

Kalamazoo Valley Community College EMPLOYEE BENEFIT GUIDE 2026

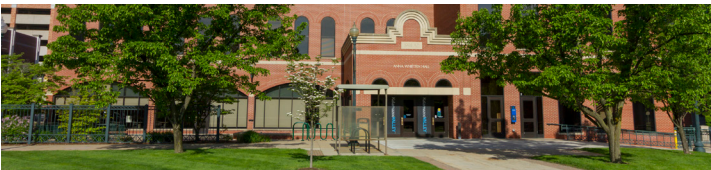
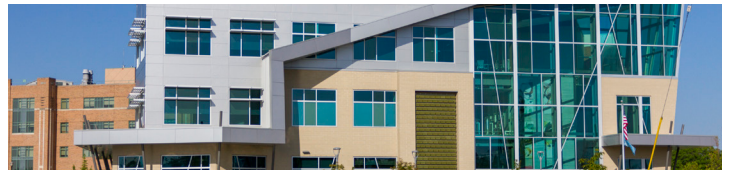




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CONTACT INFORMATION

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
Priority Health	https://priorityhealth.com	800.956.1954
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	https://www.reliancematrix.com	800.351.7500
Supplemental Life/LTD	https://www.reliancematrix.com	800.351.7500
Short-Term Disability	Kalamazoo Valley Employee Handbook	269.488.4448
Employee Assistance Program (EAP)	https://allonehealth.com/reliance-matrix	855.842.2252
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.

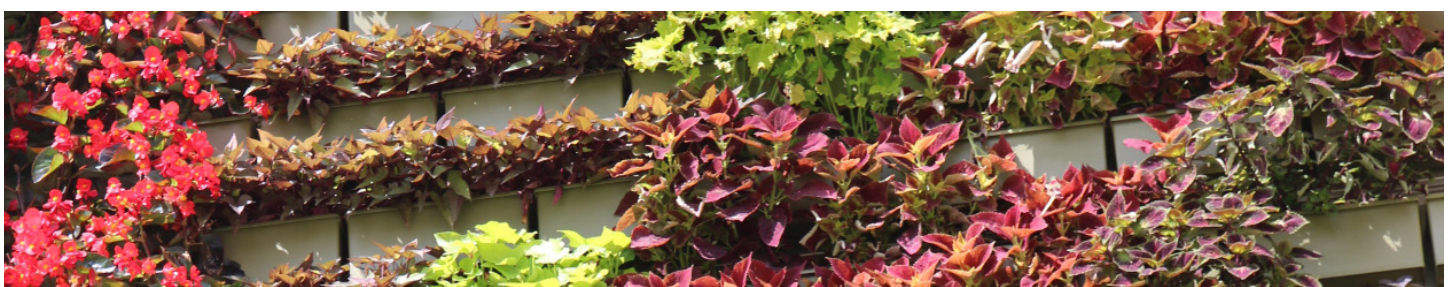
MISSION STATEMENT

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 programs 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 the 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 2026 benefit year is Nov. 1 through Nov. 15 for coverage beginning on Jan. 1.

*Qualifying Event

Changes to benefits outside of your initial eligibility or open enrollment period **must be made within 30 days of an IRS recognized life change event**, as defined below:

- Employee's legal marital 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 at hr@kvcc.edu

MEDICAL COVERAGE PROVIDERS

BLUE CROSS BLUE SHIELD OF MI AND PRIORITY HEALTH THROUGH THE POOL

Kalamazoo Valley Community College offers four Medical Plan Options: Plan 1: Blue Cross Traditional (Enhanced 250 PPO) with an FSA and/or DCFSA; and Plan 2: Simply Blue PPO (Value 500 PPO) with FSA/DCFSA; Plan 3: Blue Cross HDHP (Enhanced HSA 2000) with an HSA; Plan 4: Priority Health HDHP (Priority HSA 2500) with an HSA. Kalamazoo Valley allows you, the employee, the ability to choose the medical plan that is best suited for you. All

plans use the BCBSM and Priority Health Networks 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.

**Brief descriptions of two (2) Traditional PPO Plans
and two (2) High Deductible Health Plans (HDHP)
with Health Savings Accounts (HSA) are noted below.**

