Kalamazoo**VALLEY**™
community college

Flexible Benefits Plan

2018

KALAMAZOO VALLEY COMMUNITY COLLEGE

FLEXIBLE BENEFITS PROGRAM

Benefits At A Glance

Workbook

2018

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KALAMAZOO VALLEY COMMUNITY COLLEGE

"Benefits At A Glance 2018"

<table>
<tr><th></th><th>PLAN 1</th><th>PLAN 2</th><th>OPT OUT</th></tr>
<tr><td>Medical Insurance
ASR Health Benefits</td><td>
Deductible: $250 individual
$500 two person/family
Co-pay: 90% plan pays / 10% you pay
Office Visit: $25 copay Emergency Room: $250 copay
Prescription Copay: $10.00 Generic / $60 Brand
Vision coverage: $225 Annual Maximum
Special Note About the Benefit Year Deductible: An individual within a two-person or family plan option has to meet only the single deductible specified above before the Plan will begin paying benefits.
Co-premium required
<table>
<tr><th></th><th>Annual</th><th>Per month</th><th>Per pay</th></tr>
<tr><td>Single</td><td>$ 1,608</td><td>$ 134</td><td>$ 67</td></tr>
<tr><td>Two Person</td><td>$ 3,240</td><td>$ 270</td><td>$ 135</td></tr>
<tr><td>Family</td><td>$ 4,416</td><td>$ 368</td><td>$ 184</td></tr>
</table>
</td><td>
Deductible: $2,000 individual
$4,000 two person/family
Co-pay: 100% plan pays after deductible
Prescription Copay, after deductible: $10.00 Generic / $40 Brand
Vision coverage: $225 Annual Maximum
Special Note About the Benefit Year Deductible: The two-person or family deductible must be met in full, either by one covered family member or by any combination of covered family members, before the Plan will begin paying benefits for any individual.
Employer to fund $500 Single / $1,000 Family to H.S.A.
Co-premium required
<table>
<tr><th></th><th>Annual</th><th>Per month</th><th>Per Pay</th></tr>
<tr><td>Single</td><td>$ 1,680</td><td>$ 140</td><td>$ 70</td></tr>
<tr><td>Two Person</td><td>$ 3,336</td><td>$ 278</td><td>$ 139</td></tr>
<tr><td>Family</td><td>$ 4,488</td><td>$ 374</td><td>$ 187</td></tr>
</table>
</td><td>
OPT OUT

$3,500 cash rebate
Must provide proof of insurance coverage elsewhere.

Your other medical coverage <u>cannot be:</u>
Medicaid, Medicare, COBRA, a parent's insurance, a plan purchased as an individual or plans purchased on the Exchange Marketplace.
</td></tr>
<tr><td>Dental Insurance
The Guardian</td><td>CORE</td><td>OPTION I</td><td>OPT OUT</td></tr>
<tr><td></td><td>Deductible $50 Single / $100 family
100% Preventative (no deductible required)
90% Minor Restorative
70% Major Restorative
60% Orthodontia
Yearly max: $1500 (preventative does not apply to maximum)
Lifetime orthodontia max:$1000</td><td>Deductible $50 Single / $100 family
60% Preventative
60% Minor Restorative
60% Major Restorative
60% Orthodontia
Yearly max: $1500 (preventative does not apply to maximum)
Lifetime orthodontia max: $600
$75 cash rebate</td><td>OPT OUT
$150 cash rebate</td></tr>
<tr><td>Long Term Disability Insurance</td><td>EMPLOYER PROVIDED</td><td>BUY UP</td><td></td></tr>
<tr><td></td><td>Max: 66 2/3% of earnings not to exceed $3,000/mo.
Min: the greater of $100 or 10%</td><td>Employee can purchase Max: 70% of earnings not to exceed $5,000/mo. Min: the greater of $100 or 10%</td><td></td></tr>
<tr><td>Term Life Accidental Death Insurance and Dismemberment</td><td>EMPLOYER PROVIDED</td><td>BUY UP X1</td><td>BUY UP X2</td></tr>
<tr><td></td><td>1 x Earnings</td><td>Employee can purchase an additional 1 X Earnings</td><td>Employee can purchase an additional 2 X Earnings</td></tr>
<tr><td>ADDITIONAL BENEFITS</td><td colspan="3"></td></tr>
<tr><td>H.S.A. Pre – Tax Contributions with HDHP Plan 2</td><td colspan="3">Available</td></tr>
<tr><td>Dependent Care Reimbursement</td><td colspan="3">Available</td></tr>
<tr><td>Uninsured Health Care Reimbursement</td><td colspan="3">Available (for use with Plan 1 or opting out of medical coverage) (a Limited Use Uninsured Health Care account is available with the HDHP Plan 2 H.S.A. also)</td></tr>
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A Benefits Summary for this plan is also located at the end of the book

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Introduction

It is inconceivable to think that a single person, a family with children and a couple approaching retirement would all want the same benefits. As a result, the Administration and Employee representatives of K.V.C.C. gathered together to create the **Kalamazoo Valley Community College Flexible Benefits Plan**.

The Flexible Benefits Plan is based on the concept that you are the best judge of your benefit needs. Therefore, the program provides you with multiple coverage options, including electing additional coverage, less coverage, or opting out of coverage altogether. Should you decide to take less comprehensive coverage or no coverage at all, you will receive a designated amount of cash. **That cash can either be reinvested elsewhere in the menu or added to your earnings and received over your normal pay schedule.**

Flexible Benefits also provides you with an array of benefit alternatives and gives you the opportunity to pay for those benefits before the government takes out any taxes. By shifting current out-of-pocket expenses and paying for them through the Flexible Benefits Plan pretax, you not only take care of your necessary responsibilities, but you give yourself a **pay raise** at the same time. In turn, your pay raise can be used to enhance Core benefits or purchase other benefits.

The opportunity to choose is accompanied by the responsibility of understanding your choices. This booklet provides general information about your Flexible Benefits Plan and the options that are available to you.
In addition, you will find worksheets to help determine your benefit needs. It is essential that you complete the worksheets prior to your enrollment since these are intended to assist you in making the proper benefit selections. Re-enrollment can only be held **once** each year so make sure that you are prepared.

For a detailed description of your benefits, ***please refer to the carrier's summary plan descriptions.***

Please note, the annual re-enrollment period is the only time you may change your selections unless you have a change in "family status". Qualifying "status change" for benefits provided under this plan are subject to approval by your employer and include:

- Change in your legal marital status, on account of marriage, divorce, death of your spouse, legal separation or annulment;
- Change in the number of your dependents, due to birth, adoption, placement for adoption, or death of a dependent;
- Change in employment status for you, your spouse, or a dependent;
- Change because your dependent satisfies (or ceases to satisfy) the eligibility requirements;
- Significant cost increases in a qualifying benefit (other than Uninsured Health Care accounts);
- A change in coverage in a spouse's or dependent's Section 125 Plan;
- A leave under the Family Medical Leave Act.

It is very important for you to understand that you must notify Human Resources within 30 days of a "status change" in order to be allowed to select different benefit options. This includes adding dependent coverage. **It will always be to your best advantage to notify Human Resources as soon as possible. Human Resources must also be notified of dependent eligibility changes (i.e., marriage, graduation, insurance elsewhere, employment) within 30 days of the event.**

PLAN OVERVIEW

Kalamazoo Valley Community College's Flexible Benefits Plan is made up of various components.

The Core Program - includes all the **current levels of coverage** offered by the college:

- Dental Coverage for you and your eligible dependents
- Long-Term Disability Income
- Term Life/Accidental Death and Dismemberment Insurance

Employee Options - allow you to modify the Core Program, as you wish.
Included among your Employee Options are a number of different alternatives:

- A choice of 2 Health plans that include Medical/Vision/Rx coverage plans for you and your eligible dependents
- No Medical Coverage in exchange for cash (you must provide proof of insurance coverage elsewhere to elect this option)
- Less Comprehensive Dental Coverage in exchange for cash
- No Dental Coverage in exchange for cash
- Additional Term Life and Accidental Death and Dismemberment Insurance
- Enhanced Long Term Disability
- H.S.A. program to coincide with the HDHP offering
- An Employee Reimbursement Account for Uninsured Health Care and/or Dependent Care Expenses

In addition to what is being offered through the Flexible Benefits menu, you will also have the opportunity to participate in other benefit programs through payroll deduction. Those programs include:

- Tax-Deferred Annuities
- Mutual Funds
- Permanent Life Insurance
- Michigan Education Savings Program
- Long Term Care Insurance

It is up to you to decide which of these employee options would best meet your needs.

ADMINISTRATOR

Marwil & Associates LLC is a Michigan-based TPA that specializes in the design, implementation and administration of employee benefit programs. Marwil & Associates will administer the entire Flexible Benefits Plan. Representatives are available to answer any questions that you may have either prior to or during enrollment. They will also be responsible for handling the plan on an ongoing basis. For assistance call: 1-877-462-7945.

GLOSSARY OF TERMS

The following are a few terms which may help you understand your Flexible Benefits Program and the options available to you.

Annual Deductible — The amount you pay before being reimbursed for services.

Co-payment — The percentage or portion of expenses you pay when the plan makes a payment.

Co-Premiums
(Tax-Free Contributions) — When enrollees participate in a payroll deduction program through their employer, deductions may be taken from payroll before calculating the member's taxable Federal income, social security and (for most states) taxable state income.

F.S.A. — Flexible Spending Account (Employee Reimbursement Account) enables you to pay a portion of your Uninsured Health Care and Dependent Care expenses with pretax dollars. The account is Employee funded. The Employee Reimbursement Account has two parts:
Uninsured Health Care (UHCFSA): A tax-favored savings account you can use to pay for Uninsured Health Care expenses.
Dependent Care(DCFSA): A tax-favored account which can be used to pay for Dependent Care expenses that enable you and your spouse to work or to search actively for work.

Limited Use F.S.A. — A Limited Use Uninsured Health Care FSA is allowed for H.S.A. participants, it will cover dental, vision, and over the counter items only.

H.D.H.P. — High Deductible Health Plan, An HDHP is a health benefit plan that typically offers lower premiums in exchange for higher annual deductibles when compared to traditional health plans.

H.S.A. — Health Savings Account, A tax-favored savings account you can use to pay for healthcare expenses. It is Owned by you, is 100% vested, and lets you build up savings for future needs. A requirement for opening an HSA is that it be coupled with a qualified high deductible health plan (HDHP) that covers catastrophic medical expenses after the deductible. **Employees are eligible for this account only if they have no other health plan coverage's available to them.** This is an account owned by the employee.

Important Note: If you own an HSA and later become ineligible to make deposits, you can still receive distributions from your HSA. All that is limited is your ability to put in additional contributions.

Maximum Annual Contribution — The total amount the government allows an HSA holder to add to their account in a given calendar year.

Member — The person(s) enrolled on the employee's contract.

