Whole Life plans or if you have questions about your policy, please contact Unum directly.

- **Already enrolled and need more information:** Unum policyholders may call **800-635-5597** for questions related to their policy. (Please note this number is dedicated to existing policy holders; non-policyholders may contact Unum using information below.)
- **Not yet enrolled or need more information:** Use the URL link to schedule an appointment. A Unum representative will be glad to answer your questions or help you submit your application.

Visit this website to learn more or set up an appointment: <https://unum-enrollment-communications.preview.ceros.com/uus-ble-sample-4-1-1/page/page-64edeba5f020d>

Long Term Disability (LTD) Insurance – New York Life Group Benefit Solutions

Benefits Overview

- Employees who have been absent from work for 90 consecutive calendar days for an illness or injury may submit a claim for LTD benefits.
- If the claim is approved, 60% of your gross monthly base salary up to \$7,500 will be paid to you while you are unable to work.
- Payments come directly to you or to someone you designate and can be spent the same as you would a paycheck.
- LTD payments will be off-set by additional income that is received while receiving LTD payments.
- Long Term Disability Certificates are available on SharePoint or from the Human Resources office. The Certificates outline the terms of the plan, including age and time limits.

Eligibility

- All full-time benefit-eligible employees
- Participation is voluntary
- 100% employee paid premium

Enrollment

- Enroll online at <https://ccbcmd.benelogic.com> within 30 days of your hire date, or during open enrollment.

Termination of Coverage

- LTD coverage ends on the last day of work. The benefit is not portable. If an LTD claim is filed and approved prior to employment ending, benefit payments will continue according to New York Life LTD policy.

Resources

- <https://www.newyorklife.com/group-benefit-solutions/employees/work-wellness>. Valuable website for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.
- **Financial, Legal & Estate Support** - Financial, Legal & Estate Support offers a full-service financial wellness offering that includes 30-days' prepaid expert money coaching for various types of financial planning and challenges, such as identity theft and fraud resolution services, online tools for state-specific wills, and other important legal documents. Website: <https://guidanceresources.com>

Accidental Death & Dismemberment (AD&D) Insurance – The Hartford

In addition to life insurance, CCBC offers a group voluntary accident insurance plan available through The Hartford. You can purchase individual or family coverage in increments of \$10,000 from \$10,000 to \$300,000. Coverage reduces to 65% at age 65 and to 50% at age 70.

A helpful online calculator is available at <https://enroll.thehartfordatwork.com/Enroll> website to help determine the level of insurance coverage. Click on the “Calculate your needs” link.

Premiums

You pay the full cost of the premium. The per pay rate is \$0.19 per \$10,000 for individual coverage and \$0.35 per \$10,000 for family coverage.

Enrollment or Changes

You may enroll, change the level of coverage or update your beneficiary/ies at any time at <https://ccbcmd.benelogic.com>.

Education Benefit

Dependent children of employees that elect AD&D may be eligible for an education benefit through The Hartford. Dependent children must be enrolled as full-time students at a university, college or trade school.

Unmarried children are covered until age 19, or until 25 if they are a student.

The Hartford will pay a yearly benefit payment, for each year an eligible dependent child qualifies in an amount equal to 2% of your principal sum or \$5,000 whichever is less. If your dependent child continues to qualify each year, benefits should be paid for a total of 4 consecutive years. The benefit is payable in addition to any other benefits provided under the policy.

Critical Burn Benefit

If an Insured is Critically Burned and requires reconstructive surgery as determined by a physician, this policy will pay 5% of the selected voluntary amount up to \$5,000 towards that surgery.

Critically Burned means an Insured suffers burns which:

- are certified by a physician as more severe than second degree burns; and
- result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.

Employee Assistance Program (EAP)

Employee Assistance Program personal advocates will work with you and your household family members to help you resolve issues you may be

facing, connect you with the right mental health professionals, and direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you:

- 10 face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- Legal assistance: 30-minute consultation with an attorney, face-to-face or by phone.
- Financial: 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- Parenting: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- Eldercare: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- Identity theft: 60-minute consultation with a fraud resolution specialist



We're here to listen. Contact us any day, anytime.