	Enhanced 250 PPO	Value 500 PPO Formerly known as Simply Blue	Enhanced HSA 2000	Priority HSA 2500
	In-Network	In-Network	In-Network	In-Network
Annual Deductible	\$250 single/\$500 family	\$500 single/\$1,000 family	\$2,000 single/\$4,000 family	\$2,500 single/\$5,000 family
Coinsurance	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Total Out of Pocket Maximum	\$2,500 single/\$5,000 family	\$3,000 single/\$6,000 family	\$3,000 single/\$6,000 family	\$4,500 single/\$9,000 family
Coinsurance Max	\$1,000 single/\$2,000 family	\$1,000 single/\$2,000 family	N/A	\$2,000 single/\$4,000 family
DOCTOR'S OFFICE				
Primary Care Office Visit	\$20 copay	\$20 copay	Covered 100% after deductible	Covered 100% after deductible
Specialist Office Visit	\$20 copay	\$40 copay	Covered 100% after deductible	Covered 100% after deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100% (no deductible)	Covered 100% (no deductible)
Emergency Room	\$50 copay then 90% after deductible	\$150 copay then 90% after deductible	Covered 100% after deductible	Covered 100% after deductible
Non-Emergency use of the Emergency Room	Covered - \$50 copay then 90% after deductible	Covered - \$150 copay then 90% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Inpatient	Covered 90% after deductible	Covered 90% after deductible	Covered 100% after deductible	100% after deductible
Outpatient surgery	Covered 90% after deductible	Covered 90% after deductible	Covered 100% 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	100% after deductible 24 visits per calendar year
PT/OT/Speech Combined (limited to 60 combined visits per year)	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)	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	Covered 50% after deductible

PRIORITY HEALTH

PRESCRIPTION DRUG BENEFIT SUMMARY 2026

Benefits	Member's Responsibility (copays and coinsurance amounts)
In-Network Retail Pharmacy (up to 31 days): Excludes select sexual dysfunction and weight loss medications	
Tier 1 Drugs	\$10 copayment
Tier 2 Drugs	20% copayment; minimum \$40, maximum \$80
Tier 3 Drugs	20% copayment; minimum \$80, maximum \$160
Tier 4 Drugs	20% copayment; minimum \$40, maximum \$80
Tier 5 Drugs	20% copayment; minimum \$80, maximum \$160
Continuous Glucose Monitor	0% copayment
Infertility Medications	50% copayment
Mail Service Program / Retail Pharmacy (90 days)	
Tier 1 Drugs	\$20 copayment
Tier 2 Drugs	20% copayment; minimum \$80, maximum \$160
Tier 3 Drugs	20% copayment; minimum \$160, maximum \$320
For information about the mail order program, visit their website at express-scripts.com.	



BLUE CROSS BLUE SHIELD OF MI

PRESCRIPTION DRUG BENEFIT SUMMARY 2026			
Plan Options	Enhanced 250 PPO	Value 500 PPO Formerly known as Simply Blue	Enhanced 2000
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 Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D)			
	\$0 copay	\$0 copay	Not available
Out of Network (prescriptions and refills obtained from 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 to a 30-day supply at both retail and mail order and certain specialty drugs are limited to only a 15-day supply for each fill.)			
Generic (Retail and Mail Order 30-day supply)	\$10 copay	\$10 copay	\$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 or Priority Health 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.

2026 RATES				
	Enhanced 250 PPO	Value 500 PPO	Enhanced HSA2000	Priority HSA2500
Employee Only	\$272	\$142	\$198	\$54
Employee & Spouse/Child	\$548	\$280	\$392	\$96
Family	\$742	\$390	\$510	\$120

Opt-Out Option

Medical/Prescription/Vision only \$3,500

Dental Only \$150

FLEXIBLE SPENDING ACCOUNT (FSA)

Employees that have Enhanced 250 PPO or Value 500 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
- 2026 IRS Contribution Limit - \$3,400

HealthEquity
WageWorks

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Employees that have Enhanced 250 PPO or Value 500 PPO Plans also have the option to contribute to a DCFSA. This will allow you to use pre-tax 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
- 2026 IRS Contribution Limit - \$7,500

HEALTH SAVING ACCOUNT (HSA)

Employees that have **Plan 3 Blue Cross HDHP** or **Plan 4 Priority Health 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.

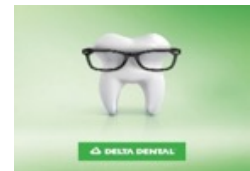
- Choose the pre-taxed amount you want to contribute
- Pay for qualified medical expenses
- No use-it-or-lose-it, keep your HSA forever
- 2026 IRS Contribution Limit for Self only - \$4,400*
- 2026 IRS Contribution Limit for Family - \$8,750*
- Members 55+ can contribute an extra \$1,000

HealthEquity

****IRS limits include Employer contributions***

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 BENEFITS OVERVIEW	
	IN-NETWORK
Annual Deductible	\$50 single/\$100 family
Annual Benefit Maximum	\$1,500
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 \$1,000

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 contacts instead of lenses/frames	\$130 allowance

AFLAC

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

- Voluntary Critical Illness – Helps with the treatment cost of life-changing illness and health events
- Voluntary Hospital Indemnity – Helps with 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.