Out-of Pocket Maximum — The total amount of the calendar year deductible plus the amount of any coinsurance and/or copays a covered person must pay each calendar year for covered services before benefits will be paid at 100%.

Qualified Medical Expense — If the money from the HSA is used for qualified medical expenses, then the money spent is tax-free, even if the expense is not covered by your HDHP. For example, most health insurance does not cover the cost of over-the-counter medicines, but HSAs can. You are responsible for and should familiarize yourself with what qualified medical expenses are (as partially defined in IRS Publication 502) and also keep your receipts in case you should need them for tax purposes.

How do I know what is included as "qualified medical expenses"? Unfortunately, we cannot provide a definitive list of "qualified medical expenses". A partial list is provided in IRS Pub 502 www.irs.gov. There have been thousands of cases involving the many nuances of what constitutes "medical care" for purposes of section 213(d) of the Internal Revenue Code. A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Liability Worksheet

Before you can decide which benefits to choose, it is necessary to evaluate your own personal financial responsibilities. Fill in the blanks below as accurately as possible. Once you have completed this section, you will be able to determine your benefit needs.

MONTHLY EXPENSES	MONTHLY OUTSTANDING PAYMENT	TOTAL LIABILITY
Mortgages/Rent	$	$
Second Mortgage	$	$
Car Payment	$	$
Car Expense (gas/repairs)	$	$
Utilities: Electric $____+ Gas $___+ Phone $____+ Water/Sewage $____+Cable $____+ Internet $_____ + Other $_____	$	$
Cell Phone	$	$
Food/Sundries	$	$
Installment Loans	$	$
Credit Cards	$	$
Entertainment (theater, movie, sporting event, dining)	$	$
Miscellaneous (special occasions, money for children, etc.)	$	$
Monthly Total:	$	$
X 12	$	$
Annual Subtotal (1): **** NOTE: Carry this number to the bottom marked Annual Subtotal***	$	$

ANNUAL EXPENSES	ANNUAL PAYMENT	TOTAL OUTSTANDING LIABILITIES
Taxes (primary residence, secondary residence, other property) if not accounted for above.	$	
Vacation(s)	$	
Insurance(s) Life $_____ +Auto $____+Homeowners $____+ Health $____+ Cancer $____+ Disability $____+ Other $_____	$	
Miscellaneous (tuition, political and/or religious donations)	$	
Annual Subtotal (2)	+ $	$
Annual Subtotal (1) * **(from above)**	+ $	
TOTAL YEARLY EXPENSES	**$**	**$**

Medical Plan 1 – PPO PLAN Plan requires an employee co-premium.

ASR health benefits

Plan Deductible	**In Network**: **$250 Single - $500 Two Person - $500 Family** *(Deductible does apply toward the Total out-of-pocket maximum)* **Out of Network**: **$2,000 Single - $4.000 Two Person - $4,000 Family** *(Deductible does apply toward the Total out-of-pocket maximum)*
Basic Coinsurance *:	**In Network:** **Plan pays 90%, you pay 10%** up to the out-of-pocket co-insurance maximum of $1,000 single / $2,000 two person / $2,000 family. The Plan pays 100% of reasonable and customary thereafter. **Out of Network:** **Plan pays 70%, you pay 30%** up to the out-of-pocket co-insurance maximum of $5,000 single / $10,000 two person / $10,000 family. The Plan pays 100% of reasonable and customary thereafter.

*Includes coinsurance only. Does not include deductibles, in-network copayments, prescription drug co-payments, or expenses that constitute a penalty for non-compliance, exceed the usual and customary charge, exceed the limits of the Plan, or are otherwise excluded. Co-payments specified below continue to apply even after the Basic Out-of-Pocket Maximum is satisfied in a Benefit Year. An individual within a two-person or family plan has to meet only the single Basic Out-Of-Pocket Maximum before the Plan's benefits will increase to 100%.

Copays:	**In Network Only** Office Visit $25.00 (not subject to deductible) Emergency Room Copay $250.00
Total Medical Out of Pocket Maximums:	**In Network: $2,250** single coverage** / **$4,500** two-person coverage or family** **Out of Network:** Unlimited

**Includes deductibles, coinsurance, and most co-payments. Does not include prescription drug co-payments or expenses that constitute a penalty for non-compliance, exceed the usual and customary charge, exceed the limits of the Plan, or are otherwise excluded. Prescription drug co-payments specified below continue to apply even after the Overall Out-of-Pocket Maximum is satisfied in a Benefit Year. Embedded Maximum: An individual within a two-person or family plan has to meet only the single Overall Out-Of-Pocket Maximum before the medical plan co-payments will no longer be charged in the Benefit Year.

Please refer to the carrier summary plan description at the end of the workbook for a detailed explanation of the covered benefits under Plan 1.

Other Features

- Physicians Care/HAP Provider Network http://www.providerlookuponline.com/HAP/po7/Search.aspx
- Medical services can be obtained from any licensed practitioner, but use of Physician Care Providers is encouraged.
- Maternity expenses are covered the same as illness expenses.
- Coverage for dependent child to age 26
- **All benefits are based on medical necessity** (diagnosis related)

Prescription Drug Plan – Medical Plan 1

BENEFIT PAYABLE

If an individual incurs expenses for covered drugs prescribed by a physician in connection with an injury or sickness, payment will be made to the participating pharmacy after the copayment is paid by the member.

- $**0 Over the Counter Drugs with a physicians prescription**
- **30 day supply at Pharmacy: Generic Drug:** $10 / **Brand Name Drug:** $60
- **You can receive a 90 day supply at 2x the required copay via mail order or at the pharmacy: Generic Drug:** $20 / **Brand Name Drug:** $120
- **RX Total Out of Pocket Maximums: In Network: $4,350** single coverage / **$8,700** two-person coverage or family; **Out of Network:** Unlimited

If covered drugs are obtained from a non-participating provider, you must pay the purchase price in full and then must submit the expense directly to the prescription drug card vendor for reimbursement. Prescription drug card services are payable by **EHIM.**

Please refer to the plan booklet and the summary pages at the end of the workbook. ***This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.***

Medical Plan 2 – HDHP with H.S.A

Plan requires an employee co-premium.

ASR health benefits

Plan Deductible	**In Network** **$2,000 Single - $4,000 Two Person - $4,000 Family** *(Deductible does apply toward the Total out-of-pocket maximum)* **Out of Network** **$4,000 Single - $8,000 Two Person - $8,000 Family** *(Deductible does apply toward the Total out-of-pocket maximum)*
Basic Coinsurance*	**In Network** Plan pays 100% after you have met the deductible. Rx copay applies after deductible has been met. **Out of Network** Plan pays 80% after you have met the deductible. Rx copay applies after deductible has been met.
Total Out of Pocket Maximums:	**In Network: $4,000** single coverage** / **$8,000** two-person coverage or family** **Out of Network: $8,000** single coverage** / **$16,000** two-person coverage or family*

**Includes deductible, coinsurance, and all co-payments, including RX. Does not include expenses that constitute a penalty for non-compliance, exceed the usual and customary charge, exceed the limits of the Plan, or are otherwise excluded. Co-payments specified below will no longer apply once the Overall Out-of-Pocket Maximum is satisfied in a Benefit Year. Embedded Maximum: An individual within a two-person or family plan has to meet only the single Overall Out-Of-Pocket Maximum before the medical plan co-payments will no longer be charged in the Benefit Year.

Please refer to the carrier summary plan description at the end of the workbook for a detailed explanation of the covered benefits under Plan 2.

Other Features

- Physicians Care/HAP Provider Network http://www.providerlookuponline.com/HAP/po7/Search.aspx
- Medical services can be obtained from any licensed practitioner, but use of Physician Care Providers is encouraged.
- Maternity expenses are covered the same as illness expenses.
- Coverage for dependent child to age 26
- **All benefits are based on medical necessity** (diagnosis related)

HDHP with Health Savings Account (H.S.A.)

You employer pre-funds a portion of the applicable deductible to an H.S.A. for your use towards your required deductible and medical expenses. You may also make pre-tax contributions or voluntary contributions toward the maximum contribution.

This plan is available only to employees with *no* other Health insurance plan benefits. If an employee's spouse or dependents have other coverage then the employee would be eligible only for a Single plan.

- ***Insurance allowable with H.S.A.*:** Life/Accident, Disability, Dental Care, Vision Care. Long Term Care, Specified Illness Insurance, your own Limited Use F.S.A.
- ***Insurance not allowed with an H.S.A.*:** Flexible Spending Account, or Spouses Flexible Spending Account, Medical coverage through a non HDHP, any VA benefits used in last 3 months, Part A and/or Part B of Medicare.

Prescription Drug Plan – Medical Plan 2

BENEFIT PAYABLE
If an individual incurs expenses for covered drugs prescribed by a physician in connection with an injury or sickness, payment will be made to the participating pharmacy after the copayment is paid by the member.

$**0 Over the Counter Drugs with a physician's prescription**

Generic Drug: $10 / **Brand Name Drug:** $40

You can receive a 90 day supply at 2x the required copay via mail order or at the pharmacy:
Generic Drug: $20 / **Brand Name Drug:** $80

All copays apply to the Total Out of Pocket maximum on the Medical Plan 2 as noted in the previous page.

If covered drugs are obtained from a non-participating provider, you must pay the purchase price in full and then must submit the expense directly to the prescription drug card vendor for reimbursement. Prescription drug card services are payable by **EHIM.**

Please refer to the plan booklet and the summary pages at the end of the workbook. ***This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.***

Prescription Drug Plan, additional information (Plan 1 & Plan 2)

COVERED DRUG MEANS:

1) a drug:
   (a) which requires a Prescription Order; and
   (b) which is required, under federal law, to bear the legend: "Caution: Federal law prohibits dispensing without prescription;"

or

2) a drug which does not bear the legend, but which requires a Prescription Order under the jurisdictional state law;

or

3) a compound medication of which at least one ingredient is a drug defined in (1) or (2) above; or
4) injectable insulin:
   (a) up to a 90 day supply of disposable needles and syringes if the supply of insulin is a 90 day supply.

Special Notes about Prescription Drug Benefits:

1. The pharmacy will dispense generic drugs unless the prescribing physician requests "Dispense as Written" (DAW) or a generic equivalent is not available. If the covered person refuses an available generic equivalent and the prescribing physician has not requested DAW, the covered person must pay the applicable co-payment **plus** the difference in price between the brand-name drug and its generic equivalent.
2. All generic contraceptives and all brand name contraceptives that do not have a generic equivalent are covered at 100% with the deductible waived and no co-payment. All brand contraceptives that do have generic equivalent are covered subject to either the copayment stated in the PPO Plan design or the HDHP/H.S.A. plan design as enrolled respectively.

