# Kalamazoo Valley Community College EMPLOYEE BENEFIT GUIDE 2025





## **TABLE OF CONTENTS**

Contact Information	,
Introduction	
Benefits Eligibility	
Medical Plan	
Prescription Drug Benefit Summury	,
Flexible Savings Account	
Dependent Care Savings Account	
Health Savings Account	,
Blue Cross Online Visit	
Dental Plan	,
Vision Plan10	1
Life Insurance/Short-Term Disability/Long-Term Disability	1
Additional Benefits	
Retirement Plans12	
Employee Assistance Program Overview	

## **CONTACT INFORMATION**

### RESOURCES

Benefit	Contact Source	Contact Number
Blue Cross Blue Shield of MI Prescription Coverage	https://www.bcbsm.com	877.752.1233 877.790.2583
Pharmacy Mail Order Optum	https://www.optumrx.com	800.356.3477
Delta Dental	https://deltadentalmi.com	800.524.0149
Vision EyeMed	https://www.eyemed.com	866.939.3633
FSA/DCFSA WageWorks	https://www.wageworks.com	877.924.3967
HSA Health Equity	https://www.healthequity.com	866.346.5800
Life/AD&D/LTD Guardian	https://www.guardian.com	888.482.7342
Supplemental Life/LTD Guardian	https://www.guardian.com	888.482.7342
Short-Term Disability	Kalamazoo Valley Employee Handbook	269.488.4448
Employee Assistance Program (EAP)	https://worklife.uprisehealth.com	800-386-7055
Retirement TIAA	https://www.tiaa.org/public/tcm/kvcc	800.842.2252
Retirement MPSERS	https://www.michigan.gov/orsschools	800.381.5111
Retirement VOYA	https://stateofmi.voyaplans.com	800.748.6128
AFLAC	https//aflac.com	800.992.3522

If you have questions about plan benefits, claims, or other information covered in this packet or if you need assistance filling out a form, please contact 269.488.4448 Benefits Manager / HR Contact HR@kvcc.edu. See the Employee Benefits tab under Human Resources in the Employee Portal for more details.

## **MISSION STATEMENT**

Kalamazoo Valley Community College creates innovative and equitable opportunities that empower all to learn, grow and thrive.

## **INTRODUCTION**

The college recognizes the important contributions made by our employees and works toward providing a comprehensive benefit plan to help support what you do every day.

The Employee Benefit Guide is designed to explain the benefits given by the college. It also highlights additional program and services available to assist you with being an informed healthcare consumer and taking charge of your well-being.

## **BENEFITS ELIGIBILITY**

### **ENROLLMENT**

#### **NEW EMPLOYEE**

Eligible newly hired employees of Kalamazoo Valley Community College, qualify for benefits **on the first day of employment.** 

### SPOUSAL CARVE-OUT FOR MEDICAL COVERAGE

Spouses who have access to coverage through their own employers must obtain primary coverage through their employers' plan to be eligible for Kalamazoo Valley plan for secondary coverage to supplement the primary plan. If the spouse elects not to enroll in their employers' plan, they will not be eligible to enroll in Kalamazoo Valley's medical plan.

#### **EXISTING EMPLOYEE**

During annual open enrollment, or if you experience a qualifying event\*, existing employees of Kalamazoo Valley may make changes to their current benefit plan. Annual Open Enrollment for the 2025 benefit year is November 1st through November 15th for coverage beginning on January 1st.

#### \*Qualifying Event

Changes to benefits outside of your initial eligibility or open enrollment period, **you may only do so within 30 days of an IRS recognized life change event**, as defined below:

- Employee's legal martial status changes (marriage, divorce, separation or death of a spouse)
- A change in the number of dependents (birth, adoption, or death)
- Employment changes for the employee, spouse or dependents, which affect eligibility status
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage or any similar circumstance

Your dependent children will become ineligible for medical/dental/vision coverage at age 26, unless they are enrolled as a full-time student. It is essential that the Benefit Manager in Human Resources be notified within a timely manner to ensure your dependent's right to COBRA Continuation. End of coverage, in the event of divorce or a dependent reaching the age of 26, will be the last day of the month in which the qualifying event occurred.