Call 1 888 431 4334

Or log in to myCigna.com

Employer ID: baltimore

(Needed for initial registration only)

If already registered on myCigna.com, simply log in and go to the EAP link under Coverage.

Voluntary Benefits

All employees have varying needs for benefits. In addition to the core benefits offered employees, other benefits are available so employees can choose to buy them if they require other options.

Want more information?

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Geniia Elliott, Instructional Aide, Fab Lab

Voluntary Benefits

Aflac

Aflac directly pays cash benefits to you to help with daily expenses due to an illness or injury, as a safety net for you and your family. You can use the funds to help cover expenses that major medical does not. The benefits are predetermined and paid regardless of any other insurance you have. Aflac product option categories include accident, hospital, cancer, and critical care and recovery. This benefit is available annually during open enrollment. Please call Susan McDaniel with any questions at **920-420-8861** or email susan_mcdaniel@us.aflac.com.

Legal Resources

Legal Resources provides coverage for your attorney fees for your most common legal needs, for you, your spouse, and qualified dependents. Dependent children are covered until age 19 or until age 26 if they are a full-time student. Whether your legal matter is for an everyday legal need or a result of an unexpected life event, you will have immediate and ongoing access to a network of top-rated law firms in your area.

Enrollment in the plan is for a full calendar year and automatically rolls over. Premium deductions are \$10.80 for 20 of the 26 pay periods.

Please call Member Services at Legal Resources at 800-728-5768 if you have any questions.

Credit Unions

First Financial Federal Credit Union and **Freedom Federal Credit Union** offer our employees membership and discount opportunities.

As a CCBC employee, you are eligible to join these Federal Credit Unions that can offer lower loan rates, lower credit rates, and great savings rates when you open an account. Easily setup your direct deposit or payroll deduction to be sent to the credit union. You may use more than one financial institution for your payroll needs.

Contact information for First Financial Federal Credit Union and Freedom Federal Credit Union are listed on the Contact List at the front of this book.

CCBC Child Care Center

Sanbridge Early Learning Center is located on the Catonsville Campus and offers an early childhood program for preschool aged children. Our employees are given preference for enrollment and receive a discounted price.

Tuition Assistance

Tuition Assistance is a benefit for all full-time benefit-eligible employees. An application is required before the beginning of each course or semester. Tuition forms are available on SharePoint. Complete guidelines are on the application form.

Employee Tuition Waiver

Upon employment at CCBC, benefit-eligible employees may apply for tuition waiver when enrolling for CCBC credit and non-credit classes. Classified employees and public safety officers are eligible after completing a 90 day probation period. CCBC will cover the first \$100 in fees per semester, not to exceed \$200 per fiscal year. The employee is responsible for fees, materials and books for the course. The course must have a minimum of 10 regularly enrolled students and must be attended outside of the employees' working hours.

Employee External Reimbursement

After one year of full-time employment, benefit-eligible employees attending an accredited college can submit for tuition reimbursement. Employee may receive reimbursement for up to 18 credits per fiscal year at a rate of \$350 per undergraduate credit and \$500 per graduate credit. CWA/AFSCME members or union-eligible employees should refer to the Union Contract guidelines. Approval must be secured and the application submitted to Human Resources prior to enrolling in the course.

After the course is complete, submit a copy of the course information, a copy of the paid bill, and official final grade.

Dependent Tuition Reimbursement

Spouses, CCBC registered domestic partners and eligible children of benefit eligible employees are eligible for tuition reimbursement for CCBC courses. Employee will pay for tuition when dependent registers. Upon successful completion of the course with a grade of "C" or better, the Registrations Office will authorize tuition reimbursement. CCBC will reimburse the first \$100 in fees per semester, not to exceed \$200 per fiscal year. All course prerequisites must be met.

McDaniel College Educator Legacy Scholarship

Children of full-time benefit-eligible CCBC employee who has at least four years of continuous full-time employment are eligible for a scholarship valued up to \$132,000 over four years. The dependent must be a current high school senior or community college student with a GPA of 2.5. The student must still go through the McDaniel College application process and CCBC will provide verification of employment for the employee.

Academic Cash Reward

Benefit-eligible classified employees will receive a \$500 lump sum award (less taxes) upon earning an unduplicated college degree from an accredited college or university.