Details on limitations are included in the plan booklet

NO PAYMENT WILL BE MADE FOR:

- Drugs received before this coverage starts.
- Experimental drugs or drugs limited by law to investigational use.
- Administration of any medication or for any medication administered in the place where it is dispensed.
- Any refill of a prescription over a year old.
- Any prescription costing **$10.00** or less.
- More than a 30-day supply of any medication.
- Drugs obtainable without the prescription of a physician.
- The administration of legend drugs and inject-able insulin.
- Drugs prescribed for treatment of an occupational injury or sickness (Worker's Compensation).

This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.

PRE-EXISTING CONDITION EXCLUSION REMOVED

As of 01/01/2013: The plan will not impose pre-existing condition exclusions or limitations on children of covered employees under the age of 19.

As of 01/01/2014: due to PPACA The plan will not impose pre-existing condition exclusions or limitations on employees, spouses, or dependents of any age.

Cost Containment Features (Plan 1 & Plan 2)

The Medical Plans have several cost containment features. Each covered person is required to abide by the applicable cost containment provisions. **There is a 20% penalty for non-compliance with any of these requirements. Any payment required due to non-compliance will not count toward the out-of-pocket maximum.**

The following cost containment features are included with your plan. If you follow the provisions under each feature, your benefits will be paid pursuant to the applicable plan provisions. A 20% penalty will be applicable for *non-compliance*. Any payment required due to non-compliance will not count toward the out-of-pocket maximum.

PRE-ADMISSION REVIEW PROGRAM

Pre-admission review is required for any non-emergency hospital admission.

If non-emergency admission is scheduled 2 weeks or more in advance, a pre-admission review form must be completed by your doctor. If a non-emergency admission is scheduled in less than 2 weeks, contact **Physicians Care Health Management at 800-638-0573 or 800-421-9037**. You can also refer to the number found on your ID card.

If there is an emergency admission to the hospital, the patient, patient's family member, Hospital or attending Physician must contact **Physicians Care Health Management** within **24 hours** of the first business day after the admission.

Medical Plan (Pre-admission Review Program as it applies to the Medical Plan)
By following Pre-admission Review requirements, all covered hospital medical expenses will be paid at 100%. However, if you do not comply with Pre-admission-Review requirements, a 20% penalty will be applied to all covered hospital medical expenses incurred. **Outpatient surgical procedures do not require pre-certification**.

SURGICAL NECESSITY REVIEW

Anytime a surgery is recommended, you should call **Physicians Care Health Management at 800-638-0573 or 800-421-9037**, for the required Pre-Admission Review and to find out if a second opinion is required.

When a second opinion is required, a Nurse Reviewer will contact your doctor to determine the reason for surgery and the extent to which your doctor's information meets established medical criteria indicating the need for surgery. Very often, a Nurse Reviewer can waive the requirement for a second opinion. When a second opinion is required, a Nurse Reviewer can give you the names of up to three board certified doctors in your area from which you can choose a doctor to provide the second opinion. However, if you do not comply with the Surgical Necessity Review requirements, a 20% penalty will be applied to all covered surgical expenses incurred.

PRE-ADMISSION TESTING

Any pre-admission testing will be paid at 100% provided the testing is done on an outpatient basis. All tests must be medically related to surgery or hospital confinement and be performed no more than 7 days prior to surgery or hospital confinement. No benefits will be payable for non-compliance.

Cost Containment Features, Continued (Plan 1 & Plan 2)

MENTAL/NERVOUS & SUBSTANCE ABUSE PRE-CERTIFICATION

Anytime treatment is recommended for Mental/Nervous & Substance Abuse, you must call 1-269-372-4500 (Help Net) for an assessment. If you fail to do so, your benefits payable will be reduced by the 20% penalty.

HOME HEALTH CARE

Home Health Care is a progressive recovery procedure which enables the covered person to receive treatment for an illness at home rather than in the hospital. A plan is designed in writing, by a physician, which outlines the necessary care that you would receive.

There is a 120 visit limitation each calendar year from any licensed practitioner providing services to the covered individual. One visit is defined as up to 4 hours of home health care. Should additional days be necessary, they must be doctor approved and would be subject to your deductible and co-pay.

MEDICAL CASE MANAGEMENT PROGRAM

A qualified Health Care Consultant will assist you in finding the proper medical treatment as an alternative to costly long term hospital care.

HEALTH CARE NAVIGATOR

NEW FOR 2016 – ASR has partnered with The American Health Data Institute for your chronic disease management partner. The program covers 27 chronic conditions like asthma, diabetes, high blood pressure, high cholesterol, and coronary artery disease. If you or a family member have been diagnosed with a chronic illness you are automatically enrolled in the Health Care Navigator™ program. The Healthcare Navigator™ Nurses and Health Coaches will work with you to make sure you're receiving the care you need to manage your condition and live a healthier lifestyle.

STEP 1 If you have a qualifying chronic condition you will receive an introductory letter inviting you to partner with one of the Health Care Navigator™ Nurses or Health Coaches.
STEP 2 Following the introductory letter, one of the Healthcare Navigator™ Nurses or Health Coaches will reach out to you.
STEP 3 You and the Health Care Navigator™ Nurse or Health Coach will discuss your healthcare needs and co-design a personalized service plan. The Health Care Navigator™ Nurse or Health Coach is there as your partner to help you self-manage your chronic condition.

OR YOU CAN CONTACT A HEALTH COACH TODAY TO:
· Receive support in managing your chronic condition
· Access medical information about your condition
· Make sure you are following the recommended care for your illness(s)
Call 1.800.352.5071 Or email your questions to: CDM@ahdi.com

Coordination of Benefits

These Cost Containment provisions must be followed when coordinating benefits with another plan.
The coordination of benefits provision for the KVCC Employee Health Benefit Plan utilizes the **"Birthday Rule"**. This rule is applicable to persons that have dual insurance for Employee Health Benefit Plan coverage under any plan (not just KVCC's). Whichever person's birthday (month, not birth year) occurs first during the calendar year is deemed to be the primary coverage for dependent children; the person with the birthday that occurs second during a calendar year is considered the secondary coverage. The primary plan will be the first plan to pay health claims; the secondary plan will be the second claim payer. **Please note, an employee is always considered primary on their respective employer's plan.**

This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.

Opt Out of Medical Coverage

NO MEDICAL COVERAGE

In order to select this option, you must provide proof of other medical coverage at enrollment. Should you elect the No Medical Coverage Option, you will receive a cash rebate of **$3,500.** Cash rebates will be returned in equal installments over the annual pay schedule, and are considered taxable income.

Proof of other medical coverage must be provided each benefit year.
In addition to the Declination of Health Coverage Affidavit, we need a letter from the employer that is providing the health coverage or official document from your spouse's employer stating you are currently covered under their health insurance plan, which lists your name as an eligible dependent.

Your other medical coverage cannot be: Medicaid, Medicare, COBRA, a parent's insurance, a plan purchased as an individual or plans purchased on the Exchange Marketplace.

Janet's Law

RIGHTS TO CERTAIN COVERAGE FOLLOWING A MASTECTOMY

The Women's Health and Cancer Rights Act of 1998 (also known as Janet's Law) requires that Plan coverage for mastectomy expenses also include charges for the reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and physical complications relating to all stages of the mastectomy, including lymphedemas. Coverage will be provided in a manner determined in consultation with the attending physician and the patient.

This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.

Dependent: Spouse and Child(ren) Coverage

All Employees must complete the Spousal Affidavit each benefit year, or at time of Qualifying Status Change.

Due to Health Care Reform – dependency rules have changed.

- **Dependent children will be covered until age 26. The child need not be an IRS dependent and is eligible even if married.**

Dependent is any one of the following persons:

(1) A covered Employee's Spouse

a. The term "spouse" shall mean the legally recognized marital partner of a covered Employee. The Plan Administrator may require documentation proving a marital relationship.

(2) A covered Dependent child who is incapable of self-sustaining employment by reason of being Intellectually and Developmentally Disabled or physical handicap, primarily dependent upon the covered employee for support and maintenance, unmarried and covered under the Plan when reaching the limiting age.

(3) *IRC 152(f)(1) defines the term "child" to mean an individual who is: (1) a son, daughter, stepson, or stepdaughter of the taxpayer; or (2) an "eligible foster child" of the taxpayer. An "eligible foster child" means an individual who is placed with the taxpayer by an authorized placement agency or by judgment decree, or other order of any court of competent jurisdiction. Any adopted children of the taxpayer are treated the same as natural born children. Plans and issuers that offer dependent coverage must offer coverage to enrollees' adult children until age 26, even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. The new policy providing access for young adults applies to both married and unmarried children, although their own spouses and children do not qualify.*

These persons are excluded as Dependents: other individuals living in the covered employee's home, but who are not eligible as defined; the legally separated or divorced former spouse of the employee; any person who is on active duty in any military service of any country.

Eligibility Requirement for Spouse/Dependent Coverage. A family member of an Employee will become eligible for Dependent coverage on the first day that the Employee is eligible for Employee coverage pursuant to the dependent eligibility as outlined in KVCC's Flexible Compensation Plan Summary Plan Description.

Should you choose to cover your spouse, and your spouse has coverage through his/her employer, then <u>KVCC's Health Benefit Plan will be secondary</u>.

At any time, the Plan may require proof that a Spouse or a Child qualifies or continues to qualify as a Dependent as defined by the applicable KVCC Flexible Compensation Plan Summary Plan Description.

Vision Care Program (to coincide with Medical Plan 1 or Plan 2)

The program will pay for covered services rendered from any of the following licensed practitioners:

- an optometrist - a person who examines the eyes for fitting of glasses
- an optician - one who makes glasses
- an optometric laboratory
- an ophthalmologist - a medical eye doctor

The vision plan will provide payment for the following benefits:

Vision Examinations	100%*
Eyeglass Frames	100%
Eyeglass Lenses	100%
Contact Lenses	100% (all kinds including hard, soft, gas, permeable, and disposable)

The plan will allow one exam and either eyeglasses (one set of frames with one pair of lenses) or contact lenses per Covered Person, per Calendar Year. If contact lenses are selected, the Plan will cover all contact lenses purchased up to the maximum benefit amount.

The Maximum Benefit paid, for all eligible expenses, per Covered Person per Calendar Year: $225.00*

Claims for routine vision examinations incurred by covered persons under the age of 18 are not subject to the $225 annual maximum.

This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.

Dental Insurance

The schedule below provides a comparison of all dental options available. Each employee must elect one option only. Should you elect coverage with a cash rebate, that rebate will be returned in equal installments over the annual pay schedule. You may also spend your rebated dollars on other coverage elsewhere in the menu. Dependent coverage is available with either dental option. Coverage is provided by The Guardian.

