

BENEFIT GUIDE



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Welcome to your 2021 benefits!

We are pleased to present our 2021 benefit plan offerings, and we sincerely hope that you take the time to learn as much as possible about what is available to you and your family.

You will see on the next page expanded programs offered in 2021 to support your overall health and wellbeing.

THIS YEAR, YOU WILL BE COMPLETING YOUR OPEN ENROLLMENT PROCESS VIA SELF-SERVICE WITHIN ORACLE.

Since 2013, the Green Mountain Higher Education Consortium (GMHEC) has partnered with our college benefit team to design and implement benefit programs in support of our institution. We have benefited from significant savings within our benefit plans and have been able to offer additional programs as a result of our GMHEC membership.

Starting this year, the GMHEC Benefits Team is managing the open enrollment process. As we continue to move forward, the GMHEC Benefits team will expand Shared Services and administer and manage most of our benefit plans. Questions on your benefits can be sent to benefits@gmhec.org or you may call 802-443-5485.

We wish all of you the best in health.

Kendra Smith
DIRECTOR OF HUMAN RESOURCES

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CONTACTS





Enrollment Info

ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **October 30 – November 15**.

NOTE: ALL CIGNA ENROLLEES WILL RECEIVE A NEW ID CARD IN LATE DECEMBER.

REMEMBER TO REFER TO THIS GUIDE YEAR-ROUND

Your 2021 Benefit Guide should be used as a reference tool to help you get the most out of your plans and as a resource throughout the year.

LEARN MORE

There will be live Benefit Overview Sessions for you to attend via a Zoom meeting. There will also be Overview Sessions from Cigna on the medical & dental plans and Health Equity on the Health Savings Account.

If you can't make a session there are recorded videos on the Overviews, Medical & Dental Plans, Health Savings Accounts, Vision Plans, Flexible Spending Accounts and Unum benefits for you to view. These can be found on the MySMC Portal under Human Resources / Benefits.

What's New for 2021

ONE GUIDE PROGRAM THROUGH CIGNA: This program will give you access to a Cigna representative who can guide you through making decisions or answering questions regarding your health care needs, small or large. If you have not enrolled in Cigna yet, they can assist you in determining which health plan may be the best for you and your family. Read more below.

OMADA – CIGNA'S PRE-DIABETES PROGRAM: If you are pre-diabetic you may enroll in this program at no cost to you. A new campaign will begin in January. More details can be found in this Guide.

ENHANCED CRITICAL ILLNESS AND ACCIDENT PLANS THROUGH UNUM: If you are currently enrolled in the Critical Illness and Accident Plans, they are ending as of 12/31/20. If you wish to participate in the New Enhanced Plans for 2021, you will need to enroll during Open Enrollment. More information can be found in this guide.

Cigna One Guide

CHOOSE THE RIGHT MEDICAL PLAN WITH CONFIDENCE

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why Cigna One Guide® service is available to you now.

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you



Steps to Enroll

Follow these steps for a successful enrollment

1

Read through this Benefit Guide to get familiar with the many benefits that are available to you and your family.

2

Collect your dependents' information if you intend to add them to your plans. You'll need information like, full names, birth dates, and Social Security numbers.

3

Decide on your beneficiaries. Some of our benefits require you to provide beneficiary information. Be sure to have full names and dates of birth.

4

Enroll via Oracle to lock in your choices for 2021 benefits. **The plans you enroll in will be effective January 1 through December 31, 2021.**

Benefits Enrollment: Easy as 1, 2, 3

To get started with self-service enrollment, you will need to access Oracle by visiting the **MySMC Portal** and clicking on **GMHEC Apps**. From here, you're ready to dive into the quick three-step process. Keep in mind that these steps need to be completed in the order below for everything to work most smoothly.

STEP ONE: ADDING CONTACT AND BENEFICIARY INFORMATION

- The first step in benefits enrollment is to review or choose your contacts and beneficiaries, you will need to click **CHANGE BENEFIT ELECTIONS**. You will then have the option to **ADD** contacts under **CREATE CONTACT**. More specifically, this step is where you add or update all people that you want to designate as dependents or beneficiaries. You do not need to delete anyone.
- While you are at it, do not forget to provide all the information that is required to determine eligibility for each contact. This ensures that the contacts are available for designation when you elect benefits. Be sure to include the person's date of birth. Click **CONTINUE**.

STEP TWO: ELECTING BENEFITS

- This button will only be available during an open enrollment period or if you have a qualifying life event.
- Choose the **HEALTH & WELFARE PROGRAM** tile. In the process of electing benefits, you will need to select benefits offerings and designate beneficiaries and dependents for each offering by checking the box with their name. Starting at the top, go through each benefit offering. Once you have completed the page, go back to the top and click on **NEXT**.
- You may need to add contribution amounts for the FSA's or HSA, the IRS requires you enroll in these each year. This is one of those situations where little details really matter, so do not forget to review your choices before submitting.

STEP THREE: REVIEWING AND RESOLVING ACTION ITEMS

Just one more step and you will be a benefits enrollment pro. Carefully review the **PENDING ACTION ITEMS** section to see if any lingering details remain. Perhaps you did not elect a beneficiary for your Life insurance. Review your elections and click on **SUBMIT**. You now have the option to Print and we suggest you print to be able to view you benefits at a later date. Click **PRINT**, you may then need to right click to print your elections.



Benefit Basics

ELIGIBILITY

Employees

You are eligible to participate on the first day of your employment, or your classification as an Eligible Employee.