Classified employees can apply after completion of a 90-day probationary period. Degree completion must occur after starting employment at CCBC.

Continuing Education Unit (CEU) Reimbursement

Some employees hold a professional designation that is a minimum requirement for their position or enhances their expertise in their position. CCBC will reimburse employees up to \$500 for professional development courses completed to maintain required certifications. Courses must be approved by supervisors prior to reimbursements.

Why Plan for Retirement?

We have a longer life expectancy; retirement planning helps to determine your satisfaction with your retirement life style. It establishes a retirement budget by identifying the sources of your retirement income as well as your expenses. To help you with this process, CCBC has three retirement plans; the Maryland State Teacher's Pension plan, the Optional Retirement Plan, and the Baltimore County Employees' Retirement Plan. CCBC has two supplemental retirement plans; a 403(b) with six companies from which you may choose and a 457(b) with one company from which you may choose. Two of the 403(b) vendors offer a Roth savings feature which gives you the opportunity to save

for retirement with post-taxed dollars. Retirement planning helps to ensure you can retire when you reach the end of your career.

Want more information?

From The Daily Post Page Select, Administrative Services/Human Resources/ Documents.



Baltimore County Employees Retirement System (BCERS)

Enrollment is mandatory for Public Safety Officers, certain employees within Facilities Management, Athletics Facilities Specialists, and other benefit-eligible employees on the U1/ AFSCME or the FL/Front Line Non Exempt pay scale. Membership is subject to approval from the Baltimore County Employees Retirement System.

Employees must join within 60 days of their hire date or the ability to join will be forfeited. Membership is optional for employees who are at least age 55 on the date of employment.

- **Eligible employees who do not participate, will not be eligible for CCBC post-retirement benefits including subsidized health insurance based on years of service.**

Baltimore County ERS (for employees who joined before 7/1/2007)	Baltimore County ERS (for employees who join(ed) on/after 7/1/2007)
Defined Benefits Plan provides a determinable benefit based upon your base salary and creditable service.	Defined Benefits Plan provides a determinable benefit based upon your base salary and creditable service.
Contribution percentages range from 6.75% - 7.25% of their base salary.	Employees contribute 7% of their base salary.
Employee is vested after 5 years.	Employee is vested after 10 years of creditable service.
Normal Service Retirement is after 30 years of creditable service, or age 65 with 5 years of creditable service. Employee is also eligible for a service retirement split at age 60 with 5 years of creditable service.	Normal Service Retirement is after 35 years of creditable service, or age 67 with 10 years of creditable service.
Early Service Retirement is available at age 55 with 20 years of creditable service. Benefits will be reduced. Disability benefits or non-occupational related injury or illness upon attaining 10 years of creditable service. Occupational disability benefits upon entry into system. Non-occupational death benefit coverage after five years of creditable service. Credit for unused sick leave and military service.	There is no early retirement option. Disability benefits or non-occupational related injury or illness upon attaining 10 years of creditable service. Occupational disability benefits upon entry into system. Non-occupational death benefit coverage after five years of creditable service. Credit for unused sick leave and military service.

Note: Employees who have previously retired from the Baltimore County Employees Retirement System are not eligible to enroll. Retirees from the Baltimore County Employees Retirement System who are hired for a position that falls under the Baltimore County Employees Retirement System, may only be rehired as a **temporary employee one time only for a maximum of six consecutive calendar months**. For additional information, contact the Baltimore County Retirement Office at **410-887-8246** or **1-877-222-3741**.

Maryland State Teachers' Pension Plan (MSTP) and Optional Retirement Plan (ORP)

All full-time benefit eligible employees on the Classified, Professional, Administrative and Faculty pay scale must enroll in either the Maryland State Teachers' Pension Plan (MSTP) or, if eligible, in the Optional Retirement Plan (ORP). Participation in one of the retirement plans is mandatory. The Optional Retirement Plan is only available to employees whose job requires a minimum of a bachelor's degree and the employee possesses a minimum of a bachelor's degree.

Effective July 1, 2017, employees never employed by the state of Maryland, University of Maryland, Morgan State University, St. Mary's College or any community college or regional community college and eligible for the ORP, must enroll on or before the date of hire or the employee will be defaulted to the Maryland State Teacher's Pension Plan.