		CORE	OPTION I	OPTION II
Deductible	Up front payment by employee	$50 Single $100 Family	$50 Single $100 Family	---
Coinsurance				
	Type I: Preventive & Diagnostic*	100%	60%	---
		Deductible waived for preventative services		
	Type II: Minor Restorative (Fillings, etc)	90%	60%	---
	Type III: Major Restorative (Prosthodontics, Crown, etc)	70%	60%	---
	Type IV: Orthodontics (Limited to dependent children to age 19)	60%	60%	---
Annual Maximum	Each member is entitled to maximum benefits of this amount every contract year.	$1,500*	$1,500*	---
Orthodontic Lifetime	Each member has a lifetime maximum of this amount available for orthodontic services. Limited to dependent children to age 19.	$1,000	$ 600	---
Cash Rebate		$ 0	$ 75	$150

ACA Rules for pediatric dental: Claims for Type I preventive dental services incurred by covered persons under the age of 18 are not subject to the $1,500/$600 annual maximum. Type I services include: oral examination, complete series or panorex x-ray, individual periapical x-rays, occlusal x-rays, extraoral x-rays, bite-wing x-rays, bacteriologic cultures, teeth cleaning, fluoride treatment, palliative treatment, sedative fillings.

This is not a contract. It is intended as a brief description of benefits. An official description of benefits is contained in applicable KVCC Summary Plan Descriptions.

Long-Term Disability

Long-Term Disability (LTD) benefits provide income if you are unable to work for a prolonged period due to illness or injury.

CORE

Upon approval of a claim the payments will ***begin 180 days after the onset of your disability.***
The LTD plan replace **66 2/3%** of your base monthly salary.
The minimum benefit is **$100** or **10%** of your gross income.
The maximum benefit is **$3,000** per month.
Coverage is effective the date of hire as long as the employee is actively at work.

Disability benefits will continue if you are disabled from your own occupation for 2 years and from any occupation (taking into consideration education and experience) until retirement.

LTD benefits are coordinated with other benefits such as Social Security, Workers Compensation, and the MPSERS Pension/ORP.

EMPLOYEE OPTIONS

If you wish to protect more of your income, you may elect to purchase additional Long-Term Disability coverage. This increases the percentage of your monthly income that would be replaced in the event of a disability.

	Core Plan	**Option I**
Percent of Monthly Salary	66 2/3%	70%
Maximum Monthly Benefit	$3,000	$5,000

The cost to elect this coverage is shown on the "*Optional Long Term Disability Rate Sheet"* page. Rates were correct at time of printing, however, they are subject to change.

LONG-TERM DISABILITY WORKSHEET

In order to determine your disability income needs, follow steps 1-3.

Step 1 $_____ (Monthly base salary) X 66 2/3% (Core benefit) = $_____ (Gross monthly disability payment)

Step 2 $_____ (Gross monthly disability payment) -- $_____ (66 2/3 Monthly tax liability) (Fed. + state + local taxes) (Listed on paystub) = $_____ (Net monthly disability payment)

Step 3 $_____ (Net monthly disability payment) -- $_____ (Total Monthly expense) (Listed on the Liability worksheet) = $ X_____

If _X_ is a positive number, then you already have enough disability coverage.

If _X_ is a negative number, then you should probably purchase additional coverage unless you have additional income from other sources to cover the deficit.

Optional Long-Term Disability

Rate Sheet

To calculate the cost of additional Long Term Disability:

(1) $_____ x .0017 = $_____
Annual Salary Annual Cost

(2) $_____ / _____ = $_____
Annual Cost # of Pays Cost Per Pay

EXAMPLE:

- Annual Salary $25,000
- Would like to purchase additional long term disability benefits
- 24 pays per year

(1) $ $25,000 x .0017 = $ $42.50
Annual Salary Annual Cost

(2) $ $42.50 / 24 = $ $1.77
Annual Cost # of Pays Cost Per Pay

Term Life Insurance

GUARDIAN

Term Life insurance provides a source of funds to assist you in meeting financial responsibilities in the event of your death. It may be used to ensure the repayment of a loan or mortgage for yourself or your family. It can cover your children's college tuition or provide a source of income for your dependents.

CORE

The following is your Core Term Life insurance benefit:

1 x Annual Salary

Should you be employed on or after the first day of the calendar month in which you reach age 65, both your Term Life Insurance benefit and Accidental Death and Dismemberment benefit will be reduced (see life book for actual schedule). Term Life coverage will cease at retirement. Coverage is effective the date of full time hire as long as the employee is actively at work.

EMPLOYEE OPTIONS

OPTION I	OPTION II
Additional 1 x Annual Salary	**Additional 2 x Annual Salary**

If you wish, you may add to your Core coverage by purchasing additional Term Life Insurance. Option I provides you with the opportunity to purchase an additional one times your annual salary. Option II allows you to purchase an additional two times your annual salary. Both alternatives are in addition to your Core Life Insurance Benefit. The maximum allowable amount of coverage Core plus Optional Insurance is $300,000. The first $50,000 of coverage can be paid for with pre-tax dollars. With amounts in excess of $50,000, the Internal Revenue Service requires taxation on a portion of your premium. The cost to provide this coverage is shown on the "*Optional Life Insurance Rate Sheet"* page. Rates were correct at time of printing; however, they are subject to change. Any purchase of additional Life Insurance must be coordinated by an identical purchase of Accidental Death & Dismemberment Insurance. New employees have 31 days from date of hire to purchase Optional Life Insurance without proof of medical insurability. **Current employees will have to submit an Evidence of Insurability form if they wish to purchase more than their current level of coverage.**

To determine the amount of life insurance that you need, take the numbers from the "*Liability Worksheet"* and fill in the blanks below. The amount shown on the third line will tell you how much life insurance that you should have.

Annual expenses $_____
Outstanding liabilities + $_____
Amount of life insurance needed $_____

Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) insurance pays an additional death benefit above any Core or Optional Term Life insurance coverage in the event of your death or dismemberment which results from an accident.

CORE **Same as Term Life insurance section**
EMPLOYEE OPTIONS **Same as Term Life insurance section**

Optional Term Life/Accidental Death & Dismemberment

Rate Sheet *(these rates are Term Life and ADD combined)*

AGE	Cost per thousand per month
0 - 25	$ .0740
25 - 29	$ .0740
30 - 34	$ .0740
35 - 39	$ .0909
40 - 44	$ .1235
45 - 49	$ .1779
50 - 54	$ .2629
55 - 59	$ .4008
60 - 64	$ .5719
65 - 69	$ .8593
70 - 74	$1.7673
75 - 80	$4.1030

To calculate the cost of additional Term Life Insurance/Accidental Death & Dismemberment:

1) Find your age and corresponding monthly cost per thousand

2) _____ (Cost per thousand) X _____ (Life ins. amount (omit 000)) = _____ (Monthly Cost)

3) _____ (Monthly Cost) X 12 (months) = _____ (Annual Cost)

4) _____ (Annual Cost) / _____ (No. of pays) = _____ (Cost per pay)

EXAMPLE:

- 42 years old (.1235 per thousand)
- Annual salary $25,000
- would like to purchase additional one (1) x salary
- 24 pays per year

2) .1235 (Cost per thousand) X 25 (Life ins. amount (omit 000)) = $3.0875 (Monthly Cost)

3) $3.0875 (Monthly Cost) X 12 (months) = $37.05 (Annual Cost)

4) $37.05 (Annual Cost) / 24 (No. of pays) = $1.54 (Cost per pay)

Health Savings Account (HSA)

The following is a brief explanation of the H.S.A. that is combined with your HDHP plan if you enrolled in this medical plan. More information is provided online and via the WageWorks®website.

By law, HSAs are available to members who enroll in an HDHP, are under age 65, are not Medicare enrolled, are not covered by another health plan, or are not claimed as a dependent on someone else's Federal tax return. The health plan credits a portion of the health plan premium to the HSA. The credited amount is different for a Self Only enrollment than for a Family enrollment. You have the option to make additional tax-free contributions to your account, so long as total contributions do not exceed the limits established by law. The funds in your HSA can be used to pay for your plan deductible and/or qualified medical expenses that do not count towards your deductible.

You will use the WageWorks®Card for services. Please see the next page for information on Wage Works.

HSA contribution limits for 2018

The IRS released the 2018 HSA guidelines through Revenue Procedure 2017-37 on May 4, 2017.

For tax years beginning in 2018, the following annual limits apply to HSA contributions.

	Self-only	Family
HSA contribution limit (company + employee)	$3,450	$6,900
HSA catch-up contributions (age 55+)	$1,000	$1,000

These contribution limits are determined on a calendar basis, which means contribution limits are prorated by the number of months individuals are HSA eligible. For example, individuals with self-only coverage who are HSA eligible for six months during the 2018 tax year can contribute up to $1,725.

As long as individuals are HSA eligible, contributions can be made at any point during the 2018 tax year, including up through the individual's federal tax return due date.

Features of an HSA include:

- Your own HSA contributions are tax-deductible. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969.
- Contributions to your HSA can be made through an employer sponsored plan such as a Section 125 Cafeteria Plan. In a Cafeteria Plan, the employer takes your HSA contributions out of each paycheck on a pre-tax basis.
- Interest earned on your account is tax-free
- Withdrawals for qualified medical expenses are tax-free
- Unused funds and interest are carried over, without limit, from year to year
- You own the HSA and it is yours to keep — even when you change plans, leave employment, or retire
- Your HSA is administered through Choice Strategies, your account is with Mellon Bank
- Eligible medical expenses are defined as those expenses paid for care as described in Section 213(d) of the Internal Revenue Code. Additionally, the IRS allowed some over-the-counter drugs to qualify as eligible medical expenses. You are encouraged to view the IRS's website (Publication 502) for a complete list of eligible medical expenses. For a list of qualified medical expenses that can be reimbursed through an HSA: www.irs.gov/pub/irs-pdf/p502.pdf

A Limited Use Uninsured Health Care FSA (LU-UHCFSA) is allowed for H.S.A. participants, it will cover dental, vision, and over the counter items only. It will not cover any deductibles or medical co-pays, but can be used for the prescription drug co-pays after your deductible has been met.

Health Savings Account (HSA) continued

ADMINISTRATOR

WageWorks® is the administrator of your H.S.A account. Representatives are available to answer any questions that you may have with regards to your accounts. WageWorks® makes it easy for you to get the help you need now. Browse our Frequently Asked Questions for answers to common questions. If you can't find what you're looking for, please call 1-877-924-3967 (Monday - Friday 8 a.m. to 8 p.m. ET).

WageWorks® makes it easy to manage your HSA. Log into the WageWorks® secure web portal at www.wageworks.com to manage all aspects of your WageWorks® account. You can also log into www.wageworks.com/myhsa

Be sure to download the EZ Receipts app, which allows you to check account balances, submit claims, view transactions, snap photos of receipts and get account alerts—all on the go.

A special "stored valued" card that draws your annual HSA funds. It gives you an easy, automatic way to pay for qualified healthcare expenses not covered by your health insurance. Each time you incur a qualified healthcare expense at a health-related business (like a pharmacy or doctor's office) , simply use your Wage Works Card. The amount of your qualified purchases will be deducted automatically and the pre-tax dollars are electronically transferred to the provider for immediate payment.