Dependents

Your legally married spouse or any biological, adopted, foster or stepchildren, or any child for whom you are court appointed as legal guardian (up to age 26).

KEY TERMS TO KNOW

Deductibles are the amount you pay for covered health care services before your insurance plan starts to pay.

Copayments (copays) are the fixed dollar amounts (for example, \$15) you pay for covered health care, typically at the time of service.

Coinsurance is the percentage of costs of a covered health care service that you pay (20%, for example) after you've paid your deductible.

Generic drugs contain the same active ingredients as brand-name drugs, but generally are less expensive.

Preferred brand drugs are brand-name drugs that are listed on the plan's preferred list of prescription drugs.

Non-preferred brand drugs are brand-name drugs that are not included listed on the plan's preferred list of prescription drugs. These may not be covered under the plan.

Specialty drugs are used to treat certain complex health problems. These drugs tend to be very expensive.

A **Preferred Provider Organization (PPO)** plan provides coverage to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs.

A **High Deductible Health Plan (HDHP)** combines traditional medical coverage and a tax-advantaged **Health Savings Account (HSA)** to help save for future medical expenses.

WHEN CAN YOU MAKE CHANGES TO BENEFITS?

Generally, changes are only allowed under the following circumstances.

Annual Open Enrollment Period

Once a year we conduct an Annual Open Enrollment (usually in the fall). During this time, you can add or drop benefit plans, enroll in a FSA or HSA, and add or remove dependents from your coverage for the coming plan year.

Qualifying Life Events (QLEs) / Change in Family Status

Outside of Annual Open Enrollment, you may change your benefit elections during the year only if you experience a Qualifying Life Event. Below are examples of life events that may allow you to make a change.



Medical Overview

Saint Michael's College offers employees the choice of three medical plans through Cigna: the Platinum Open Access Plus Plan (OAP), the Gold Open Access Plus Plan (OAP), and the Silver Open Access Plus (OAP) HDHP Plan with HSA. All of our medical plans include 100% coverage for preventive care services in the Cigna Network. See below for an overview of how the plans work and refer to the comparison chart on page 10 to see how certain common and minimum essential services are covered.

HOW THE PLATINUM AND GOLD OAPs WORK



Do not come with a college-funded Health Savings Account.

You pay nothing for **in-network preventive care** for you and your family.



Certain in-network medical services (like office visits) and prescription drugs are not subject to the plan's **deductible**.



Cigna's Telehealth Connection is covered at a low cost per visit.

After the plan's **deductible** has been met, eligible in-network medical expenses are covered 80% by the plan and prescriptions* are covered 90% (generics), 70% (preferred brands), or 60% (non-preferred brands).



* Under the Gold Plan, prescriptions are not subject to the deductible.



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

HOW THE SILVER OAP HDHP WORKS



Comes with a college-funded Health Savings Account. We'll contribute \$1,000 for an individual or \$2,000 for a family.

You pay nothing for **in-network preventive care** for you and your family.



You pay **100%** for your non-preventive medical care and prescriptions until the plan's deductible is met. *You can use your HSA funds to pay these expenses.*



Cigna's Telehealth Connection is covered at a low cost per visit.

After the plan's **deductible** has been met, eligible in-network medical expenses are covered 80% by the plan and prescriptions are covered 90% (generics), 70% (preferred brands), or 60% (non-preferred brands).



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.





Finding In-Network Doctors

Is your doctor, dentist or hospital in the Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

HOW TO SEARCH CIGNA'S NETWORK

1. Go to www.Cigna.com, and click on "Find a Doctor" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school."

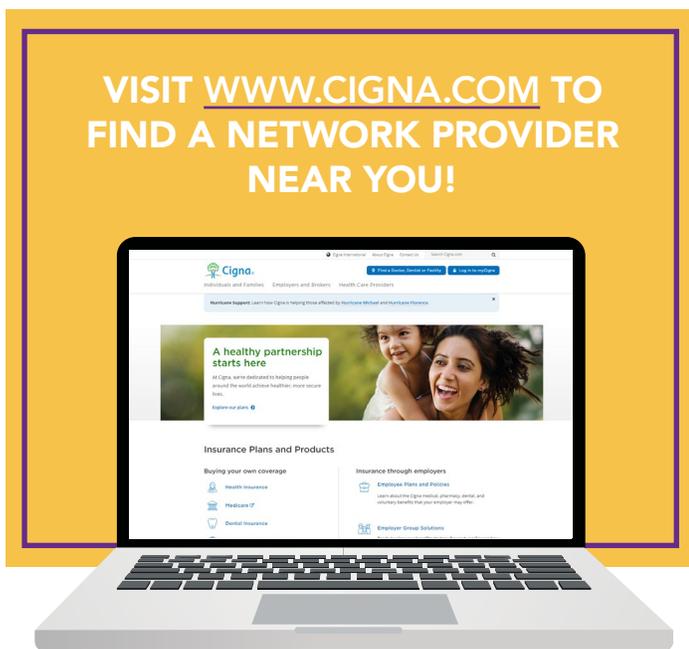
(If you're already a Cigna customer, log in to myCigna.com or the myCigna® app to search your current network. To search other networks, use the Cigna.com directory.)

2. Enter the location in which you want to search.
3. Optional – Select one of the plans offered by the college.
4. Type in who or what you are looking for. Or browse the A-to-Z glossary of providers and procedures or keywords option.

