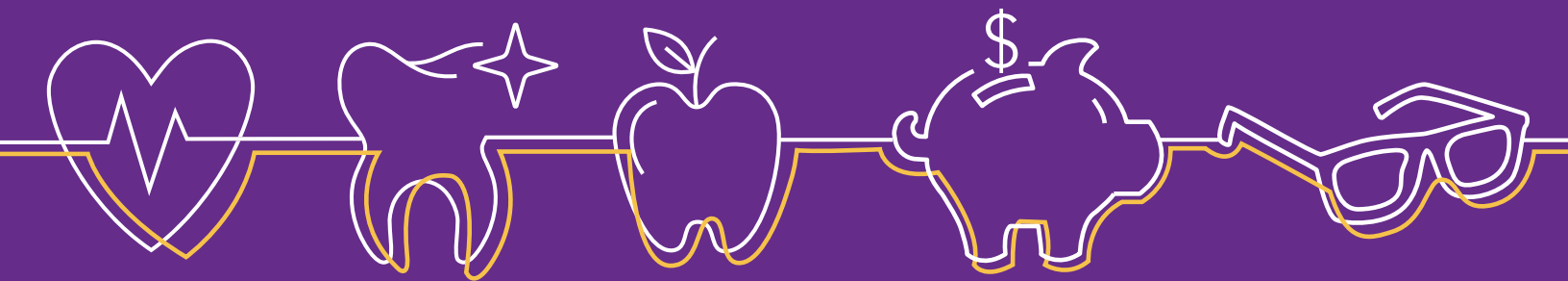


2022 BENEFIT GUIDE

Empowering you to take advantage of your benefits today and for your future





The **Green Mountain Higher Education Consortium (GMHEC)** provides Benefits and Leave Administration Services to Saint Michael's College. Our Benefits Services Team is your personal resource for benefits enrollment, benefits support throughout the year, medical absence and leave management, and well-being programming.

Below is a summary of what your Benefits Services team is available to support you with:

- Open Enrollment
- Personal life changes impacting benefits eligibility for you or your family
- Health, Dental, or Vision Insurance
- Retirement Plans
- Health Savings (HSA) or Flexible Spending (FSA) Accounts
- Life, AD&D, or Disability Insurance
- Supplemental Offerings (Accident/Critical Illness/Whole Life)
- Leave of Absences including Family, Medical, Short and Long Term Disability, and Worker's Compensation
- Well-being Programs
- Utilizing Oracle's HCM Benefits Application

Together, your Benefits Services Team is committed to supporting you in making the most of your benefits today and for your future.

Visit the GMHEC "Contact Us" page to meet our team:

<https://gmhec.org/contact-us/>

Email: benefits@gmhec.org
Call: 802.443.5485



Welcome to your 2022 benefits!

We are pleased to present our 2022 benefit plan offerings. We pride ourselves in providing a meaningful benefit program to support a variety of needs and we sincerely hope that you take the time to learn and understand the benefit offerings that are available to you and your family. Perhaps more than ever, now is a good time to utilize all the resources available to you.

Your Benefits Team will support you through your 2022 Benefits Open Enrollment and throughout the year. 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,
St. Michael's College

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Enrollment Information



ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **OCTOBER 29 – NOVEMBER 12**. Follow the steps on page 4 to complete your enrollment online in Oracle.

NEW HIRES / NEWLY ELIGIBLE

You have 30 days from your date of hire into a benefit eligible role to make your benefit elections in Oracle. Follow the steps on page 4 to complete your enrollment online in Oracle.

SET YOURSELF UP FOR SUCCESS

USE YOUR BENEFIT RESOURCES

This 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.

For help with specific plans and policies, use the "**2022 Benefit Contacts**" on page 22.

You can also reach out to the GMHEC benefits team (benefits@gmhec.org or **802.443.5485**) for questions or assistance with your benefits.

CONTACT CIGNA ONE GUIDE® TO CHOOSE YOUR 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.

Call a representative during pre-enrollment 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

Reach out to Cigna One Guide® at **888.806.5042**.