- **Works like a debit card, just swipe and go**
- **Funds come directly from your HSA**
- **No PIN required**

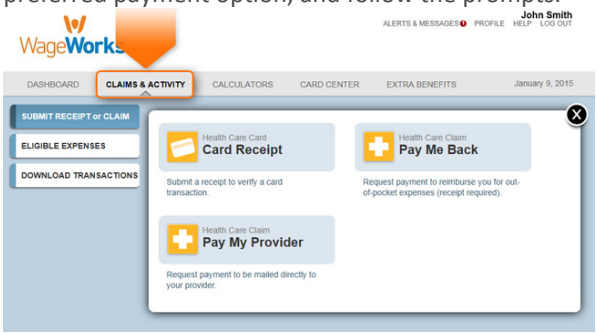
Check Your Receipts
Before you leave the doctor's office or pharmacy, look at your receipt. All receipts must show three things:
• Date of service or purchase date • Brief description of the item or service • Dollar amount

This is especially important when you purchase a prescription, as pharmacies sometimes provide only the debit card receipt, which doesn't include an item description. If your receipt is incomplete, ask the provider or pharmacist to print out a receipt for you showing all three pieces of information.

H.S.A. Payment Options

WageWorks makes it easy for you to use the money in your healthcare benefit accounts to pay for hundreds of eligible healthcare expenses

These payment options are fully automated. Log into your WageWorks account on either the web portal or the mobile app, select your preferred payment option, and follow the prompts.



Your WageWorks account gives you a variety of payment options to choose from.

The Pay Me Option

You can withdraw funds directly from your HSA to pay for eligible expenses. This option works just like an ATM, but without the ATM fees. You may also have HSA funds directly deposited into your bank account or a check mailed to you.

The Pay Me Back Option

If you've already paid for an eligible expense out of your own pocket, you can arrange to pay yourself back from your WageWorks account in two ways:

1. Have a check mailed to you; or
2. Have your reimbursements deposited directly into your bank account

The quickest, easiest way to get reimbursed for eligible expenses you've paid out of pocket is to sign up for direct deposit.
Here's how to submit a Pay Me Back claim.

Via the Web Portal

1. Log into your WageWorks account.
2. If this your first time logging into your WageWorks account, be sure to first register for your WageWorks account.
3. Once you have logged into your account, Click Submit Receipt Or Claim and select Pay Me Back.
4. Enter payment information and select Submit Claim.
5. Upload digital copies of your receipts.

Via the Mobile App

1. Log into your WageWorks account on the WageWorks EZ Receipts® mobile app.
2. Click on Submit New Receipt and then Health Care Claim.
3. Follow the prompts to take and send photos of your receipts and other documentation.

Via Fax or Mail

1. Download a Healthcare Pay Me Back Claim Form.
2. Fill in all the information requested on the form and sign it.
3. Fax or mail the form, along with copies of your receipts, to:
   - Claims Administrator
     P.O. Box 14053
     Lexington, KY, 40512
     Fax: 877-353-9236

Most Pay Me Back claims are processed within one to two business days after they are received and verified. Payments are sent shortly thereafter.

Questions about Pay Me Back claims? Check out the FAQs in the Employee Support Center.

Employee Reimbursement Account

An attractive feature of the Flexible Benefits Plan is your Employee Reimbursement Account. It enables you to pay a portion of your Uninsured Health Care and Dependent Care expenses with pretax dollars. This can save you a considerable amount in taxes.

The Employee Reimbursement Account has two parts: one for Uninsured Health Care expenses (medical type expenses) and one for Dependent Care expenses (day care type expenses). Just before the beginning of each plan year, you will have the opportunity to elect to fund your Reimbursement Account for the coming year. The amount that you select will be deducted from your gross salary through automatic payroll deductions. Then, during the plan year, you may submit claims to the Administrator to reimburse yourself for Dependent Care expenses and/or Health Care expenses incurred during the plan year but not reimbursed by your insurance plans.

NOTES ABOUT YOUR ACCOUNT

WageWorks® is the administrator of your Flexible Spending Accounts. Representatives are available to answer any questions that you may have with regards to your accounts. WageWorks® makes it easy for you to get the help you need now. Browse our Frequently Asked Questions for answers to common questions. If you can't find what you're looking for, please call 1-877-924-3967 (Monday - Friday 8 a.m. to 8 p.m. ET).

During the year, you should keep receipts for all qualified expenses. *The final check run is 75 days after the plan year ends, otherwise any remaining balance in the account will be forfeited.*

With a variety of convenient payment options, your WageWorks Healthcare FSA makes it easy for you to get reimbursed for hundreds of eligible healthcare expenses, like copayments for doctor visits, prescription drugs, and new eyeglasses or contact lenses.
Payment options include:

- **Pay My Provider**. Arrange for convenient direct payments to your healthcare provider. Simply log into your WageWorks account and fill out a form to have eligible expenses paid directly from your account. This works for Dependent Care plans too.
- **Pay Me Back**. Arrange for account funds to be directly deposited into your bank account or a check to be mailed to reimburse you for eligible expenses you've already paid. This works for Dependent Care plans too.
- **Pay by a Prepaid Card**. You may use the convenient WageWorks Healthcare Card associated with your account to pay for hundreds of eligible healthcare products and services. If you have more than one WageWorks account, this smart prepaid card knows which account to draw money from first. Just don't forget to save your receipts as some expenses charged to your prepaid card may need to be verified.

Keep Your Receipts

The IRS has specific rules for Healthcare FSAs and you always have to verify expenses with receipts. Save receipts for each eligible expense you submit for reimbursement under your Healthcare FSA. Make sure receipts include the following five pieces of information:

1. **Patient's Name**. The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
2. **Provider's Name**. The provider that delivered the service or the merchant where the item was purchased.
3. **Date of Service**. The date when services were provided or the item was purchased.
4. **Type of Service**. A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions.
5. **Cost**. The amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

WageWorks is required to verify that all purchases made with your WageWorks Healthcare Card are for eligible expenses, so we may ask you to send copies of your receipts to verify card transactions.
WageWorks makes it easy to manage your receipts. Take a photo of each receipt and store them in the WageWorks® EZ Receipts® mobile app.

Tax Savings Example

The following example (assuming Single taxpayer) illustrates how the payment of after-tax expenses on a pretax basis creates a pay raise for the employee.

	WITH ACCOUNT(S)	WITH OUT ACCOUNT(S)
ANNUAL GROSS SALARY	24,000	24,000
DEPENDENT CARE (PRE TAX)	1,800	0
HEALTH CARE EXPENSES (PRE TAX)	700	0
TAXABLE INCOME	21,500	24,00
FEDERAL TAX (18.5% BLENDED)	3,978	4,440
FICA (7.65%)	1,645	1,836
STATE TAX (4.25%)	914	1,020
AFTER TAX INCOME	14,963	16,704
AFTER TAX DEPENDENT CARE	0	1,800
AFTER TAX HEALTH CARE	0	700
SPENDABLE INCOME	14,963	14,204
NET PAY RAISE	**759.00**	

NOTE: ***A portion of your pay raise should be used to address the possible disadvantage of pretax funding. (See the section entitled "How to Avoid Potential Disadvantages.")***

Please keep these important considerations in mind:

1. **The Internal Revenue Service (IRS) requires that any money left in your account at the end of the Plan Year must be forfeited.** This means you should allocate only as much to the Account as you feel certain you will incur in reimbursable expenses during the year. The plan has a two and one-half month grace period (medical and dependent care), so claimants can incur claims until March 15 after the plan year ends, and they can submit claims until March 31 after the plan year ends. All expenses incurred during a plan year must be submitted for reimbursement by ***March 31st*** of the following year. Otherwise, any money left in the Account will be forfeited. In the unlikely event of forfeiture, there may still be substantial tax savings to the employee. For example, assume an employee contributes $2,400 to the plan, but only incurs $2,000 of expenses. The $2,000 of expenses are reimbursed tax free and the unused $400, in this case, would be forfeited. An employee in the 30% tax bracket (combined Federal, State, FICA) saves $720 in taxes on the $2,400 set aside ($2,400 x 30% = $720). If you subtract the $400 loss attributable to the forfeiture from the $720 tax savings, the employee still comes out $320 ahead.

2. If you elect to participate, the amount you designate will be withheld automatically from your paycheck in equal installments. **The minimum contribution to the Account is $130 per calendar year.**

3. The annual re-enrollment period is the only time you may change your selections unless you have a change in "family status". Qualifying "status changes" for benefits provided under this plan are subject to approval of your employer, must be on account of a particular event, and satisfy any specific consistency rules that may apply to the particular benefit. Please reference your summary plan description for a detailed list of qualified “status changes”. Examples include:
   - Change in your legal marital status, on account of marriage, divorce, death of your spouse, legal separation or annulment;
   - Change in the number of your dependents, due to birth, adoption, placement for adoption, or death of a dependent;
   - Change in employment status for you, your spouse, or a dependent;
   - Change because your dependent satisfies (or ceases to satisfy) the eligibility requirements;
   - Significant cost increases in a qualifying benefit (other than Uninsured Health Care accounts);
   - A change in coverage in a spouse's or dependent's Section 125 Plan;
   - A leave under the Family Medical Leave Act;

   It is very important for you to understand that you must notify Human Resources within 30 days of a "status change" in order to be allowed to select different benefit options. This includes adding dependent coverage. If you have a status change, the new coverage becomes effective as of the date you notify Human Resources of the change or, if administratively possible, the date of the status change. It will always be to your best advantage to notify Human Resources as soon as possible.

4. Although you have only one Reimbursement Account, the Uninsured Health Care portion and Dependent Care portion are entirely separate. Only Health Care expenses may be reimbursed from the Health Care portion; only Dependent Care expenses may be reimbursed from the Dependent Care portion. Once a given portion is used up for the year, no more expenses may be reimbursed for that year. You cannot transfer funds from one portion of the Account to the other.

5. The Dependent Care portion of the Account cannot reimburse you for more money than has been deposited into it by the date you make a claim. Remember, your contributions are deducted each pay, so funds build up gradually in your Dependent Care Reimbursement Account. If you do submit a claim for more than the amount in your Account at that time, any excess will be held for reimbursement until sufficient funds have accumulated.

6. If you should terminate employment during the plan year, you will have 75 days from your date of termination to file for reimbursable expenses incurred during the period in which you were an eligible participant of the plan. In addition, you may continue in the Uninsured Health Care Reimbursement Account for the remainder of the plan year with proper contributions.

7. Keep in mind that the funds you contribute to your Reimbursement Account are deducted before taxes are withheld, so you have not paid any taxes on them. Therefore, any items submitted through your Employee Reimbursement Account cannot be used as either a tax credit or deduction.

NOTE: There is a worksheet following the Dependent Care section which is designed to help those employees with Dependent Care decide whether it is more beneficial to pay those expenses from their Reimbursement Account or take the income tax credit.