## The employee must notify the Benefit Manager in Human Resources within 30 days of a life change event.

Please contact Human Resources with any questions regarding your elections. hr@kvcc.edu



### MEDICAL COVERAGE PROVIDER BLUE CROSS BLUE SHIELD OF MI THROUGH THE POOL

Kalamazoo Valley Community College offers three Medical Plan Options: **Plan 1**: Blue Cross Traditional with an FSA and/or DCFSA and **Plan 2**: Simply Blue PPO with FSA/DCFSA **Plan 3**: Blue Cross HDHP with an HSA. Kalamazoo Valley allow you, the employee, the ability to choose the medical plan that is best suited for you. All plans use the BCBSM Network but allow you to see providers of your choice; however, you will always pay less by choosing in-network providers. Out-of-network services are subject to higher deductibles, coinsurance, service not covered and possible balance billing.

A brief description of both, the Blue Cross Traditional PPO Plan, Simply Blue PPO and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) plans is below.

	OVERVIEW A brief descript lealth Plan (HDHP) with a H		
	TRADITIONAL PPO	SIMPLY BLUE PPO	HDHP with HSA
	In-Network	In-Network	In-Network
Annual Deductible	\$250 single/\$500 family	\$500 single/\$1000 family	\$2000 single/\$4000 family
Coinsurance	90%	90%	0%
Total Out of Pocket Maximum	\$2500 single/\$5000 family	\$3000 single/\$6000 family	\$3000 single/\$6000 family
Coinsurance Max	\$1000 single/\$2000 family	\$1000 single/\$2000 family	N/A
DOCTOR'S OFFICE			
Primary Care Office Visit	\$20 copay	\$20 copay	Covered 100% after deductible
Specialist Office Visit	\$20 copay	\$40 copay	Covered 100% after deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100% (no deductible)
Emergency Room	\$50 copay then 90% after deductible	\$150 copay then 90% after deductible	Covered 100% after deductible
Non-Emergency use of the Emergency Room	Covered - \$50 copay then 90% after deductible	Not Covered	Covered - 100% after Decuctible
Inpatient	Covered 90% after deductible	Covered 90% after deductible	Covered 100% after deductible
Outpatient surgery	Covered 90% after deductible	Covered 90% after deductible	Covered 100% after deductible
OTHER SERVICES			
Chiropractic Care	90% after deductible 24 visits per calendar year	\$20 copay 12 visits per calendar year	100% after deductible 24 visits per calendar year
PT/OT/Speech Combined (limited to 60 combined visits peryear)	90% after deductible (combined limit to max 60 visits per calendar year)	90% after deductible (combined limit to max 30 visits per calendar year)	100% after deductible (combined limit to max 60 visits per calendar year)
Durable Medical Equipment	Covered 90% after deductible	Covered 90% after deductible	Covered 100% after deductible