CIGNA'S WITH YOU, WHEREVER YOU ARE *myCigna Mobile App*

Download the myCigna mobile app and get access to your medical benefits info from anywhere...any time! The myCigna app uses one-touch access, making it easy for you to personalize, organize, and access your health information on the go. Use it to:

- Get a digital ID card
- Track your claims and deductible
- Get answers to frequently asked questions
- View a snapshot of your benefits



Cigna's Telehealth Connection Services



INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna's Telehealth Connection services. You can interact with in-network, U.S. board certified physicians 24 hours a day/365 days a year via secure video chat or phone. No need to leave your home or office ... and no appointment is necessary!



A SMART AND AFFORDABLE CHOICE FOR QUICK CARE

Using Cigna's Telehealth Connection can help get you the doctor visit and prescription you need, while also saving you time and money.

It's a great tool for when:

- You are traveling
- Your dependent is traveling or away at school
- You need help after hours or on the weekend
- Anytime you can't get in to see your regular provider

Some of the most common uses include:

- Cold and flu symptoms such as cough, fever, earaches, and headaches
- Allergies and sinus infections
- Fever
- Bladder infections, UTIs
- Pink eye

IT'S SIMPLE TO USE

1. Download the MyCigna app
2. Log in with your Cigna username and password
3. Tap "Find Care" at the bottom of your screen
4. Tap Cigna Telehealth Connection, then choose MDLive.

GO AHEAD AND SIGN UP TODAY!

No one plans to get sick ... it seems to happen out of nowhere! That's why we highly encourage you to download the MyCigna app now, before you need it, and get signed in so that when you need to use the Telehealth Connection services, all you need to do is connect through the app.

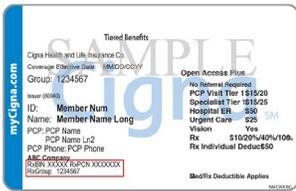
In the world of COVID one thing to understand is the difference between Telehealth and Telemedicine. **Telehealth** (MDLive) is not a visit with your doctors. **Telemedicine** is the new tagline used when you see your doctor via virtual meeting or phone, but not in person. This rate is normally higher than the Telehealth rate.

Prescription Drugs

PREFER TO HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR?

Express Scripts, Cigna's home delivery pharmacy, will deliver maintenance medication to you at the location of your choice. Standard Shipping is always free. For more information, please call Customer Service at **800.244.6224**, or visit www.Cigna.com/home-delivery-pharmacy or mycigna.com.

CIGNA MEMBERS WILL RECEIVE A NEW ID CARD



Use your new ID card every time you fill a prescription. It has important information on it that the pharmacy needs to process your prescription.

- Throw away your old ID card. It no longer works.
- Your pharmacists will need to use the BIN, PCN, and Rx Group number on your ID card to access your benefits and process your claim.
- If you forget your ID card, you can access it using the myCigna® app. You can also download and print a temporary Cigna ID card from the myCigna website.

CHOOSE THE FILL OPTION THAT WORKS BEST FOR YOU

You can fill your medications in a 30-day or 90-day supply:

- To fill a 90-day supply, you must use a 90-day retail pharmacy in the plan's network OR Express Scripts, Cigna's home delivery pharmacy.
- You can fill a 30-day supply at any retail pharmacy in your plan's network OR Express Scripts, Cigna's home delivery pharmacy.

BENEFITS OF HOME DELIVERY

- **24/7 ACCESS TO LICENSED PHARMACISTS.** If you have a medication question, you can talk with a pharmacist anytime, day or night.
- **CONVENIENT DELIVERY.** We provide free standard delivery right to your home or work address within the United States. Your medication is shipped in packaging that protects your privacy and is designed to stand up to harsh weather.
- **EASY REFILLS.** Fill up to a 90-day supply of your medication at one time, so you fill less often.
- **REFILL REMINDERS.** You can sign up to get free refill reminders by email or text to help make sure you don't miss a dose.
- **ORDER ONLINE.** You can refill your medication and track your orders on the myCigna website or through the mobile app.





Medical Plan Comparison

| CIGNA MEDICAL PLANS | | | | | | |
|---|--|--|--|---|---|---|
| | PLATINUM OAP PLAN | | GOLD OAP PLAN | | SILVER OAP HDHP | |
| | In-Network | Out-Of-Network | In-Network | Out-Of-Network | In-Network | Out-Of-Network |
| Calendar Year Deductible – “CYD” (how much you pay out of pocket before the plan pays) | Individual: \$300 Individual + 1: \$600 Family: \$900 | Individual: \$600 Individual + 1: \$1,200 Family: \$1,800 | Individual: \$450 Ind.+1: \$900 Family: \$1,350 | Individual: \$900 Ind.+1: \$1,800 Family: \$2,700 | Individual: \$2,000 Family: \$4,000 | Individual: \$4,000 Family: \$8,000 |
| Medical Coinsurance (% you pay for services) | 20% after CYD (calendar year deductible) | 30% after CYD (calendar year deductible) | 20% after CYD (calendar year deductible) | 30% after CYD (calendar year deductible) | 20% after CYD (calendar year deductible) | 30% after CYD (calendar year deductible) |
| Out-of-Pocket Maximum (Medical and Prescription Drugs) | Individual: \$1,500 Individual +1: \$3,000 Family: \$4,500 | Individual: \$3,000 Individual +1: \$6,000 Family: \$9,000 | Individual: \$3,000 Ind.+1: \$6,000 Ind. in Family: \$6,850 Family: \$9,000 | Individual: \$6,000 Ind.+1: \$12,000 Family: \$18,000 | Individual: \$3,000 Family: \$6,000 | Individual: \$6,000 Family: \$12,000 |