Uninsured Health Care Expenses

You may contribute up to $2,650 of your earned income per calendar year to the Health Care portion of the Account to reimburse yourself for expenses incurred by you or an eligible dependent. Common examples include:

- Plan deductibles
- Medical, Dental and Vision expenses not reimbursed by your plan.

**Please note, an eligible expense must be a medically necessary expense incurred for diagnosis, cure, treatment, mitigation, or prevention of disease, or for the purpose of affecting any bodily function or structure.*

The following is a *representative* list of Health Care expenses allowable under the Internal Revenue Code:

Acupuncture.....	Performed by a licensed practitioner
Alcoholism or drug dependency.....	Payment to a treatment center
Ambulance	
Birth control pills....	If medically necessary
Car controls.....	Special controls for the handicapped
Chiropractors.....	Services within the scope of license
Contact lenses.....	Balances not paid by other vision insurance
Copayments.....	Balances not paid by other health insurance
Cosmetic surgery.....	For medically necessary procedures
Crutches.....	Purchase or rental
Deductibles and coinsurance.....	Balances not paid by other health insurance
Dental fees.....	X-rays, fillings, braces, extractions, false teeth, orthodontia services, treatments (non cosmetic procedures only), etc. *Cosmetic teeth whitening is **not** reimbursable*.
Doctor's fees	
Excess charges.....	Charges not paid by other health insurance
Eyeglasses.....	Lenses, frames, examinations
Eye Care.....	RK Surgery
Founder's fee.....	Monthly or lump sum fee to a retirement home (covers portion specifically for medical care)
Guide dog.....	Purchase, for blind or deaf
Halfway house.....	Care to help individual adjust from life in a mental hospital to community living
Health care equipment..... .	Not of general use as articles of furniture, household items or appliances
Hearing aids	
Hospitalization.....	Including private room coverage
Hypnosis.....	For treatment of illness
Laboratory fees	
Learning disability....	Tutoring by licensed school or therapist for a child with severe learning disabilities
Lifetime care.....	Advance payment to private institution for lifetime care, treatment or training of mentally or physically handicapped patient
Medicines.....	Prescribed and legally obtained drugs and medicines
Nursing home.....	Confinement for treatment of illness or injury
Nursing service.....	By registered nurse or licensed practical nurse for medical care
Optometrist.....	Services within scope of license
Over The Counter Medicines(O.T.C.)	*Must be prescribed by Medical Doctor*
Oxygen.....	If medically necessary
Psychologist.....	Services within scope of license
Psychotherapy.....	If by a licensed practitioner
Schools.....	Special schooling to relieve handicap
Smoke ender programs.....	If prescribed by a doctor
Surgery.....	Including experimental and medically necessary cosmetic procedures
Syringes, needles, and injections	
Telephone.....	Special for the deaf
Television.....	Audio display equipment for the deaf
Therapy.....	Physical or occupational therapy by a licensed therapist
Transplants	
Tuition fee.....	Charges for medical care included in the tuition fee of a college or university (if billed separately)
Wheelchairs.....	If medically necessary

Note: ***Currently, in order to receive a tax deduction for medical expenses on your tax return; expenses must exceed 7.5% of your adjusted gross income. Therefore, your Uninsured Health Care expense account provides you with the only opportunity to receive full credit for ALL medical expenses incurred regardless of income.***

Estimating Health Care Expenses For You and Your Family

(You should refer to the sections entitled "Medical/Dental Options" to help you accurately estimate your expenses.)

	Previous Year (Actual)	**This Year** (Expected)
Medical plan deductibles	$	$
Medical plan coinsurance (the percentage that your plan does not pay)	$	$
Dental or orthodontic expenses that are not covered by your plan	$	$
Vision care expenses that are not covered by insurance elsewhere	$	$
Hearing aids	$	$
Medicine or drugs prescribed by a doctor but not covered by your plan	$	$
Other qualified expenses not paid by your plan	$	$
YOUR TOTAL HEALTH CARE EXPENSES:	$	$

Dependent Care Expenses

The Employee Reimbursement Account can be used to pay for Dependent Care expenses that enable you and your spouse to work or to search actively for work.

REIMBURSEMENT LIMITATIONS:

A married employee may only be reimbursed for Dependent Care expenses up to the lesser of:

a. $5,000 ($2,500 if married filing a separate return); or
b. 50% of the employee's compensation; or
c. the earned income of the employee's spouse.

Therefore, a married employee whose spouse does not work is generally not entitled to Dependent Care assistance reimbursement. However, if the employee's spouse is a full-time student or incapable of caring for himself or herself then the employee will be allowed a limited benefit under the plan. The allowable limit of reimbursement for each month the spouse is a full-time student is $200 if the employee has one dependent or $400 if the employee has two or more. If the employee's spouse is incapacitated, the allowable limit is $200 per month if the employee has one or more additional dependents.

An unmarried employee may be reimbursed for all Dependent Care expenses up to the lesser of:

a. $5,000; or
b. 50% of the employee's compensation

For the purpose of Dependent Care expenses, a dependent includes anyone you claim as a dependent on your income tax return and who is:
Age 12 or younger, or Physically or mentally incapable of caring for himself or herself (for example, a disabled spouse or an elderly parent).
A person other than your spouse must rely on you for more than one-half of his or her support to qualify as a dependent.

ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

Payments made for services provided in your home (babysitters, for example). These services cannot be provided by someone you claim as a dependent or someone who is a relative, living in your home.

Payment made for dependent child care services outside your home. If you use the services of a dependent care center that provides care for at least six people (other than residents), the center must be in compliance with the state and local laws.

Payments made for care outside your home for a dependent (other than a child), if the dependent spends at least eight hours a day in your home. (For example, 24-hour nursing home care for a dependent parent would not qualify).

If you utilize a Dependent Care Reimbursement Account, you must furnish the name, address and tax identification (social security number or corporate tax ID) number for the provider of dependent care services to the administrator of the plan.

Estimating Your Dependent Care Expenses

Previous Year(Actual)

$	x	= $
weekly expense	number of weeks	annual total

This Year(Expected)

$	x	= $
weekly expense	number of weeks	annual total* **(B)**

Total contributions to your Dependent Care Reimbursement Account **(B)**	$
Divide by # pay periods for total deduction per paycheck	$

How To Avoid Potential Disadvantages Should You Fund Your Employee Reimbursement Account…

Since contributions to your Employee Reimbursement Accounts are treated as a reduction in income, there will be a slight reduction in Workers Compensation and Social Security disability and survivorship benefits. This potential disadvantage is easily overcome if the employee invests part of his/her tax savings into a tax deferred annuity.

Typically, for every $100 reduction in income for Social Security purposes, at age 40 an employee only has to invest $5.00 out of $22.00 in tax savings to have more benefits at retirement than the Social Security system would provide.

The amount of tax savings that have to be reinvested to make up for the lost Social Security benefit goes up the longer the employee is in the plan.

Other Benefits

In addition to what is being offered through the Flexible Benefits menu, other benefits will be made available on a payroll deduction basis for your convenience. You may use your tax savings or money received from the menu, as well as, money from your paycheck to purchase these benefits.

TAX-DEFERRED ANNUITIES
A popular savings vehicle available to employees of non-profit organizations is the tax-deferred annuity. A tax-deferred annuity (TDA) is a type of interest earning account. It is often referred to as a tax sheltered annuity (TSA). This account allows your contributions and any interest earned to accumulate on a tax- deferred basis until you withdraw the funds. Since you pay no taxes on contributions or earned interest prior to withdrawal, your TDA can grow much faster than a traditional savings account. Information regarding TDA's is available through Human Resources Benefit Coordinator.

MICHIGAN EDUCATION SAVINGS PROGRAM
A Section 529 College Savings Plan administered by the Michigan Department of Treasury and managed by TIAA-CREF Tuition Financing Inc. Please contact your Human Resources Benefit Coordinator for details.

LONG TERM CARE INSURANCE
This is a voluntary program. Please see Human Resources Benefit Coordinator for details.

SUPPLEMENTAL ACCIDENT INSURANCE
This is provided by the employer. Please see Human Resources Benefit Coordinator for details.

Participation in optional benefits is strictly voluntary. Any advice received does not necessarily reflect that of your employer.

Making Your Selections

Once you have reviewed the Flexible Benefits Workbook, you can start planning your selections for coverage's and your Employee Reimbursement Account.

Each year, you will have an opportunity to either reconfirm or change your selections during the annual enrollment process. Should any costs or levels of coverage be changed, the re-enrollment period allows you to assess those changes as they pertain to your own personal situation. ***You are required to participate in the annual re-enrollments to make certain that your benefit choices remain consistent with your objectives.***

Take the time to plan a customized package that will be best for you and your family. Please do not forget that Marwil & Associates is available to help. Representatives will be happy to answer any questions that you may have about the various plans that make up the Kalamazoo Valley Community College Flexible Benefits Plan. They will also be available to assist you during the enrollment process. The number to call is:

1-(877)-462-7945

NOTE: Payment of any benefits is subject to the terms and conditions of the plan document rather than any information given here. This description does not change in any way the provisions set forth in the plan document.

Notes

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ASR health benefits

Kalamazoo Valley Community College, G-688

Benefit Description	Plan 1 PPO		Plan 2 HDHP/H.S.A. (PPO)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Benefit Year	January 1 through December 31		January 1 through December 31	
Deductible per Benefit Year	$250/single coverage $500/two-person coverage $500/family coverage	$2,000/single coverage $4,000/two-person coverage $4,000/family coverage	$2,000/single coverage $4,000/two-person coverage $4,000/family coverage	$4,000/single coverage $8,000/two-person coverage $8,000/family coverage
	Special Note About the Benefit Year Deductible: An individual within a two-person or family plan option has to meet only the single deductible specified above before the Plan will begin paying benefits.		**Special Note About the Benefit Year Deductible:** The two-person or family deductible must be met in full, either by one covered family member or by any combination of covered family members, before the Plan will begin paying benefits for any individual.	
General Benefit Percentage	90% after deductible (10% coinsurance)	70% after deductible (30% coinsurance)	100% after deductible (0% coinsurance)	80% after deductible (20% coinsurance)
Coinsurance Maximum Out-Of-Pocket per Benefit Year	$1,000/single coverage* $2,000/two-person coverage* $2,000/family coverage*	$5,000/single coverage* $10,000/two-person coverage* $10,000/family coverage*	Not applicable to this plan option; refer to the Total Maximum Out-of-Pocket stated below	
	*An individual within a two-person or family plan has to meet only the single Coinsurance Maximum Out-of-Pocket before the Plan's benefits will increase to 100%.			
Total Maximum Out-Of-Pocket per Benefit Year	$2,250/single coverage** $4,500/two-person coverage** $4,500/family coverage**	Not applicable	$4,000/single coverage** $8,000/two-person coverage** $8,000/family coverage**	$8,000/single coverage** $16,000/two-person coverage** $16,000/family coverage**
	**Includes Deductible, Coinsurance Maximum Out-of-Pocket, and medical co-payments. Does not include prescription drug co-payments or expenses that constitute a penalty for non-compliance, exceed the usual and customary charge, exceed the limits of the Plan, or are otherwise excluded. An individual within a two-person or family plan has to meet only the single Total Maximum Out-of-Pocket before the medical plan co-payments will no longer be charged in the Benefit Year.		**Includes deductible, coinsurance, and all medical and prescription drug co-payments (if applicable). Does not include expenses that constitute a penalty for non-compliance, exceed the usual and customary charge, exceed the limits of the Plan, or are otherwise excluded. All co-payments, including prescription drug co-payments (if any), specified below will no longer apply once the Total Maximum Out-of-Pocket is satisfied in a Benefit Year. An individual within a family has to meet only the single Total Maximum Out-of-Pocket before the Plan's benefits will increase to 100% and co-payments will no longer be charged.	
Allergy Services Injections, Serum, and Testing	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Ambulance Transportation	90% after deductible	Paid as in-network if delivered to an in-network facility, or at 70% after deductible if delivered to an out-of-network facility	100% after deductible	Paid as in-network if delivered to an in-network facility, or at 80% after deductible if delivered to an out-of-network facility
Anesthesia Inpatient Services Outpatient Services	 90% after deductible 90% after deductible	 70% after deductible 70% after deductible	 100% after deductible 100% after deductible	 80% after deductible 80% after deductible