Plan Options	Traditional PPO	Simply Blue PPO (new option for 2024)	High Deductible Plan with Health Savings Account
Benefit	Member	/ 's Responsibility (copays and	coinsurance amounts)
In-Network Retail			
Generic (Retail 30-day supply)	\$10 copay	\$10 copay	\$10 copay after deductible
Preferred Brand Name (Retail 30-day supply)	\$40 copay	20% coinsurance \$40 minimum; \$80 maximum	\$40 copay after deductible
Non-Preferred Brand Name (Retail 30-day supply)	\$40 copay	20% coinsurance \$60 minimum; \$100 maximum	\$40 copay after deductible
Over-the-Counter (only for Zyrte	c, Zyrtec D, Prilosec, C	laritin, Children's Claritin, Cla	aritin RediTabs and Claritin-D)
	\$0 copay	\$0 copay	Not available
Out of Network (prescriptions an	d refills obtained from	n a non-network pharmacy)	
	Reimbursed at 75% of the approved amount, less the member's copay.	Reimbursed at 75% of the approved amount, less the member's copay.	Reimbursed at 80% of the approved amount, less the member's copay.
Mail Order			
Generic (90-day supply)	\$20 copay	\$20 copay	\$20 copay after deductible
Preferred Brand Name (90-day supply)	\$80 copay	20% coinsurance \$80 minimum; \$160 maximum	\$80 copay after deductible
Non-Preferred Brand Name (90-day supply)	\$80 copay	20% coinsurance \$120 minimum; \$200 maximum	\$80 copay after deductible
Specialty (Members are restricted limited to only a 15-day supply fo		t both retail and mail order a	nd certain specialty drugs are
Generic (Retail and Mail Order 30- day supply)	\$10 copay	\$10 сорау	\$10 copay after deductible
Preferred Brand Name (Retail and Mail Order 30-day supply)	\$40 copay	20% coinsurance \$40 minimum; \$80 maximum	\$40 copay after deductible
Non-Preferred Brand Name (Retail and Mail Order 30-day supply)	\$40 copay	20% coinsurance \$60 minimum; \$100 maximum	\$40 copay after deductible

This summary is intended for comparison purposes and provides a general overview of prescription benefits only. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this summary and any applicable plan document, the plan document will control.

Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

### CALENDAR YEAR DEDUCTIBLE

This is a specified dollar amount that the employee must pay for certain covered services per calendar year. Once the deductible has been satisfied (individual or family), then the applicable coinsurance applies. Coinsurance is your share of the cost of a healthcare service.

#### CALENDAR YEAR OUT-OF-POCKET MAXIMUM

This is the amount of covered expenses – including deductible, copayments, and coinsurance, that the employee can pay out of their own pocket over the course of the year. Once the out-of-pocket maximum has been satisfied in a calendar year, further in-network services will be payable through BCBS at 100% for the remainder of the plan year, subject to any other terms, limitations, and exclusions.

## **HEALTHCARE PREMIUMS**

Kalamazoo Valley pays for the majority of your healthcare premiums. The following chart depicts the employee monthly contributions after the college's share.

2025 Rates			
	TRADITIONAL PPO PLAN	SIMPLY BLUE PPO PLAN	HDHP PLAN WITH HSA
Employee Only	\$206.00	\$90.00	\$144.00
Employee & Spouse/Child	\$414.00	\$170.00	\$278.00
Family	\$564.00	\$244.00	\$362.00

#### **Opt-Out Option**

Medical/Prescription/Vision only \$3,500 Dental Only \$150

## FLEXIBLE SPENDING ACCOUNT (FSA)

Employees that have Traditional or Simply Blue PPO also have the option to contribute to an FSA. This will allow you to use pre-tax dollars to pay for eligible medical expenses.

- Choose the pre-taxed amount you want to contribute
- Contribution will directly be deducted out of your paycheck
- Unused FSA dollars are forfeited to the employer, so it's important to plan ahead



• 2025 IRS Contribution Limit - \$3,300

## **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)**

Employees that have Traditional or Simply Blue PPO Plans also have the option to contribute to a DCFSA. This will allow you to use pre-taxed dollars to pay for eligible dependent care expenses or an older parent in eldercare.

- Pay for childcare expenses for children age 12 and under
- Choose the pre-taxed amount you want to contribute
- Contribution will directly be deducted out of your paycheck
- Unused DCFSA dollars are forfeited to the employer, so it's important to plan ahead
- 2025 IRS Contribution Limit \$5,000

## **HEALTH SAVING ACCOUNT (HSA)**

Employees that have **Plan 3 Blue Cross HDHP** can contribute to an HSA account in addition, Kalamazoo Valley will contribute **\$500** to individual, or **\$1,000** to two or more covered persons to be used toward eligible medical expenses.