| WHAT YOU PAY FOR SERVICES | | | | | | |
|------------------------------------|-------------------------|---------------|-------------------------|---------------|---------------------|---------------|
| Preventive Care | \$0; Plan pays 100% | 30% after CYD | \$0; Plan pays 100% | 30% after CYD | \$0; Plan pays 100% | 30% after CYD |
| Primary Care Physician (PCP) Visit | 20%, CYD does not apply | 30% after CYD | 20%, CYD does not apply | 30% after CYD | 20% after CYD | 30% after CYD |
| Specialist Visit | 20%, CYD does not apply | 30% after CYD | 20%, CYD does not apply | 30% after CYD | 20% after CYD | 30% after CYD |
| Urgent Care | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD |
| Hospitalization | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD |
| Mental Health/ Substance Abuse | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD |
| Emergency Room | 20% after CYD | 20% after CYD | 20% after CYD | 20% after CYD | 20% after CYD | 20% after CYD |

| PRESCRIPTION DRUG COVERAGE | | | | | | |
|---------------------------------|-------------|--|-------------|--|---------------|--|
| RETAIL PHARMACY (30-DAY SUPPLY) | | | | | | |
| Generic | 10%, no CYD | | 10%, no CYD | | 10% after CYD | |
| Preferred Brand | 30%, no CYD | | 30%, no CYD | | 30% after CYD | |
| Non-Preferred Brand | 40%, no CYD | | 40%, no CYD | | 40% after CYD | |
| MAIL ORDER (90-DAY SUPPLY) | | | | | | |
| Generic | 10%, no CYD | | 10%, no CYD | | 10% after CYD | |
| Preferred Brand | 30%, no CYD | | 30%, no CYD | | 30% after CYD | |
| Non-Preferred Brand | 40%, no CYD | | 40%, no CYD | | 40% after CYD | |

| 2021 MEDICAL PLAN PREMIUMS (BI-WEEKLY) | | | | | | |
|---|----------|--|----------|--|----------|--|
| FOR EMPLOYEES EARNING LESS THAN \$50,000 PER YEAR | | | | | | |
| Employee Only | \$42.00 | | \$36.00 | | \$25.00 | |
| Employee + 1 | \$130.00 | | \$111.00 | | \$85.00 | |
| Family | \$181.00 | | \$155.00 | | \$130.00 | |
| FOR EMPLOYEES EARNING \$50,000 OR MORE PER YEAR | | | | | | |
| Employee Only | \$64.00 | | \$46.00 | | \$25.00 | |
| Employee + 1 | \$163.00 | | \$129.00 | | \$85.00 | |
| Family | \$227.00 | | \$180.00 | | \$130.00 | |



Health Savings Account

A Health Savings Account, commonly known as an “HSA,” is an individual account you can open, add money to, and spend on eligible health care expenses.

HSA BASICS

An HSA is unique because money used for eligible expenses is not taxed, investment earnings are not taxed, money spent on eligible expenses is not taxed, and the money rolls over year to year. You own the account and you control how money is spent. Contributions can be made with pre-tax dollars via payroll deduction or using post-tax dollars, allowing you to claim a deduction on your tax return.

Distributions made for any non-qualified medical expenses are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability or once the account owner reaches age 65.

SETTING UP YOUR HSA

If you are eligible for an HSA Account (by electing the Silver HDHP with HSA medical option), you will receive a Welcome Kit at your home address with registration information. We partner with Health Equity to administer our employees’ Health Savings Accounts. It is important to get your HSA set up as quickly as possible. Money cannot be deposited until the account is set up.

ADDING MONEY

The IRS sets the annual dollar maximum that can be made to an HSA depending on if you are enrolled in a qualified high deductible health plan. Coverage of two or more people is considered family coverage. People who are age 55 or older can make additional catch-up contributions.

| | 2021 EMPLOYER CONTRIBUTION | 2021 TOTAL IRS CONTRIBUTION LIMIT |
|---------------|----------------------------|-----------------------------------|
| Employee Only | \$1,000 | \$3,600 |
| Family | \$2,000 | \$7,200 |
| 55+ Catch Up | N/A | \$1,000 |

USING HSA MONEY

HSA money can be used tax-free for any eligible health care expenses. If you pay out of pocket for an eligible medical expense, you can reimburse yourself for the expense from your HSA.

Once you turn age 65, you may use your HSA money for any expense, medical or not, but you will pay income taxes on those non-medical expenses.

MANAGE YOUR ACCOUNT ONLINE

At my.healthequity.com, you can:

- Check your account balances
- Make payments to providers
- Set up monthly payments to providers
- Transfer funds to your personal checking account
- Use the HSA Tool Kit as an additional resource

Eligibility

- You must be covered under a high deductible health plan (HDHP).
- You have no other health coverage except what is permitted under Other Health Coverage (See Publication 969 located at www.irs.gov).
- You are not enrolled in Medicare (if you or your spouse is enrolled in Medicare please contact Benefits@GMHEC.org to discuss alternative solutions)
- You haven’t used the VA (See Publication 969 located at www.irs.gov).
- You cannot be claimed as a dependent on someone else’s (current year’s) tax return.