Employees who were ever employed by the state of Maryland, University of Maryland, Morgan State University, St. Mary's College or any community college or regional community college and are enrolled member of MSRPS, may not be eligible to enroll in ORP even if hired in an ORP eligible position.

Employees who have previously participated in an Optional Retirement Plan may not be eligible to join the Maryland State Teacher's Pension Plan. Visiting lecturers are not eligible to enroll in either retirement plan.

To obtain a copy of the Benefits Handbook for the Maryland State Teacher's Pension or the Optional Retirement plan, go to www.sra.maryland.gov.

Maryland State Retirement Plan (Alternate Contributory) For employees who joined before 7/1/2011	Maryland State Retirement Plan (Reformed Contributory) For employees hired on or after 7/1/2011	Optional Retirement Plan Fidelity or TIAA
Defined Benefit Plan provides a determinable benefit based upon your salary and service.	Defined Benefit Plan provides a determinable benefit based upon your salary and service.	Defined Contribution Plan provides a benefit based upon your accumulated account balance.
Employees contribute 7% of their base salary.	Employees contribute 7% of their base salary.	The State contributes 7.25% of the employees' salary.
Employee is vested after 5 years.	Employee is vested after 10 years.	Employee is vested immediately.
Normal Service Retirement is: after 30 years of eligibility service, or age 62 with 5 years of eligibility service, or 63 with 4 years, or 64 with 3 years, or 65 with 2 years.	Normal Service Retirement is age 65 with 10 years of eligibility service, or At least 90 years of combined age and years of eligibility service (ex. Age 60 with 30 years of eligibility credit)	Tax Penalties are applicable if you retire before age 59 1/2.
Early Service Retirement is after age 55 with 15 years of eligibility service. Benefit will be reduced.	Early Service Retirement is after age 60 with 15 years of eligibility service. Benefit will be reduced.	

Note: Retirees of the Maryland State retirement plans who are rehired by the same employer must have at least a 45 day break in service between the effective date of retirement and the date of rehire. Retirees from any Maryland State retirement plan are not eligible to enroll in any of the mandatory retirement plans offered at CCBC.

Great News ! Member's Personal Statement of Benefits (PSOB) are available on mySRPS. If you need assistance with registering or need your login information for mySRPS call the Maryland State Retirement Agency at 410-625- 5555. Printed copies of your PSOB are no longer mailed to a member's home address unless requested. To receive a paper PSOB, member's must email a request to the Maryland State Retirement Agency or call and leave a message at 410-625-3662.

Please include the following information in the message:

- Full name
- Date of birth
- Last four digits of Social Security number
- Home address
- Daytime telephone number

Supplemental Retirement Plans

403(b) & 457(b)

Employees have the option to save additional money for retirement. Participation is voluntary. The supplemental retirement plans are available through six vendors with a minimum contribution of as little as \$20 per paycheck. This plan provides another opportunity to save for retirement and reduce your taxable income if your contributions are deducted on a pre-tax basis. The new plan year starts in January and ends in December.

Participating Vendors

- Fidelity Investments
- Lincoln Financial Group
- TIAA
- T. Rowe Price
- Corebridge Financial
- Voya Financial Advisors

All vendors allow hardship withdrawals and loans, with the exception of T. Rowe Price.

Please note: There is a 10% penalty assessed to account balance if funds are withdrawn prior to the participant turning age 59 ½, in addition to any taxes.

How do I Enroll or Change Contribution Amounts?

You may enroll and change your bi-weekly contributions at any time. You may choose to open an account online by accessing the vendor's website or by completing the vendor's paper enrollment form. You must also complete CCBC's Salary Reduction Authorization Form. The salary reduction authorization form authorizes CCBC to deduct the contribution from your paycheck.

You must send the following to Human Resources: Proof of an open account and Salary reduction authorization form OR paper enrollment form and salary reduction authorization form.

You may make changes to your contributions throughout the course of the year by completing a salary reduction authorization form. Please note: To stop contributions, put a zero next to the vendor's name on the salary reduction authorization form. If you have more than one supplemental retirement account, the contributions for the existing accounts will continue unless you complete a salary reduction form to change the contributions.