WATCH FOR ID CARDS IN THE MAIL (NEW ENROLLEES ONLY)

Insurance ID Cards will be issued to employees who newly enroll in a medical or dental plan or have eligibility changes. If you are currently enrolled in a medical or dental plan and re-enroll, you can keep using the same ID card.

LEARN MORE

Benefit Overview Sessions will be provided to you in support of making your best benefits choices today and for your future. These sessions will provide a brief overview of benefits available to you as well as tips and tricks to enroll in Oracle HCM. Watch your email and calendar for invitations for in-person or Zoom informational sessions.

Additionally, plan summaries, recorded videos and informational flyers on the following are available on your College Benefits Portal Page:

- Benefits Overview
- Cigna Medical & Dental
- Health Equity - Health Savings Accounts
- Vision Plans
- Flexible Spending Accounts
- Unum Voluntary Benefits
- Employee Assistance and Well-Being Benefits
- Retirement Plans

Always refer to the applicable plan documents, policies or guides before making final decisions on your benefit elections and utilization.

Steps to Enroll in Oracle



CONTACT YOUR BENEFITS TEAM WITH QUESTIONS: Call 802.443.5485 or email benefits@gmhcc.org

The plans you enroll in will be effective from 1/1/22 (or your benefits eligibility effective date) through 12/31/22.

LOGIN TO ORACLE

- A. To get started with self-service enrollment, you will need to navigate to Oracle.
- B. From the **Me** tab, click **Benefits**.
- C. Click **Make Changes** under your name in the middle of the screen.

BEFORE YOU ENROLL, UPDATE BENEFICIARIES AND DEPENDENTS

Collect your dependents' information if you intend to add them to your plans or name them as beneficiaries. You'll need full names, dates of birth, gender, and Social Security Number.

- A. Click **Add** to add each individual you will add as a dependent on your insurance plans or name as a beneficiary on your life insurance.
 - Enter all required information.
 - Important: In the **What's the start date of this relationship?** box, be sure the date is prior to your benefits effective date or your hire date. Birthdays or anniversary dates are good options.
 - You do not need to delete any contacts on this step. If you will not be enrolling a contact, you will not select them when you enroll in a benefit.
 - Click **Submit**.
- B. Once all of your people have been added, click **Continue**.

ELECTING BENEFITS

- A. Click on your **Health & Welfare Program** icon.
- B. Read and **Accept** the Authorization.
- C. Click the **Edit** button next to each group of benefits to enroll in.
 - Click the check box next to each benefit you would like to enroll in.
 - Click the check box next to each dependent you would like to enroll.
 - If you are editing who is enrolled in a plan, click the **pencil** next to the plan to modify your enrollment.
 - Click **Continue**.
- D. Follow the steps in C above for each benefit you wish to enroll in or make changes to.
 - If enrolling in a Flexible Spending (medical or dependent care) or Health Savings Account, you will need to include annual contribution amounts. The IRS requires you to enroll in these each year.
 - If enrolling in Voluntary Life or AD&D, you will need to include the amount of coverage you would like to purchase.
 - Be sure to select your beneficiaries for all Life & AD&D plans, even those the college provides to you at no cost.
 - Once you have selected all benefits you would like to enroll in, scroll to the top and click **Submit**. You may save or print the Confirmation page.

REVIEW AND RESOLVE ACTION ITEMS

- A. Navigate back to the **Benefits** page.
- B. Click **Pending Actions**
- C. Review any actions requiring resolution.
 - Perhaps you did not elect a beneficiary for your Life insurance. Click the item, review your elections, make necessary changes, and click on Submit.
 - If you have enrolled in Life Insurance requiring an Evidence of Insurability form, the benefits team will reach out to you with a link to the form and resolve this Pending Action for you once requirements have been met.

Benefit Basics



ELIGIBILITY

Employees

You are eligible to participate on the first day of the month following your employment, or classification as an Eligible Employee. If your first day of employment or benefits eligible classification is the first day of the month your benefits will be effective on that day.

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 Enrollment Period

Once a year we conduct an Annual Open Enrollment 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 the Annual Enrollment period, 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.