Benefit Description	Plan 1 PPO		Plan 2 HDHP/H.S.A. (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Behavioral Care (Includes Mental Health Care and Addictions Treatment) Inpatient/Partial Hospitalization Services Outpatient/Intensive Outpatient Services, including Telemedicine E-Visits	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered		Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered	
If a covered person seeks treatment for behavioral care that will result in a hospital confinement or stay, that treatment should be reviewed before its commencement. Call HelpNet at (269) 372-4500 or (800) 523-0591 as soon as possible before beginning the treatment, but no later than 48 hours following the first treatment. If a covered person fails to comply with this certification provision, the Plan's benefit for charges related to the hospital confinement or stay will be reduced by 20%.				
Birthing Centers	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Chemotherapy	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Chiropractic Care				
Spinal Manipulations and Therapy Treatments	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Diagnostic Spinal X-Rays	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Physician's Fee for an Initial or Periodic Evaluation	$25 co-payment per visit, then 100% (deductible waived)	70% after deductible	100% after deductible	80% after deductible
$750 Maximum Paid per Covered Person per Benefit Year for All Chiropractic Care (In-Network and Out-of-Network Services Combined)				
Convalescent Care	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Emergency Room Treatment				
Physician's Fee for an Examination in the Emergency Room	$250 co-payment* per visit, then 100% (deductible waived) *may waive if treated for a medical emergency or accidental injury, or if admitted to the hospital as an inpatient	Paid as in-network	100% after deductible	Paid as in-network
All Other Charges Billed by the Physician in Connection with the Emergency Room Treatment	90% after deductible	Paid as in-network if treated at an in-network facility, or at 70% after deductible if treated at an out-of-network facility	100% after deductible	Paid as in-network if treated at an in-network facility, or at 80% after deductible if treated at an out-of-network facility
Hospital's Fee for the Use of the Emergency Room	90% after deductible	Paid as in-network	100% after deductible	Paid as in-network
All Other Services Billed by the Hospital or Any Other Provider in Connection with the Emergency Room Visit	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Hearing Aids (Includes Exam and Fitting) $1,000 Maximum Paid per Covered Person per Benefit Year (In-Network and Out-of-Network Services Combined)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Hemodialysis				
Inpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Home Health Care	90% after deductible	70% after deductible	100% after deductible	80% after deductible

Benefit Description	Plan 1 PPO		Plan 2 HDHP/H.S.A. (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice Care	100%; deductible waived	100%; deductible waived	100% after deductible	100% after deductible
Hospital-Billed Charges				
Inpatient Services – Room and Board	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Inpatient Services - Miscellaneous	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
If a covered person is scheduled for any hospital confinement or stay, the services should be reviewed before the admission. The covered person must call the number on the front of his or her ID card as soon as possible before a hospital admission, but in no event later than 48 hours following the admission. If a covered person fails to comply with this certification provision, the Plan's benefit for charges related to the hospital confinement or stay will be reduced by 20%.				
Infertility Treatment $700 Lifetime Maximum Paid per Covered Person for All Eligible Infertility Treatment (In-Network and Out-of-Network Services Combined)	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered		Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered	
Special Note about Infertility Treatment: Prescription drugs prescribed for the treatment of infertility are not eligible for Plan coverage.				
Laboratory Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Occupational Therapy				
Inpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Physical Therapy				
Inpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Physician Visits				
Physician's Fee for an Inpatient Exam	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Physician's Fee for an Outpatient Exam in a Physician's Office (including Telemedicine E-Visits), or an Immediate Care Center	$25 co-payment per visit, then 100% (deductible waived)	70% after deductible	100% after deductible	80% after deductible
All Other Charges Billed in Connection with the Examination	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered
Pre-Admission Testing	90% after deductible	70% after deductible	100% after deductible	80% after deductible

Benefit Description	Plan 1 PPO		Plan 2 HDHP/H.S.A. (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs **Drugs Purchased Before the In-Network Deductible is Satisfied** • 30-Day Supply of an Eligible Prescription Drug Purchased at a Retail Pharmacy	$-0-/eligible over-the-counter drug (physician's prescription required) $10/generic drug, $60/brand-name drug		The covered person must pay the full cost of the prescription at the time of purchase. The amount paid to purchase an eligible prescription drug will apply toward the deductible. If an eligible prescription drug is purchased at a pharmacy within the appropriate network or through the Mail Service Program, the covered person may receive a discount toward the purchase price of the drug. The availability and amount of the discount will depend on the type of medication, whether the drug is brand-name or generic, and the dosage.	
• 90-Day Supply of an Eligible Prescription Drug Purchased at a Retail Pharmacy or through the Mail-Order Program	$-0-/eligible over-the-counter drug (physician's prescription required) $20/generic drug, $120/brand-name drug			
Drugs Purchased After the In-Network Deductible is Satisfied • 30-Day Supply of an Eligible Prescription Drug Purchased at a Retail Pharmacy	The co-payments specified above continue to apply.		$-0-/eligible over-the-counter drug (physician's prescription required) $10/generic drug, $40/brand-name drug Once the In-Network Total Maximum Out-of-Pocket is Satisfied, the Plan pays 100% of the purchase price and no co-payment applies	
• 90-Day Supply of an Eligible Prescription Drug Purchased at a Retail Pharmacy or through the Mail-Order Program	The co-payments specified above continue to apply.		$-0-/eligible over-the-counter drug (physician's prescription required) $20/generic drug, $80/brand-name drug Once the In-Network Total Maximum Out-of-Pocket is Satisfied, the Plan pays 100% of the purchase price and no co-payment applies	
Prescription Drug Maximum Out-Of-Pocket per Benefit Year	$4,350/single coverage* $8,700/two-person coverage* $8,700 /family coverage*		Not applicable to this plan option; refer to the Total Maximum Out-of-Pocket stated above	
	*Includes prescription drug co-payments to the extent required by Health Care Reform. Does not include amounts attributed to the Total Maximum Out-of-Pocket for medical services, any optional additional amount that the covered person must pay over and above the co-payment, or the cost of any drug or service that is not covered under the Plan.			

Special Notes about Prescription Drug Benefits:

1. The pharmacy will dispense generic drugs unless the prescribing physician requests "Dispense as Written" (DAW) or a generic equivalent is not available. If the covered person refuses an available generic equivalent and the prescribing physician has not requested DAW, the covered person must pay the applicable co-payment **plus** the difference in price between the brand-name drug and its generic equivalent.
2. Over-the-counter forms of Claritin, Prilosec, Zantac, and Zyrtec will be covered under the Plan and shall be subject to the generic co-payments shown above after the in-network deductible is met (if applicable). A physician's prescription for these products is required.
3. In accordance with the requirements of Health Care Reform, the Plan provides coverage for certain preventive care medications, including, but not limited to, certain FDA-approved contraceptive agents and smoking cessation products with a prescription, as well as breast cancer medications that lower the risk of cancer or slow its development, without any cost-sharing provisions such as deductibles or co-payments. For more information about eligible preventive care medications, the covered person can contact the Pharmacy Benefits Manager (PBM) using the information listed on the front of his/her identification card.
4. The Plan requires that a covered person purchase self-injectable medications through the Prescription Drugs benefit. For more information about self-injectable medications, the covered person can contact the PBM using the information listed on the front of his/her identification card.
5. Routine vaccines and immunizations (including flu shots) performed at a pharmacy within the designated network shall be covered at 100% with no co-payment and any applicable deductible shall be waived. Immunizations eligible to be covered under this provision will vary based on the services offered by the covered person's pharmacy of choice. Covered persons may contact the PBM using the phone number on the front of the health plan identification card for more information on how to find a pharmacy within the designated network and also what immunizations services may be available at the chosen pharmacy.

Benefit Description	Plan 1 PPO		Plan 2 HDHP/H.S.A. (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Special Notes about Prescription Drug Benefits: 6. The Plan generally provides coverage for certain specialty drugs as specified in the Prescription Agreement between the employer and the PBM; however, special rules may apply in order for such drugs to be covered. Covered persons prescribed a specialty drug should contact the PBM at the number on the identification card to learn about the special rules that may apply to the drug, including the co-payment that will be charged or other special coverage terms that will apply. As used in this benefit, the term "specialty drug" means a prescription drug identified on the drug list maintained by the PBM that includes drugs typically used to treat complex medical conditions. Specialty drugs may be injectable medications, high-cost medications, or medications with special delivery and storage requirements (e.g., they may require refrigeration). Specialty drug purchases will be limited to a 30-day dispensing supply.				
Prosthetics and Orthotics	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Routine Preventive Care Physician's Fee for an Examination Routine X-Rays and Labs Flu Shots and Other Routine Immunizations FDA-Approved Contraceptive Methods and Sterilization Procedures for Women with Reproductive Capacity Mammograms, Colonoscopies, and Other Routine Services	100%; deductible waived	70% after deductible	100%; deductible waived	80% after deductible
Special Notes About Routine Preventive Care: 1. Co-insurance or an office visit co-payment may be imposed on preventive care services if either the visit is billed separately from the preventive care service or the services are provided during an office visit whose primary purpose is not preventive care (and the services are not billed separately). 2. The Routine Preventive Care Benefit will provide coverage for certain evidence-based items (with A or B ratings) in the recommendations of the United States Preventive Services Task Force; immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; evidence-based preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and additional women's preventive care and screenings in comprehensive guidelines supported by the HRSA.				
Second Surgical Opinion	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Speech Therapy				
Inpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Surgery				
Inpatient Services – Room and Board	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Inpatient Services - Miscellaneous	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Transplants	Paid the same as any other surgery	Paid the same as any other surgery	Paid the same as any other surgery	Paid the same as any other surgery
Outpatient Services	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Therapeutic Radiology	90% after deductible	70% after deductible	100% after deductible	80% after deductible
X-Rays	90% after deductible	70% after deductible	100% after deductible	80% after deductible

Miscellaneous Plan Provisions

If a covered person receives eligible treatment at an in-network facility, any anesthesiology, pathology, or radiology charges will be paid at the in-network benefit percentage, even if out-of-network providers performed those services.