Roth 403(b) Saving Feature

A Roth 403(b) **is not a separate retirement account**. A Roth 403(b) is a **savings feature** that allows you to save for retirement using after tax money (post-tax dollars). Your contribution is deducted from your paycheck from money that was already taxed. You may only save up to the IRS yearly plan limits. The advantage of saving with **taxed money** is you will not have to pay additional taxes upon taking a distribution. **Traditional 403(b) deductions** are withheld from pre-tax money. This Roth savings feature is available to full-time and part-time employees and only offered by TIAA and Voya Financial Advisors, Inc.

457(b)

The College offers a 457(b) deferred compensation plan through Voya Financial Advisors. This plan provides another opportunity to save for retirement and reduce your taxable income because your contributions are deducted on a pre-tax basis. This plan is very similar to a 403(b) plan, with the following exceptions:

- There is no 10% penalty for withdrawals made before age 59-1/2 or if you have separated from CCBC. This can be an important benefit if you are considering retirement before age 59-1/2, as it will provide retirement income until you receive Social Security and your other retirement plans (pension plans, 403(b) plans, IRAs, etc.).

The online enrollment instructions and Salary Reduction Authorization Forms for both the 403(b) and 457(b) can be found on **SharePoint**/Administrative Services/ Human Resources/ Documents/ Benefits.

Please note: *Part-time employees must designate a percentage of their pay. Full-time employees must designate a whole dollar amount of their pay.*

- Consider increasing your 403(b) contributions during the summer when deductions for your benefits stop. It's money you won't miss, and it will help you reach your retirement goals faster!
- If you are retiring, you have the option to move 90% of your vacation payout over to any supplemental plan. This allows the employee to save on taxes and increase their retirement fund.

Retiree Privileges

Thank you for your service to CCBC!



Madeline Foster and Diana Klimek,
RetireeFirst Representatives

Retiree Privileges & General Information

As a retiree of CCBC, the following privileges are offered:

- Continuation of CCBC email account
- Continuation of tuition waiver for CCBC courses
- Faculty/Staff parking permit
- Retiree ID card – One Card
- Invitations to College-sponsored events
- Use of College facilities
- Library privileges and services
- Use of pool and fitness facilities under usual terms and conditions
- Lifetime 10% bookstore discount (on-campus sites only)
- Positions are available to our valued retirees. To learn more, contact the Career Line at 443-840-4739

The following additional privileges are offered for Professor Emeritus Status:

- Lifetime Emeritus title
- Access to adjunct office plus electronic support
- CCBC business cards

Health Benefit Enrollment Summary

A summary of your enrollment benefits can be mailed to you by request. Call the Benefits Helpline at 443-840-4398 or email benefits@ccbcmd.edu.

Terminating Coverage during Open Enrollment

If you wish to discontinue health coverage or terminate a benefit, or access benefits for Medicare, contact RetireeFirst.

Remember, if you drop all coverage, you cannot re-enroll in the future.

Access Information for Retirees

- From the CCBC homepage, click on **Menu** in the upper right-hand corner
- Select **Info For...** and then select **Faculty and Staff**
- Information for Retirees will be at the bottom of the page
- Information available includes:
 - Benefits Guide
 - Benefits Premiums
 - Medicare Creditable Coverage Notice

Retiree Benefits Options

Please review this booklet carefully. If you have questions that are not answered in this booklet, call the CCBC Benefits Help Line at 443-840-4398, or email benefits@ccbcmd.edu.

Benefit Options

Non-Medicare Eligible Retirees or Dependents (Under age 65)

- Medical Plans
 - Cigna Open Access Plus In-Network (OAPIN)
 - Cigna Open Access Plus (OAP)
 - Kaiser Permanente Select (HMO)
- Prescription Plans included with Medical Plan
 - Cigna Pharmacy
 - Cigna Express Scripts Home Delivery
 - Kaiser Pharmacy (Kaiser Medical Plan)
- Dental Plans
 - CareFirst Regional Preferred Dental
 - CareFirst Regional Traditional Dental
 - Cigna Dental Care Access (DHMO)
- Vision Plan
 - National Vision Administrators (NVA)

Medicare Eligible Retirees or dependents (NVA) (Age 65 & over or Eligible for S.S. Disability)