Eligible Expenses

The money in your HSA must be used for eligible medical, dental, vision, and prescription drug expenses. If you use money for a dental, vision or medical expense that is not covered by the medical plan, it is important you understand your medical plan deductible will still need to be met if an expense is incurred.

Supplementing Your Medical Plan



Our medical plans provide great coverage for your health needs, but an unexpected injury or illness can mean unexpected medical bills that you didn't necessarily budget for. That's where these new voluntary plans come in. If you experience a covered condition, you'll receive a cash reimbursement benefit to help offset your out of pocket expenses.

FOR THOSE EMPLOYEES CURRENTLY ENROLLED IN THESE BENEFITS: If you are currently enrolled in the Critical Illness Insurance or Accident Insurance Plans for 2020 and want to continue your coverage, you must ENROLL in these plans during the 2021 Open Enrollment period (October 30 - November 15). The current plans will be ending on December 31, 2020 and you will not be automatically enrolled in the Enhanced plans that are being introduced for 2021. For more information about these plans, please contact Benefits@gmhec.org or contact Unum directly at **800.879.4088**.

CRITICAL ILLNESS INSURANCE

If serious illness strikes, Unum's Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery. If you elect this coverage and are diagnosed with a covered illness, you get a lump-sum cash reimbursement benefit — even if you receive benefits from other insurance.

Coverage Amounts

- Employee – Choose \$10,000, \$20,000, or \$30,000
- Child – All eligible children are automatically covered at 50% of the employee benefit amount (no additional cost)
- Spouse – Choose \$5,000, \$10,000, and \$15,000 (must also purchase employee coverage)

Covered illnesses include (but are not limited to):

- Heart Attack
- End Stage Renal (Kidney) Failure
- Stroke
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- Cancer and Carcinoma in Situ
- Benign brain tumor
- Blindness

Wellness Benefit

You can receive a wellness benefit of \$50, \$75, or \$100 per calendar year per person covered under the Critical Illness plan if a covered health screening test is performed.

These wellness benefits are based on the employee coverage amount that is selected. Contact Unum at **800.879.4088** to inquire about claiming your wellness benefit.

ACCIDENT INSURANCE

The Accident Insurance plan provides benefits to help cover the costs and out-of-pocket expenses associated with unexpected bills. When a covered accident occurs, the last thing you should have to worry about is paying for the charges that may be accumulating while you're not at work. Those costs can add up — fast.

If you buy this insurance through Unum and get hurt in a covered accident, they send you a reimbursement check for covered injuries and let you decide the best way to spend it.

Examples of Covered Injuries

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Lacerations

Dental



Saint Michael's College offers two dental plans through Cigna. You'll see from the chart below, there are slight differences in coverage, so it's important you choose which plan is right for your needs. Look at the factors such as the amount you pay for coverage, annual deductible, annual maximum, and your out-of-pocket costs on services.

SAVE MONEY IN THE NETWORK

Although Cigna allows you to visit any provider you would like, staying in the Cigna network will provide you with the highest level of benefits. Non-network providers are allowed to balance bill you for any amount above what Cigna considers "Usual and Customary." Visit mycigna.com or log on to the myCigna mobile app to see who is in the network.

| CIGNA DENTAL PLANS | | |
|--|---|--|
| | ENHANCED DENTAL* | BASIC DENTAL* |
| | In-Network | In-Network |
| Deductible (Single/Family) | \$50 per person / \$100 per family | \$100/\$300 |
| Calendar Year Benefits Maximum | \$2,000 per person | \$1,250 per person |
| Preventive Services (2 per year, 6 months apart) | Covered 100%, no deductible | Covered 100%, no deductible |
| Basic Services | Covered 80% after deductible | Covered 50% after deductible |
| Major Services | Covered 50% after deductible | Covered 50% after deductible |
| Dental Implants | Covered 50% after deductible | Covered 50% after deductible |
| Orthodontics | Covered 50%, no deductible <i>Coverage for employee and all dependents</i> | Covered 50%, no deductible <i>Coverage for dependent children to age 19</i> |
| Orthodontics Lifetime Maximum (Plan pays) | \$2,000 per person | \$1,250 per child |

*For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge. The dentist may balance bill up to their usual fees.

| 2021 DENTAL PLAN PREMIUMS (BI-WEEKLY) | | |
|---------------------------------------|---------|---------|
| Employee Only | \$5.80 | \$3.80 |
| Employee + 1 | \$12.00 | \$8.00 |
| Family | \$19.80 | \$13.00 |

Vision



You have a choice between two voluntary vision plan options, both provided by Vision Service Plan (VSP). There is a Basic Plan and an Enhanced Plan with enhanced benefits. Review the plans and choose which works best for you.