If a covered person receives treatment from an out-of-network provider and the Plan Administrator determines that the sole reason that the covered person received those services from an out-of-network provider instead of from an in-network provider was the lack of a Qualified in-network provider within a Reasonable Distance from the covered person's residence, the claim may be adjusted to yield in-network-level benefits.

For the purposes of this provision, the term "Qualified" means having the skills and equipment needed to adequately treat the Covered Person's condition. The term "Reasonable Distance" approximates a 50-mile radius.

Coordination with Other Coverage for Injuries Arising out of Automobile Accidents

The following special coordination rule applies regarding automobile insurance. If a covered person is injured in an accident involving an automobile, this Plan shall be the primary plan for purposes of paying benefits and the covered person's automobile insurance shall pay as secondary.

Voluntary Outpatient Services Certification

A covered person may voluntarily certify the following services by calling the number on the front of his or her ID card:

1. **Home and outpatient rehabilitative therapy**
2. **Rental and purchase of durable medical equipment**
3. **Home health care**
4. **Purchase of custom-made orthotic or prosthetic appliances**
5. **Oncology treatment**

Health Savings Account (HSA)

Individuals enrolled in the Plan 2 HDHP/H.S.A. option may be eligible to establish and maintain a health savings account (HSA). The terms of the HSA are governed by Section 223 of the Internal Revenue Code and the terms of the trust or custodial agreement establishing the HSA. Funds contributed to an HSA are not subject to federal income tax at the time of deposit and can be rolled over and accumulated from year to year if not spent. HSA funds can be used to purchase qualified medical expenses, for example, the cost of a doctor's office visit or a prescription drug. In 2018, you may contribute up to **$3,450** for single coverage or **$6,900** for family coverage to an HSA. Additional catch-up contributions (**$1,000**) may be made if you are age 55 or older.

An individual who contributes to a HSA should not participate in a non-HDHP for the entire plan year in which the contributions are made in order to be eligible for the HSA.

Employed Spouse Exclusion on Primary Plan Coverage

A participant's spouse who is eligible for coverage under his or her own employer's group health plan must enroll for that coverage in order to be covered under the Plan. Coverage under the spouse's own employer's group health plan will be considered his or her primary coverage, and this Plan will be the secondary coverage.

The participant is obligated to immediately report to Kalamazoo Valley Community College any change that would affect his or her spouse's eligibility under this Plan (i.e., the spouse changes employers or the spouse's employer offers its employees a group health plan for the first time). If it is found that a spouse who is eligible for coverage under his or her own employer's group health plan has not enrolled for his or her own employer's group health plan for primary coverage as required by this provision, benefits for the spouse may be terminated on a prospective basis. Coverage may not be retroactively rescinded except as permitted by law, for example, in cases of fraud or intentional misrepresentation. Notice that coverage will be retroactively rescinded must be provided 30 days before proceeding with the termination process.

The following exceptions to this provision shall apply:

- A participant's spouse who is eligible for coverage under his or her own employer's group health plan and who is required to pay the entire cost of coverage for such coverage is not required to enroll for that coverage in order to be covered under this Plan.
- A participant or spouse who is an employee of Kalamazoo Valley Community College and who is married to an individual who is also an employee of Kalamazoo Valley Community College will not be subject to this provision and will not be penalized for declining to enroll separately as individual participants in this Plan.

Benefit Description	Core Vision Plan
	Limits
Benefit Year	January 1 through December 31
Benefit Percentage Vision Examinations Eyeglass Frames Eyeglass Lenses Contact Lenses	 100% (0% coinsurance) 100% (0% coinsurance) 100% (0% coinsurance) 100% (0% coinsurance)
Maximum Benefit Paid per Covered Person per Benefit Year for All Eligible Vision Services Claims for routine vision examinations incurred by covered persons under age 18 are not subject to the Benefit Year dollar maximum.	$225
NOTE: The Plan will allow one exam and **either** eyeglasses (one set of frames with one pair of lenses) **or** up to a year's supply of contact lenses per covered person in any Benefit Year. If contact lenses are selected, the Plan will only cover all contact lenses purchased up to the maximum benefit amount if a year's supply exceeds the annual maximum stated above.	

GUARDIAN®

Group Number: 00520314

KALAMAZOO VALLEY COMMUNITY COLLEGE

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental
- Accident

GUARDIAN®

Welcome

Dear KALAMAZOO VALLEY COMMUNITY COLLEGE Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

KALAMAZOO VALLEY COMMUNITY COLLEGE

Dental Benefit Summary

Group Number: 00520314

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as $1,400[1]? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

[1]http://health.costhelper.com/dental-crown.html.

Option 1 or 2: With your **Core Plan or Buy Down Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	**Option 1: Core Plan**		**Option 2: Buy Down Plan**	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual	$50	$50	$50	$50
Family limit	2 per Calendar Year		2 per Calendar Year	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%	60%	60%
Basic Care	90%	90%	60%	60%
Major Care	70%	70%	60%	60%
Orthodontia	60%	60%	60%	60%
Annual Maximum Benefit	$1500	$1500	$1500	$1500
Lifetime Orthodontia Maximum	$1000		$500	
Dependent Age Limits	26		26	

A Sample of Services Covered by Your Plan:

		Option 1: Core Plan *Plan pays (on average)*		Option 2: Buy Down Plan *Plan pays (on average)*	
		In-network	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%	60%	60%
	Frequency:	2 in 12 Months1 in 6 Months		2 in 12 Months1 in 6 Months	
	Fluoride Treatments	100%	100%	60%	60%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	60%	60%
	X-rays	100%	100%	60%	60%
Basic Care	Anesthesia*	90%	90%	60%	60%
	Fillings‡	90%	90%	60%	60%
	Perio Surgery	90%	90%	60%	60%
	Periodontal Maintenance	90%	90%	60%	60%
	Frequency:	No Frequency		No Frequency	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	90%	60%	60%
	Root Canal	90%	90%	60%	60%
	Scaling & Root Planing (per quadrant)	90%	90%	60%	60%
	Simple Extractions	90%	90%	60%	60%
	Surgical Extractions	90%	90%	60%	60%
Major Care	Bridges and Dentures	70%	70%	60%	60%
	Dental Implants	70%	70%	60%	60%
	Inlays, Onlays, Veneers**	70%	70%	60%	60%
	Single Crowns	70%	70%	60%	60%
Orthodontia	Orthodontia	60%	60%	60%	60%
	Limits:	Child(ren)		Child(ren)	

**For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; *General Anesthesia is allowed with any service.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. Contract # GP-1-DG2000 et al.

College Tuition Services

Special reward for participants enrolled in the Dental plan

Your employer has worked with Guardian to make College Tuition Benefit services available to eligible members enrolled in a Dental plan. Welcome to the College Tuition Benefits Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium of colleges.

You can use your College Tuition Benefits Rewards at over 340 private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Reports. Here is how the service works

- You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- Each Tuition Reward point equals a $1 tuition reduction
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: www.Guardian.CollegeTuitionBenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

Register Today!

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16.

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card

Register@
www.Guardian.CollegeTuitionBenefit.com
User ID: Is your Guardian Dental Plan Number that can be found on your Dental ID Card
Password: Guardian

fold

The College Tuition Benefit
150 E. Swedesford Road, Suite 100
Wayne, PA 19087
Phone: (215) 839-0119
Fax: (215) 392-3255

Preventive Advantage – *Additional Details*

Enjoy preventive dental care, with no deduction from your plan's annual maximum.

With Preventive Advantage, you can receive all preventive care, including exams, cleanings, x-rays and fluoride treatments, without having the benefit expenses deducted from your annual maximum. That means you can stretch your benefit even further for even more savings to you.

- **Simply pay the applicable co-insurance and deductible for Preventive care (if any)**
- **The entire annual maximum amount is preserved for other dental needs**
- **Preventive care will continue to be covered even after the annual maximum is met**

Dentists recommend oral exams and cleanings every six months. Now you can take good care of your oral health without having to balance the need for dental procedures.

Take advantage of Preventive Care for good oral health	…and save the annual maximum for other dental care needs, such as:
▪ Oral exams ▪ Cleaning ▪ X-Rays ▪ Fluoride treatments	▪ Fillings ▪ Root canal ▪ Crowns ▪ Oral surgery ▪ Dentures and bridgework

Here's how this benefit works for you:

Joe visits the dentist for his annual cleaning. His deductible is $25. The cleaning costs $125. All expenses above the deductible are covered and, with the Preventive Advantage plan option, will not reduce the Annual Maximum.

For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage." Policy Form #GP-1-DG2000, et al.

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Group Number: 00520314

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?[1] If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

[1]Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee $10,000 Spouse $5,000 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	$150
Accident Follow-Up Visit - Doctor	$25 up to 6 treatments
Air Ambulance	$500
Ambulance	$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	$100
Blood/Plasma/Platelets	$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: $0/$2,000 18 sq inches to 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burn - Skin Graft	50% of burn benefit

FEATURES (Cont.)	
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Coma	$7,500
Concussions	$50
Dislocations	Schedule up to $3,600
Diagnostic Exam (Major)	$100
Emergency Dental Work	$200/Crown, $50/Extraction
Epidural pain management	$100, 2 times per accident
Eye Injury	$200
Family Care	$20/day up to 30 days
Fracture	Schedule up to $4,500
Hospital Admission	$750
Hospital Confinement	$175/day - up to 1 year
Hospital ICU Admission	$1,500
Hospital ICU Confinement	$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	$50
Joint Replacement (hip/knee/shoulder)	$1,500/$750/$750
Knee Cartilage	$500
Laceration	Schedule up to $300
Lodging - The hospital must be more than 50 miles from the insured's residence.	$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000
Rehabilitation Unit Confinement	$150/day up to 15 days
Ruptured Disc With Surgical Repair	$500
Surgery	Schedule up to $1,000 Hernia: $125
Surgery - Exploratory or Arthroscopic	$150
Tendon/Ligament/Rotator Cuff	1: $250 2 or more: $500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$400, 3 times per accident
X - Ray	$20

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accomodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.

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Manage Your Benefits:

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LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer except as a fare paying passenger on a common carrier. Participation in any kind of sporting activity for compensation or profit including coaching or officiating.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. Participation in hang gliding, bungee jumping, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education
- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving
- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial
- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management
- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter
- Career development
- Effective managing
- Relocation

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101