- Medical Plans
 - Aetna Medicare Advantage plan options
 - Kaiser Permanente Medicare Advantage w/ RX
 - Cigna Medicare Surround without RX
 - Cigna Medicare Surround Basic without RX
- Prescription Plans
 - Cigna RX High Plan
 - Cigna RX Mid Plan
 - Cigna RX Low Plan
- Dental Plans
 - CareFirst Regional Preferred Dental
 - CareFirst Regional Traditional Dental
 - Cigna Dental Care Access (DHMO)
- Vision Plan
 - National Vision Administrators (NVA)

All Retirees

The Retiree is responsible for the full cost of dental and vision coverage for themselves and their eligible dependents at a non-subsidized rate. Flexible Spending Accounts cannot be carried into retirement and will end on your last day worked.

Benefit Eligibility At Retirement

In order to qualify for CCBC health insurance coverage when you retire, three basic requirements must be met:

- Retirees must be eligible for and begin receiving their pension benefit or a distribution from the ORP immediately upon leaving employment with CCBC.
- Employees who wish to carry the medical, dental, vision, and/or life insurance into retirement, must have been enrolled in those benefits prior to retirement.
- Retiree health insurance elections must be made at the time of retirement.

Continued Coverage for Spouse or Registered Domestic Partner of Deceased Retiree

Coverage is available for your spouse if he/she had benefits through your CCBC retiree plan. However, the surviving spouse or registered domestic partner will need to pay the premiums if your pension check stops based on your retirement plan's death benefit. Dependent children of a deceased retiree or surviving spouse, cannot continue coverage and will be offered COBRA. A surviving spouse of a deceased retiree who remarries may not add a new spouse or registered domestic partner, or dependent child to the insurance.

RetireeFirst and Medicare

RetireeFirst – Private Medicare Exchange

RetireeFirst administers Medical and Prescription benefits for the Community College of Baltimore County's (CCBC) Medicare eligible retirees, dependents and surviving spouses exclusively through the CCBC Retiree Private Medicare Exchange. CCBC will continue to administer your Dental, Vision, and Life Insurance for Medicare retirees, dependents and surviving spouses.

Who is RetireeFirst?

RetireeFirst is a Retiree Benefit Administrator and Advocacy Company, not an insurance carrier, that specializes in retiree healthcare. RetireeFirst is available to assist Medicare eligible retirees with not only reviewing and enrolling in available plan options, but they are also a committed resource for our members throughout the life of the plan.

Why RetireeFirst?

- More Options and Better Value: The plans available to you from RetireeFirst have been designed to provide you with more options and better value without sacrificing quality or coverage. Premiums will be conveniently deducted from your pension check, or you will be billed directly by RetireeFirst.
- Sustainability over the long term: The transition to the Private Medicare Exchange offers sustainability over the long term through an approach that allows CCBC to continue subsidizing your medical and prescription premiums based on your date of retirement and years of service.
- Retiree Advocacy and Support: RetireeFirst advocates go far beyond just enrolling members. Below are a few of the services your dedicated advocates can assist with after your enrollment and throughout the plan year:
 - Claims, billing, and payment support
 - Real-time physician and pharmacy assistance

- Medication look up
- Card replacements

Medicare Plan Enrollment Support

Call RetireeFirst Advocates dedicated to CCBC at 443-290-3113 or Toll Free at 833-550-1675 (TTY 711) for more information on enrollment and plan offerings. See RetireeFirst booklet for details on plans available.

Medicare Part B

If you, your spouse, your registered domestic partner, or dependent child are approved for Social Security Disability and become Medicare B eligible, or turn 65 years old, contact RetireeFirst to get more information on enrollment and plan offerings at least 90 days prior to the effective date.

CCBC requires enrollment in Medicare Part A (hospital) and Medicare Part B (medical) as soon as you, your spouse, your registered domestic partner, or dependent child are eligible for Medicare.

You must accept Medicare B as the primary health carrier. Medicare B will require a monthly premium. CCBC will need a copy of your Medicare card.

Registered Domestic Partners

According to Medicare Coordination of Benefit Rules, when a covered member is eligible for Medicare due to age or disability and is a domestic partner on a commercial insurance plan, Medicare will be primary no matter the working status of the employee. However, if the covered domestic partner has COBRA coverage, Medicare will be primary.