- Choose the pre-taxed amount you want to contribute
- Pay for qualified medical expenses
- No use-it-or-lose-it, keep you HSA forever
- 2025 IRS Contribution Limit for Self only \$4,300\*
- 2025 IRS Contribution Limit for Family \$8,550\*
- Members 55+ can contribute an extra \$1,000

#### \*IRS limits include Employer contributions

## VIRTUAL CARE- GET CARE WHEN YOU NEED IT

Use Virtual Care wherever you are. Everyone on your health plan can get virtual medical and mental health care. Click on the QR code to download the Teladoc Health app and create your account. When creating an account, you'll be asked to enter your insurance information so you don't pay more than you should. Once you've created your account, you can access virtual urgent care or mental health through the Teladoc Health app, website, or phone.

- Average wait time for a medical online visit is 10 minutes
- Prescriptions, if needed can be sent to your preferred pharmacy
- They do not write prescriptions for controlled substances
- Through the mental health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist
- Mental health visits require an appointment, with evening and weekend availability





Health**Equity** 

#### VIRTUAL CARE ONLINE VS EMERGENCY CARE

TELADOC		EMERGENCY CARE
Fever, Cold, Flu		Chest Pain
Ear or Sinus Pain		Numbness in arms or legs
Rashes		Difficulty Speaking
Nausea	VS	Shortness of Breath
Sore Throat		Heart Attack
Bronchitis		High Fever w/Stiff Neck
		Infants under 8 weeks old w/fever



### **HOW DOES IT WORK?**

- Mobile Download the Teladoc Health app
- Web Visit bcbsm.com/virtualcare
- Phone Call 1-800-835-2362
- Send a visit summary to your Primary Care doctor or other health care provider at the end of your online visit
- PPO plan Co-pay is collected at the time of the consultation
- High Deductible Health Plan Covered 100% after deductible
  - Co-Pay: \$65.00
  - Behavioral Health: \$100.00-\$247.00

### **DENTAL BENEFIT**

Delta Dental of Michigan is our dental provider. Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. This is a benefit which is provided at no cost to you!



DENTAL BEN	EFITS OVERVIEW
	IN-NETWORK
Annual Deductible	\$50 single/\$100 family
Annual Benefit Maximum	\$1500
Preventive Dental Services (cleansings, exams, x-rays)	100%, no deductible
Basic Dental Services (fillings, oral surgery, crowns)	90%
Major Dental Services (bridges, dentures, implants)	70%
Orthodontic Services (braces)	60% to a lifetime max of \$1000

#### **Opt-Out Option**

Employees who opt out of the dental will receive \$150 opt out credit.

## **VISION BENEFIT**

Vision Benefit is provided by EyeMed. Regular eye exams are recommended once every 12 months and can lead to early detection of vision problems. The college provides a vision plan to you at no cost, should you elect the medical plan!



VISION BENEFIT OVERVIEW	
	IN-NETWORK
Eye Exam – once every calendar year	No Cost
Lenses – once every calendar year	\$5 copay/Single, Bifocal, Trifocal, Lenticular
Frames – once every calendar year	\$130 allowance
Contact Lenses – once every calendar year, if you elect con- tacts instead of lenses/frames	\$130 allowance

## **EMPLOYER PROVIDED AND VOLUNTARY LIFE INSURANCE**

Life insurance provides financial security for the people who depend on you. If you elect to participate in the life insurance, your beneficiaries will receive a lump sum payment if you die while employed by Kalamazoo Valley.