SAVE MONEY IN THE NETWORK

Remember, you'll save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. To learn what doctors are in your network, call **800.877.7195** or visit vsp.com.

| VSP VISION PLANS | | | | |
|---|--|---------------------------|---|---------------------|
| VSP BASIC PLAN | | | VSP ENHANCED PLAN | |
| IN-NETWORK BENEFITS* | COPAY | FREQUENCY | COPAY | FREQUENCY |
| WellVision Exam | \$15 for exam and glasses | Every calendar year | \$15 for exam and glasses | Every calendar year |
| FRAMES | | | | |
| (Plus up to 20% discount on balance after allowance is exhausted) | \$150 frame allowance | Every other calendar year | \$200 frame allowance | Every calendar year |
| LENSES | | | | |
| Single vision, lined bifocal, and lined trifocal lenses | Covered by exam copay | Every calendar year | Covered by exam copay | Every calendar year |
| CONTACT LENSES (IN LIEU OF EYEGLASSES) | | | | |
| Elective | \$60 copay for contacts fitting and evaluation; \$150 allowance for contacts | Every calendar year | \$60 copay for contacts fitting and evaluation; \$200 allowance for contacts | Every calendar year |
| Medically Necessary | No Cost | 12 months | No Cost | Every calendar year |
| EXTRA SAVINGS | | | | |
| Glasses and Sunglasses | Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or, get 20% from any VSP provider within 12 months of your last WellVision Exam. | | | |
| Retinal Screening | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | | |
| Laser Vision Correction | Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | | |
| 2021 VISION PLAN PREMIUMS (BI-WEEKLY) | | | | |
| Employee Only | \$7.70 | | \$9.50 | |
| Employee + 1 | \$11.20 | | \$13.80 | |
| Family | \$20.00 | | \$24.70 | |



Flexible Spending Accounts

HEALTHCARE FSA

A Flexible Spending Account (FSA) allows you to set aside money from your paycheck before income taxes are withheld. This money is available to pay for eligible medical, dental, and vision expenses, such as copayments, deductibles, eyeglasses, contact lenses and other health-related expenses that are not reimbursed by insurance.

If you are enrolled in a High Deductible medical plan, you are not eligible to enroll in the Healthcare FSA but you can instead elect a Limited Purpose FSA, as described below.

How It Works

You decide how much to contribute to your Health Care FSA each year, up to \$2,750. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

\$500 Rollover Feature

After December 31, 2021, any unused Health Care FSA funds up to \$500 can roll over to the next plan year. Funds in excess of \$500 will be forfeited.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)

If you are enrolled in a High Deductible Health Plan, you may enroll in a Limited Purpose FSA. The annual contribution limit for this plan is \$2,750.

You would use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses. The Limited Purpose FSA is subject to the same rules as the Health Care FSA, including the \$500 rollover feature.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for daycare expenses to allow you and your spouse to work or attend school full-time. Eligible dependents are your tax dependent children under 13 years of age, or a child over 13, spouse or elderly parent residing in your home, who is physically or mentally unable to care for himself or herself.

How Much Can I Contribute to a Dependent Care FSA?

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

Eligible Expenses

Some examples of eligible Dependent Care expenses include day care facility fees, before and after-school care, in-home babysitting fees (income must be reported by your care provider), and elder care.

Things to Consider Before You Contribute to A Dependent Care FSA

- Be sure to fund the account wisely. Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any balance in the Dependent Care FSA after December 31, 2021.
- You cannot take income tax deductions for expenses you pay with your Dependent Care FSA.
- You cannot stop or change contributions to your Dependent Care FSA during the year unless you have a change in status consistent with your change in contributions.

CLAIMS REIMBURSEMENT

You can access your FSA funds through the plan administrator's website at mycafeterioplan.com. Learn more about managing your account on page 16.



Managing Your FSA

You can access your FSA balances online and submit claims information using the Business Plans, Inc. website at www.mycafeteriaplan.com. Follow the steps below to register as a first-time user.

1. Go to www.mycafeteriaplan.com
2. Click "Participant Login"
3. Click on "New User" and answer the questions to establish your account.
4. If you are enrolled in the Dependent Care FSA, you must update your dependent information before claims can be filed. This information can be updated by going to the Profile tab and clicking on Dependents.

Contact Business Plans, Inc. if you need help filing a claim.

- customer_service@mycafeteriaplan.com
- 800.865.6543

FILING A CLAIM

Step One - Prepare

1. Confirm that the expense is eligible to be reimbursed (check Publications 502 and 503 at IRS.gov)
2. Gather documentation and/or explanations of benefits (EOB)
3. Be sure the documentation you submit includes:
 - Provider name and address
 - Patient name
 - Description of service
 - Date of service
 - Amount charged
4. Submit copies of documentation. Keep the originals for your records.

Step 2 - Submit

Choose one of the methods below to submit your claim.

ONLINE

- Log on to your account at mycafeteriaplan.com
- Click "File a Claim"
- Enter your claim
- Review and agree to the Terms & Conditions
- Click Submit

MOBILE

- Install the myCafeteriaPlan On-the-Go app on your smartphone
- Log in with your username and password and select "File a Claim" from the main screen
- Enter the claim information and attach a picture of your documentation.
- Click Submit

MAIL/FAX

- Download a claim form at mycafeteriaplan.com
- Print, complete, and sign your claim form
- Attach supporting documentation
- Fax (**937.865.6502**) or mail your claim form and documentation to:
myCafeteriaPlan
Attention: Claims
432 East Pearl Street
Miamisburg, OH 45342

Life Insurance Options

Remember, it is important to keep your beneficiary information up-to-date.