Retiree Life Insurance – MetLife

CCBC retirees who are receiving benefits from the Maryland State Retirement System, the Optional Retirement Plan, or the Baltimore County Employees' Retirement System, who were hired on/before January 3, 2011, and who retire with at least 10 years of benefit-eligible service may elect to continue their basic life insurance at the time of retirement.

The coverage amount is reduced to the minimum benefit, \$50,000, upon retirement and reduces each year for four years. See the example below.

The first reduction is \$42,500 at retirement and continues to reduce each January until the coverage level reaches \$12,500 at your fourth anniversary. You will pay the monthly premium associated with that level of coverage. The current reduction structure is as follows:

Date of Coverage Amount	Coverage Amount
Retirement Date	\$42,500
January 1 after retired 12 months	\$35,000
January 1 after retired 24 months	\$27,500
January 1 after retired 36 months	\$20,000
January 1 after retired 48 months	\$12,500

Conversion to an Individual Policy

A retiree may elect to convert any portion of the active minimum benefit amount to an individual life insurance policy. This is a one-time election in conjunction with the continuation of retiree life insurance. The application and first payment must be mailed to MetLife within 31 days of the last day worked. Contact Human Resources for the application.

Retiree Basic Life Insurance for Employees hired after January 3, 2011

A retiree may elect to convert or port any amount of the basic life insurance at the time of retirement by applying to MetLife within 31 days of the last day worked.

Retiree Supplemental Life Insurance

A retiree may elect to convert or port any amount of the supplemental life insurance at the time of retirement by applying to MetLife within 31 days of the last day worked.

Beneficiary Information Changes

If you need to change your primary and/or contingent beneficiary information or if the name or address of your primary and/or contingent beneficiary(ies) change(s), complete the Beneficiary Designation/Change Form. The form can be found on

<https://www.ccbcmd.edu> under Information for Retirees.

Mail the form to:

CCBC

Human Resource Department

800 S. Rolling Rd.

Catonsville, MD 21228

ATTN: Retirement

Annual Legal Notices

A number of disclosures and annual notices are required by law if we offer a group health plan. The Federal law requires the following legal notices to inform you of your rights.

Want more information?

From The Daily Post Page, Select Administrative Services/Human Resources/Benefits



Shaun Koenig, Coordinator, Legal Studies



COBRA 2025

Continuing Coverage After Employment Ends

In most cases, if your employment ends with CCBC, benefits will terminate on the last day of the month in which you worked. Benefits will end on the day of termination in cases of employee fraud.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2%.

After CCBC receives your Personal Action Form (PAF) from your department with a termination date you will receive a COBRA letter via US Mail from Voya Benefits Company, LLC. Please read and respond as this notice is time sensitive.

Each individual who is covered by a CCBC health plan immediately preceding the employee's COBRA event has independent election rights to continue his or her medical, dental, vision, or EAP plan. The right to continuation of coverage ends at the earliest of when:

- you, your spouse or registered domestic partner, or dependents become covered under another group health plan; or,
- you become entitled to Medicare; or,
- you fail to pay the cost of coverage; or
- your COBRA Continuation Period expires

You must notify CCBC Human Resources in writing within 60 days of the following COBRA events:

- divorce or legal separation
- termination of domestic partnership
- death of an employee
- dependent child's loss of coverage due to age or coverage through employer

Coverage must be elected within 60 days of receiving COBRA notification.

Continuing Coverage Upon Retirement

In order to qualify for CCBC insurance coverage when you retire, three basic requirements must be met:

1. Retirees and/or their eligible dependents must have been eligible for benefits and receiving benefits while employed with CCBC;
2. You must retire from a CCBC retirement plan; and
3. At the time of retirement, you must elect coverage for benefits. If you choose not to enroll in benefits, you will not be permitted to enroll in benefits after you have retired.

In addition, retirees and their dependents who become eligible for Medicare for any reason must enroll in both Part A and Part B Medicare programs.

Premiums are based on an employee's hire date, the number of years of benefit eligible service, and medical plan selected at the time of retirement.