- Life Insurance: 1x your annual salary
- Option to purchase additional term life insurance through payroll deduction for themselves, spouses and dependents



• Insured by Guardian

BENEFIT FEATURE	EMPLOYEE LIFE	SPOUSE LIFE	CHILD LIFE
Guarantee Issue Amount Amount you can apply for when first eligible, without answering medical questions	*Lesser of \$200,000 or 1 times salary	\$50,000	
Benefit Increments**	Elect either 1 or 2 times your salary		Flat \$10,000 benefit
Overall Maximum Benefit The most you can purchases, with approval/medical questions	\$300,000	50% of the employee's election	

\*See full policy for reductions due to age.

\*\*Ages 65-69 \$10,000, ages 70 and up, evidence of insurability is required for all amounts.

## EMPLOYER PROVIDED AND VOLUNTARY LONG-TERM DISABILITY

To help protect you from the effects of the income loss that can result from a serious disability, we provide full-time employees long-term disability coverage through Guardian. The benefits are equal to 66.6% of your monthly income earnings to a maximum benefit of \$3,000 per month and begin after a 180-day period of disability.

You also have the ability to purchase additional long-term disability, increasing the maximum benefit to \$5,000. Please see your enrollment form for rates and more information.

## **AFLAC LIFE WITH CHRONIC CARE**

This employee paid benefit provides a permanent life plan with benefits payable for long term care or chronic care. Life insurance to age 120; rates do not increase with age.

Opportunities to sign up for an information session explaining this new benefit will be made available on the Plan Source during open enrollment.

## AFLAC

This post-tax employee paid benefit is designed to provide supplemental coverage to help with some of those out-of-pocket expenses.

- Voluntary Critical Illness Helps with the treatment cost of life-changing illness and health events
- · Voluntary Hospital Indemnity Helps with those unexpected sickness or injury

## **ADDITIONAL BENEFITS**

#### **DEPENDENT TUITION WAIVER**

To provide qualified dependents of full-time employees an opportunity to attend classes at Kalamazoo Valley and have 100% of the tuition covered by the college. Fees are excluded from being waived and must be paid prior to the start of the semester. Individuals may audit classes under this program but the classes must be for credit. Qualified dependents under provisions of the Internal Revenue Code may participate in this program. For more information please refer to the Employee Handbook.

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

The Employee Assistance Program provides personal and confidential counseling to you and your household members at no cost.

- 24-hour Access/7 Days a Week
- Referrals to local counselors up to three sessions free of charge
- Over 3,400 helpful articles and topics



### SICK/BUSINESS HOURS

Full-time Faculty are credited at the beginning of each work year with ten (10) days of sick leave with pay. Full-time staff and administrators will accrue approximately 3.33 hours of sick leave on each pay. Full-time employees will be credited with 24 hours of business leave at the beginning of each calendar year. For more information please refer to the college's Employee Handbook.

#### PARENTAL LEAVE

Parental leave allows full-time administrators/staff/faculty to borrow up to 160 hours of future sick leave prior to or following a qualifying event as listed below.

- Birth
- Adoption
- Placement of a foster child (will be included as a dependent of the employee)

For more details please contact the Benefit Manager

#### **VACATION HOURS**

Full-time staff and administrators are provided vacation leave for the rest and relaxation of the employee. Employees are eligible to use vacation leave as leave is accrued. For more information please refer to the college's Employee Handbook.

#### HOLIDAYS

The Institution normally observes 11 holidays each calendar year as listed on the annual holiday schedule, which can be found online.

## **RETIREMENT PLANS**

All employees of Kalamazoo Valley Community College will contribute to a retirement plan.

#### MPSERS Michigan Public School Employee Retirement System

- Employee and Employer Contributions
- Monthly Pension (upon reaching eligibility)
- Defined Contribution
- Vesting Period Pension (10 Service Credits); For more information visit Pickmiplan.org

#### TIAA Teachers Insurance and Annuity Association of America

- Employee Contribution 3.5%
- Employer Contribution 11.5%
- 100% Vested on Day One
- Ability to meet with a Certified Financial Planner

#### **Retirement Incentive**

A Retirement Incentive of \$3,000 for all full-time Kalamazoo Valley Community College employees with at least 10 years of service to Kalamazoo Valley would be eligible. A 30-day notice or more of your intent to retire must be submitted between September 1, 2023 and September 1, 2026.