Please be sure to verify or update this information during Annual Open Enrollment or when there is a status change. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

GROUP TERM LIFE AND AD&D

For eligible employees, the College pays 100% of the cost of Group Term Life coverage and Accidental Death & Dismemberment (AD&D) insurance. You are eligible to participate on your first day of employment.

| COVERAGE TYPE | BENEFIT AMOUNT |
|---|---|
| Term Life Insurance | Base Life Insurance amount ("principal sum") is 2x Salary to \$500,000 (guaranteed issue amount is \$375,000) |
| Accidental Death and Dismemberment Insurance (AD&D) | AD&D Insurance amount ("principal sum") is 2x Salary to \$500,000 |

SUPPLEMENTAL LIFE AND AD&D

In addition to the College-provided benefits summarized here, you may purchase additional or "Supplemental" Life and Accidental Death and Dismemberment insurance for yourself and your spouse or civil union partner and/or child(ren). You pay the full cost of any voluntary insurance plan coverage, which is deducted from your paycheck on an after-tax basis.

| COVERAGE TYPE | BENEFIT AMOUNT |
|---|---|
| Employee Life Insurance | Choose \$10,000 to \$500,000, not to exceed 5x your basic annual earnings. Guaranteed issue amount is \$100,000 for newly eligible employees. |
| Spouse/Civil Union Partner Life Insurance | Choose \$5,000 to \$500,000, not to exceed 100% of the employee supplemental life amount. Guaranteed issue amount is \$25,000 for newly eligible spouses. |
| Child Life Insurance | Birth to 6 months: \$1,000; Over 6 months: \$2,000 to \$10,000 in Increments of \$2,000, not to exceed 100% of the employee's supplemental life amount. |

Evidence of Insurability (EOI) is required in the following situations:

- If you enroll after your initial eligibility period
- If you increase your coverage amount
- If you apply for a coverage amount in excess of the Guaranteed Issue Amount

An electronic link will be sent to you for you to complete the evidence of Insurance form. This form is submitted directly to Unum. Rates are determined by your age and the amount of coverage you elect.

VOLUNTARY WHOLE LIFE INSURANCE

Whole Life insurance can provide financial support for families after the death of a loved one. Coverage is available for your dependents, even if you don't elect coverage for yourself. This coverage provides protection for a lifetime, with guaranteed renewal year after year. If you purchase this coverage, rates will not go up as you age, and coverage is portable, so you can keep it even if you leave the College, as long as you continue making payments to Unum. If you have questions or would like to enroll in this benefit, please contact Unum at **800.879.4088**.

Disability Insurance



SHORT-TERM DISABILITY

Short-Term Disability coverage provides weekly income in the event you are unable to work due to accident or illness (for disabilities greater than two weeks up to a maximum of 26 weeks).

This benefit is fully funded by Saint Michael's College and offers salary continuation determined by your base salary for your primary position, and your years of service. Please see the schedule of benefit coverage in the employee handbook.

LONG-TERM DISABILITY

Long-Term Disability (LTD) provides you with income when you are unable to work due to a disability. This coverage is provided to you by the College at no cost to you. All claims are administered by Unum. LTD payments are 60% up to \$10,000 per month. Payments are made directly to you by Unum.

Long-Term Disability will begin once:

- The elimination period of 180 days (length of STD) has been met
- The appropriate paperwork has been completed and submitted to Unum
- Unum has determined and approved the disability request
- Unum will determine your disability benefits based upon the disability and the physician's diagnosis

You will be eligible to continue your medical, dental and vision benefits through COBRA. Once you are able to return to work you may apply for any open positions where you meet the qualifications.



Well-being: Supporting you to bring your best self to life everyday

The Green Mountain Higher Education Consortium is committed to supporting your well-being through comprehensive programming and strategic initiatives.

OUR THREE OVERARCHING PRIORITIES ARE TO:

1. Foster an environment that makes the healthy choice the easy choice
2. Foster an inclusive and engaging culture of well-being
3. Educate and empower employees to effectively manage and utilize the health care system

WELLBEING PROGRAMS

Some of our programs and initiatives include the Omada/Cigna Diabetes Prevention Program, discounted memberships to The Sports and Fitness Edge, comprehensive employee and family assistance programs, fitness and well-being challenges, virtual mental and behavioral health support, mindfulness workshops, fitness and yoga classes, cooking and art classes, health coaching and department specific programming.

TO FIND OUT MORE ABOUT WHAT'S AVAILABLE AT YOUR COLLEGE:

- Check out the school specific [resource guides](#) on the GMHEC Well-Being web page.
- Sign up for the "[What's on tap for well-being?](#)" newsletter
- Check out our [events calendar](#) (password is GMHECWell-being)
- Join the GMHEC Well-being [Facebook page](#)

LEARN MORE ABOUT GMHEC WELL-BEING RESOURCES:
<https://www.gmhec.org/category/well-being/resources/>

FOCUSING ON MENTAL HEALTH

2021 is shaping up to be another challenging year and to weather the storm it is imperative that we nurture all domains of our well-being including our mental and emotional health. Mental health diagnoses including anxiety and depression are on the rise and Cigna has some wonderful resources available to support you to manage these challenges.

- **CIGNA TALKSPACE:** Utilize your behavioral health benefits to virtually connect with a Talkspace licensed therapist via live video and private texting as well as access online resources via the Talkspace app. Go to the [Cigna Talkspace link](#) to schedule an assessment.
- **IPREVAİL:** A digital therapeutics program designed by experienced clinicians to help you take control of the stresses of everyday life and challenges. iPrevail helps you overcome feelings of anxiety and loneliness, reduce negativity and feelings of depression, decrease stress from relationships, work and daily life and build resilience and positivity. To sign up, go to mycigna.com, stress and emotional wellness page and click on the iPrevail link.
- **HAPPIFY:** A free app with science-based games and activities that are designed to help you defeat negative thoughts, gain confidence, reduce stress and anxiety, increase mindfulness and emotional well-being and boost health and performance. Sign up and download the free app [here](#).