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 day. 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 at least 11 holidays each calendar year as listed on the annual holiday schedule, which can be found on the employee portal.

RETIREMENT PLANS

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

MPERS 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](https://www.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 Sept. 1, 2023 and Sept. 1, 2026.

BASIC LIFE INSURANCE, LONG-TERM DISABILITY INSURANCE AND AN EMPLOYEE ASSISTANCE PLAN

In the 2026 benefit year, Kalamazoo Valley Community College will partner with Reliance Matrix to provide employees with Basic Life Insurance, Long-Term Disability Insurance and an Employee Assistance Plan. Each of these benefits are sponsored by Kalamazoo Valley Community College.

The Employee Assistance Plan offers the following services:

1. Mental health sessions
2. Life coaching
3. Financial consultation
4. Legal referrals
5. Life Management resources and referrals
6. Personal assistance
7. Medical advocacy



Reliance Matrix will also offer college employees Voluntary Life Insurance and Supplemental Long-Term Disability Insurance. Both of these benefits will be employee paid with “per pay” premium deductions from individual earnings. Benefit amounts and premiums will be based upon criteria including but not limited to age, earnings and other historical factors.

Supplemental Long-Term Disability Insurance allows an employee the option of a buy-up increasing their benefit amount from the employer paid 66.67% of earnings (with a max of \$3,000) to 70% (with a max of \$5,000) in the case of a covered event.

Please review additional information about these features and value-added services provided by Reliance Matrix on pages 12 – 17 of this benefits guide.

GROUP BASIC LIFE / AD&D INSURANCE

Eligibility

All active full-time employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Benefit Amount

Basic Life and AD&D: 1 times earnings, rounded to the next higher \$1,000, with a minimum of \$10,000, subject to a maximum of \$500,000.

Guaranteed Issue

\$500,000

Contribution Requirements

Coverage is 100% Employer Paid.

Features

- Living benefit
- Air bag benefit
- Conversion privilege
- Portability
- Seat belt benefit
- Waiver of premium

Value-Added Services

- Bereavement counseling services
- Travel assistance services

AD&D Schedule

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

Benefit Reduction Due To Age

Age	Original Benefit Reduced to
65	65%
70	60%
75	30%

GROUP SUPPLEMENTAL & DEPENDENT LIFE / AD&D INSURANCE

Eligibility

All active full-time employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis. Dependents: You must be insured for your dependents to be covered. Dependents are:

- Your legal spouse who is not legally separated or divorced from you;
- Your unmarried financially dependent children birth to 26 years;
- A person may not have coverage as both an employee and dependent;
- Only one insured spouse may cover dependent children;

Benefit Amount

Supplemental Life: A choice of 1 or 2 times earnings, rounded to the next higher \$1,000, with a minimum of \$25,000, subject to a maximum of \$300,000.

Spouse: 50% of Employee Supplemental Benefit up to \$150,000

Child(ren): Birth but less than 6 months: \$500; 6 months through age 26: \$10,000.

Features

- Air bag benefit
- Conversion privilege
- Coma benefit
- Education benefit
- Portability
- Seat belt benefit
- Waiver of premium
- Day care benefit
- Exposure & disappearance
- Total loss of use benefit

Value-Added Services

Travel Assistance Services

Guaranteed Issue

Initial eligibility period only

Employee:

Under age 60: \$300,000

Age 60 but less than age 70: \$300,000

Age 70 and over: \$10,000

Spouse:

Under age 60: \$50,000

Age 60 but less than age 70: \$50,000

Age 70 and over: \$10,000

Child(ren): \$10,000

Contribution Requirements

Coverage is 100% Employee Paid

AD&D Schedule

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%

Benefit Reduction Due To Age

Age	Original Benefit Reduced to
65	65%
70	40%
75	25%
80	15%

GROUP LONG-TERM DISABILITY INSURANCE

Coverage

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

Eligibility

All active full-time employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Contribution Requirements

Core: Coverage is 100% employer paid.

Buy-Up: Coverage is 100% employee paid.

Elimination Period

Core: 180 consecutive days of total disability;

Buy-Up: 180 consecutive days of total disability.

Benefit Amount

Core: The benefit amount is equal to 66.67% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$3,000 per month.

Buy-Up: The benefit amount is equal to 70% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$5,000 per month.