## **S** Guardian<sup>®</sup> • **>uprise**health

## Employee Assistance Program Overview

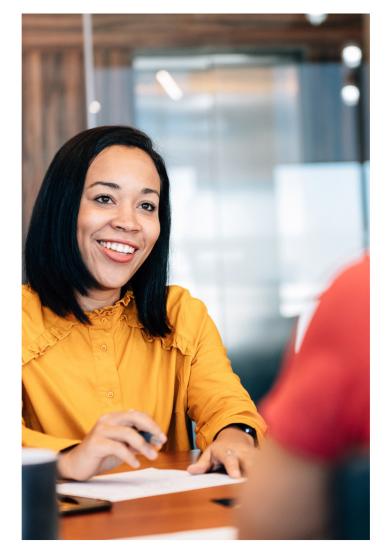
Our comprehensive Employee Assistance Program (EAP), available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

#### Employee assistance program consultative services

- Online modules and coaching learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions
- Face-to-face and virtual counseling up to 3 visits per employee/household member per issue, per year
- Bereavement support available through telephonic or face-to-face sessions; online resources available on EAP website
- EAP website resources includes webinars, podcasts, articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant
- College planning resources expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

#### Work-life assistance and resources

- Work-life services unlimited 24/7 access to work-life specialists (subject matter experts) in the areas of family and care giving, health and wellness, emotional well-being, daily living, and balancing work and life responsibilities
- Child and elder care referral unlimited telephonic consultation with a work-life specialist (part of Work-life services)
- Employee discounts access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- Medical billing negotiation tools information and guidance on negotiating medical bills



#### worklife.uprisehealth.com

Access code: worklife Phone: 1-800-386-7055 24 hour crisis help available. Regular office hours: Monday-Friday 6am-5pm PST.

#### Legal/financial assistance and resources\*

- Legal consultation unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial consultation** unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID theft** free consultation with a trained Fraud Resolution specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- WillPrep online self-service documents available on EAP website; discounted estate planning package options available includes: \$100 attorney assisted will package, \$179 couples will package, \$649 individual trust package, and \$999 couples trust package\*\*
- **Tax consultation** tax questions only can be answered as part of the financial consultation offering
- Online self-service legal documents examples include, but are not limited to, living trust, will, power of attorney, deeds

#### The Guardian Life Insurance Company of America guardianlife.com

New York, NY 2023-153421 (5/25) \*Legal/financial assistance & resources services are not available in the state of New York.

\*\*Package cost paid by the employee. Package options available as of 1/1/22.

The Employee Assistance Program is a suite of services solely created and offered by Integrated Behavioral Health, Inc. (IBH), doing business as Uprise Health. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program or WillPrep Services. This information is for informational purposes only. It is not a contract. Only the plan service and administration agreements can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the Employee Assistance Program and/or WillPrep Services at any time without notice. Legal services provided through the Employee Assistance Program and WillPrep Services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

The separate and distinct group insurance coverages are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Guardian insurance coverages may not be available in all states. Guardian is a registered trademark of The Guardian Life Insurance Company of America. ©Copyright 2023 The Guardian Life Insurance Company of America.





ARCADIA COMMONS CAMPUS 202 North Rose Street 269.373.7800

BRONSON HEALTHY LIVING CAMPUS 418 East Walnut Street 269.548.3205

**GROVES CAMPUS** 7107 Elm Valley Drive 269.353.1253

KALAMAZOO VALLEY MUSEUM 230 North Rose Street 269.373.7990

www.kvcc.edu

**TEXAS TOWNSHIP** CAMPUS 6767 West O Avenue 269.488.4400

PO Box 4070 | Kalamazoo, MI | 49003-4070