Other Options

As a result of health care reform, some individuals may want to consider and compare health insurance alternatives on the new State Health Care Connection. Some individuals may also be eligible for a premium tax credit to help pay for some or all of the cost of coverage. For more information you can visit www.marylandhealthconnection.gov.

For information about other options if you reside in Maryland including buying individual policies from Kaiser, call 1-800-777-7902. For information about plans offered by CareFirst for those under 65 call 1-800-544-8703. Over-65 members can call 410-356-8123.

A Quick Look at Your COBRA Continuation Rights		Maximum COBRA Continuation	
Loss of Coverage is Due to...	For You	For Your Covered Spouse or registered domestic partner	For Covered Dependent Children
Your employment ending for any reason (except gross misconduct) or your hours are reduced so you are no longer eligible for medical, dental vision, and the health care spending account	18 months	18 months	18 months
You or your covered spouse or registered domestic partner or dependent is disabled (as determined by Social Security Administration) at the time of the qualifying event, or becomes disabled during the first 60 days of COBRA continuation	29 months	29 months	29 months
Your death	—	36 months	36 months
Your divorce	—	36 months	36 months
You become entitled to Medicare	—	36 months	36 months
Your covered child no longer qualifies as a dependent	—	—	36 months



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact benefits@ccbcmd.edu or call 443-840-4398

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Community College of Baltimore County		4. Employer Identification Number (EIN) 52-1977456	
5. Employer address 800 S. Rolling Road		6. Employer phone number 443-840-4398	
7. City Catonsville	8. State MD	9. ZIP code 21228	
10. Who can we contact about employee health coverage at this job? Benefits Department			
11. Phone number (if different from above)		12. Email address benefits@ccbcmd.edu	

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees working at least 37.5 hours/week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Natural/biological children, step children, children of a CCBC registered domestic partner, legally adopted children, a child for whom you have legal guardianship, including grandchildren, until the end of the month in which they turn age 26.

We do not offer coverage.

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

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

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

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ 73.66
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

- a. How much would the employee have to pay in premiums for this plan? \$ 73.66
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Children's Health Insurance Program

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, 2023. Contact your State for more information on eligibility –

CALIFORNIA – Medicaid	FLORIDA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
MARYLAND – Medicaid	PENNSYLVANIA – Medicaid and CHIP
Website: Maryland Children's Health Program (MCHP) www.marylandhealthconnection.gov/how-to-enroll/medicaid Phone: 855-642-8572	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
VIRGINIA – Medicaid and CHIP	
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924	

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

Medicare Part D Notice of Creditable Coverage

Important Notice from the Community College of Baltimore County 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 Community College of Baltimore County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Community College of Baltimore County has determined that the prescription drug coverage offered by the CIGNA OAP, CIGNA OAPIN, and Kaiser, are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Community College of Baltimore County coverage will be affected. [for those individuals who elect Part D coverage, coverage under CCBC's plan will end for the individual and all covered dependents].

If you do decide to join a Medicare drug plan and drop your current Community College of Baltimore County coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

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

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

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

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

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

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

CCBC Contact Position/Office:	Director of Benefits/Office of Human Resources
Address:	800 S. Rolling Road, Catonsville, MD 21228
Phone Number:	443-840-5234
Date:	November 1, 2024

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 the Benefits Helpline at benefits@ccbcmd.edu or **443-840-4398**.

Unemployment Insurance

Under the Maryland Unemployment Insurance Program, an individual who is out of work through no fault of his or her own, may apply for unemployment benefit payments with the State Department of Labor, Office of Unemployment Insurance. Determination is subject to the regulations set forth by the State of Maryland.

Workers' Compensation Insurance

All employees are covered under the Maryland Workers' Compensation Act beginning the first day of employment. Employees who sustain a work-related injury or illness out of and in the course of employment should seek appropriate medical attention and contact their supervisor to document the details of the incident. Accident/ illness reports must be submitted within 24 hours of the incident. Baltimore County Office of Law determines compensability of claims. If approved, the benefit covers approved medical costs and provides compensation for loss of earning capacity.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **443-840-4398** for more information.



Community College
of Baltimore County

Human Resources
Business, Education and Social Sciences Hall – Suite 001
800 South Rolling Road
Baltimore, Maryland 21228-5317

ccbcmd.edu
benefits@ccbcmd.edu
443-840-4398