Limitations

- Pre-existing condition limitation: 3/12
- Mental & nervous limitation – 24 months outpatient
- Substance abuse limitation – 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

Maximum Benefit Duration

Benefits will not extend beyond the longer of your Social Security normal retirement age or duration of benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3½ Years
63	3 Years
64	2½ Years
65	2 Years
66	1¾ Years
67	1½ Years
68	1¼ Years
69 or more	1 Year

Features

- Extended disability benefit
- Military services leave of absence
- Interruption and recurrent provisions
- Own occupation coverage - 24 Months
- Rehabilitation provision
- Residual and partial disability
- Specific indemnity benefit
- Survivor benefit – 3 months

- Transfer of coverage provision
- Work incentive & child care provisions
- Worksite modification benefit

Value-Added Services

- Employee assistance program
- Travel assistance services
- ID theft recovery services

VIRTUAL CARE - PRIORITY HEALTH

Seeing the doctor just got easier. Get care anytime, anywhere, from a board-certified doctor with virtual care. Great for things like pink eye, allergies, bites and stings, cold and flu, sinus issues and more.

Spectrum Health on-demand video visits are available **when you're in the state of Michigan**. How it works:

1. Log into your member account at **member.priorityhealth.com**, select **virtual care** and then click **get started** with the Spectrum Health app.
2. Select download the Spectrum Health app or visit **mychart.spectrumhealth.org**
3. Log in or create an account and select **on-demand video visit**.
4. You'll be asked a few health questions including a brief description of your current symptoms, and will need to complete the eCheck-in process before beginning your visit. Then, select **begin video visit** to be connected with a provider.



When you reside or travel outside Michigan, access virtual care through MDLIVE. How it works:

1. Connect with MDLIVE one of three ways:
 - Log into your member account at **member.priorityhealth.com**, click **virtual care**, click **get started with MDLIVE**.
 - Download the MDLIVE: Talk to a Doctor 24/7 app.
 - Call MDLIVE at 800.400.6354.
 - Provide your Priority Health ID number on the front of your card.
2. Click or ask to schedule your appointment.
3. You'll be asked a few health questions, including a brief description of your current symptoms.
4. You'll be connected to a care provider.

Need a prescription?

If you need a prescription, it'll be sent to your preferred pharmacy. And, we'll send the information about your virtual visit to your primary doctor.

Don't have a Priority Health member account?

Set one up today at **priorityhealth.com**. If you need assistance, contact Member account support at 833.207.3210.

VIRTUAL CARE - BLUE CROSS BLUE SHIELD OF MI

With Virtual Care by Teladoc Health®, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.



**Blue Cross
Blue Shield**
of Michigan

Virtual Care is included with your Blue Cross Blue Shield of Michigan and Blue Care Network health care plan.

24/7 CARE

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children.

Medical visits are available 24/7, anywhere in the U.S., when your primary care provider isn't available. You don't need an appointment and the average wait time is 10 minutes. Prescriptions, if needed, can be sent to your preferred pharmacy.

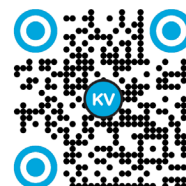
MENTAL HEALTH

Through the Mental Health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety and depression. Mental health visits require an appointment, but many therapists and psychiatrists have evening and weekend availability.

Family members ages 18 and older will need to create their own Virtual Care accounts. When updating or creating an account, choose your plan name and enter your member ID so your coverage is applied correctly. Call 1-855-838-6628 with any questions about your account or to arrange a telephone visit.

SIGN UP TODAY

Visit bcbsm.com/virtualcare for a link to download the Teladoc Health app.



LIFE COMES WITH CHALLENGES. YOUR ASSISTANCE PROGRAM IS HERE TO HELP

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential and available to you and your family members:

MENTAL HEALTH SESSIONS

Up to five sessions* to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic or video counseling sessions.

LIFE COACHING

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships and build balance.

FINANCIAL CONSULTATION

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft and saving for retirement or tuition.

LEGAL CONSULTATION

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody and more.

LIFE MANAGEMENT

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education and pet care.

PERSONAL ASSISTANCE

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

MEDICAL ADVOCACY

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation and plan for transitional care and discharge.

MEMBER PORTAL AND APP

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

Contact AllOne Health

855-RSL-HELP (855-775-4357)

<http://allonehealth.com/reliance-matrix>

Company Code: RSLI859

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The Employee Benefits Guide is a summary of the Health Insurance benefits offered to employees by various benefit vendors of Kalamazoo Valley Community College. The Benefit Guide has been developed by merging summaries from Gallagher Benefits Services (our broker) and the various providers (BCBSM, Priority Health, Delta Dental, EyeMed, AFLAC and Reliance Matrix Life Insurance) to make one comprehensive Benefit Guide. This Benefit Guide is not a contract, an official plan document nor a guarantee of coverage. Any grammatical errors including typos, unintended inclusion, exclusion or omissions of details or requirements may be corrected by an update to this document or by referral to the plan document for the benefit in question. In every case, the Benefit Plan document will supersede the benefits guide.

Reliance Matrix Plan Highlights are not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between Plan Highlights provided here and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.



Kalamazoo**VALLEY**[™]
community college

www.kvcc.edu



**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

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