Employee Assistance Program



We offer an Employee Assistance Program (EAP) to employees and their extended families through New Directions. This program offers several different types of assistance.

EMOTIONAL WELL-BEING

You are offered up to four sessions of confidential face-to-face counseling for yourself, your household members, parents and siblings. Personal issues may include stress and anxiety, anger or depression issues, substance abuse, addiction, relationship issues, parenting issues, grief and loss.

LEGAL CONSULTATIONS & REFERRALS

Through New Directions you will be connected with an advice attorney for a free 30-minute consultation. Consultations may cover civil lawsuits, real estate transactions, divorce/ custody, criminal actions, contracts, immigration issues and elder care tools. Should your legal matter be more complex in nature, you will be referred to an attorney at a 25% discounted rate.

FINANCIAL CONSULTATION & REFERRALS

Financial issues can leave you feeling stressed and confused. Having someone with whom you can discuss your options can help you feel more in control. New Directions' financial professionals are available to help you address issues, including budgeting, credit/debt issues, bankruptcy, credit card issues, tax advice, identity theft, estate planning and planning for retirement.

TELEPHONIC HEALTH, WELLNESS COACHING & REFERRALS

The health coaching program offers online resources and one-on-one coaching for health-related issues. You will be offered assistance with walking/fitness programs, diet and nutrition advice, chronic disease management, weight loss and smoking cessation, referrals to gyms/health clubs, holistic health resources and support groups.

FAMILY & CAREGIVING RESOURCES AND REFERRALS

From becoming a new parent to taking care of an aging relative to pet care needs, the New Directions specialist provides you with in-depth consultations, resources and referrals to help you make educated decisions. Common concerns include: new parent coaching, special needs programs, educational programs, child and elder care services, adoption assistance, summer camps and pet care.

SERVICES TO MAKE YOUR LIFE EASIER

New Directions can provide referrals to local vendors and resources to assist with everyday tasks, such as chore services, moving and relocation, electricians and plumbers, event and party planners, consumer comparisons, volunteer opportunities, and travel and safety.

WEBSITE & CONTACT INFORMATION

- Log on to access articles, assessments, webinars, financial calculators, searchable databases, skill builders and more.
- Website: <https://eap.ndbh.com>
Company code: smcvt
- Call 24 hours a day: **800.828.6025**,
Voice/TTY 23



Financial Resources

SAINT MICHAEL'S 401(K)

Saint Michael's provides eligible faculty and staff with a 401k retirement plan option. Our plan record keeper is Milliman. With Milliman, you will have the opportunity to invest your money in 24 different options.

How Much Can I Set Aside?

Our plan allows you to put aside up to 100% of your earnings, pre-tax, through bi-weekly payroll deduction up to the annual IRS maximum.

Does the College Contribute to My 401(k)?

Yes! The College will make a contribution (after completion of 1 year of service, on the first of the following quarter) to your 401k account.

The current contribution amount is 3%. Employees are immediately vested in their contributions and the employer contributions. Your contribution and employer contributions are deposited into your account each pay period.

MANAGING YOUR ACCOUNT

NEW! You now change your 401(k) deferral right in Oracle. This is no longer done in the Milliman site. To change your deferral amount in Oracle follow these steps.

1. Go to Oracle and click on **Me > Benefits > Change Benefits Elections**
2. From the Home Screen, be on the "Me" tab.
 - Click on the "Benefits" Icon.
 - On this screen, click on "Change Benefit Elections"
 - On the "People I Plan to Cover" screen:
 - Click "Continue" from the top right corner.
 - Open "St. Michael's College Retirement Program" from the list

*** Note: If you are 50 years of age or older, you can include your catch-up amount as part of your total percentage. The maximums allowed for 50 years or older will be available if you qualify.**

- On the next page, make changes to your current deferral or "select" new deferrals
- After making your changes, click "Next" to review.
- Click "Submit" or use the "Back" button to continue making changes.





2021 Benefit Contacts

| BENEFIT | CARRIER | PHONE | WEBSITE/EMAIL |
|--|----------------------|--------------|----------------------|
| Medical and Prescription | Cigna | 800.244.6224 | mycigna.com |
| Health Savings Account | Health Equity | 866.346.5800 | my.healthequity.com |
| Dental | Cigna | 800.244.6224 | mycigna.com |
| Vision | VSP | 800.877.7195 | vsp.com |
| Flexible Spending Accounts | Business Plans, Inc. | 800.865.4485 | mycafeteriaplan.com |
| Employee Assistance Program | New Directions | 800.828.6025 | eap.ndbh.com |
| Critical Illness, Accident Insurance, and Whole Life Insurance | Unum | 866.679.3054 | unum.com |
| Basic Life, Supplemental Life, and Disability Insurance | Unum | 866.679.3054 | unum.com |
| Retirement Savings - 401(k) | Milliman | 866.767.1212 | millimanbenefits.com |

Supporting you to bring your best self to life everyday

CONTACT THE GREEN MOUNTAIN HIGHER EDUCATION CONSORTIUM BENEFIT TEAM AT **BENEFITS@GMHEC.ORG** OR **802.443.5485**.

*The information in this guide is a summary only. Always refer to the applicable plan documents, policies or guides before making final decisions. As such, the College reserves the right to alter, amend or suspend the terms of this document at its sole discretion, with or without notice; please refer to the plans and policies posted on the **MySMC Portal under Human Resources / Benefits / Documents** for the most current version.*

This document does not constitute an employment contract.