EXAMPLES OF QUALIFYING LIFE EVENTS





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.



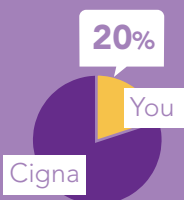
You pay nothing for **in-network preventive care** for you and your family.



Certain in-network medical services (like office visits) and prescription drugs are not subject to the plan's **deductible**. Coinsurance will apply right away for these services.



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 Platinum and Gold Plans, 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. St. Michael's College will 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 **myCigna.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.)

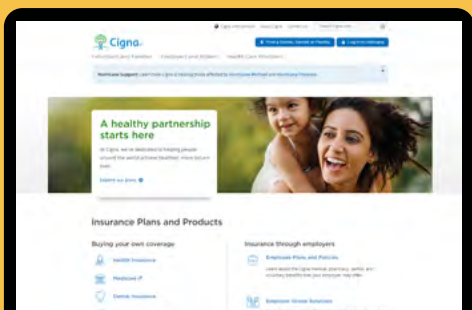
2. Enter the location in which you want to search.
3. Optional – Select one of the plans offered by the college.
4. Type in who or what you are looking for. Or browse the A-to-Z glossary of providers and procedures or keywords option.

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

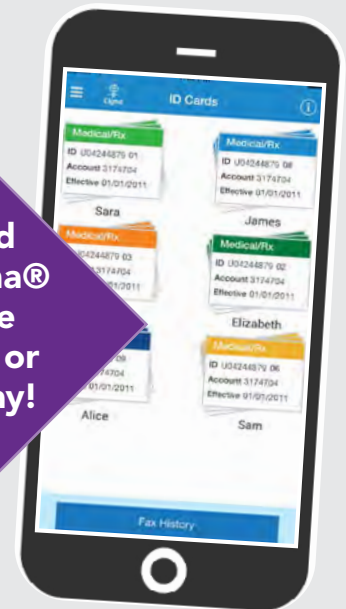
Download the myCigna® mobile app and get access to your medical benefits info from anywhere...any time! The myCigna® app uses one-touch access, making it easy for you to personalize, organize, and access your health information on the go. Use it to:

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

VISIT WWW.CIGNA.COM TO
FIND A NETWORK PROVIDER
NEAR YOU!



Download
the myCigna®
app in the
App Store or
Google Play!





INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna's Telehealth Connection services at a low cost. 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

CIGNA VIRTUAL CARE FOR BEHAVIORAL HEALTH

Life is demanding. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care.

Whether it's late at night and your therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Schedule a behavioral/mental health virtual care appointment online in minutes
- Connect with quality, licensed counselors and psychiatrists
- Have a prescription sent directly to your local pharmacy, if appropriate

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 tagline used when you see your doctor via virtual meeting or phone, but not in person. A Telemedicine visit follows the same cost structure as an in-person visit.

Save on 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.

NEW CIGNA MEMBERS WILL RECEIVE AN 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.

- 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.** Express Scripts provides 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” <i>(how much you pay out of pocket before the plan pays)</i>	Individual: \$300 Ind. + 1: \$600 Family: \$900	Individual: \$600 Ind. + 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 <i>(% you pay for services)</i>	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 <i>(Medical and Prescription Drugs)</i>	Individual: \$1,500 Ind. +1: \$3,000 Family: \$4,500	Individual: \$3,000 Ind. +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

2022 MEDICAL PLAN PREMIUMS (BI-WEEKLY)

FOR EMPLOYEES EARNING LESS THAN \$50,000 PER YEAR

Employee Only	\$45.00	\$36.00	\$25.00
Employee + 1	\$137.00	\$111.00	\$85.00
Family	\$191.00	\$155.00	\$130.00

FOR EMPLOYEES EARNING \$50,000 OR MORE PER YEAR

Employee Only	\$68.00	\$46.00	\$25.00
Employee + 1	\$171.00	\$129.00	\$85.00
Family	\$239.00	\$180.00	\$130.00

Managing Your 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.

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.

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.

	2022 EMPLOYER CONTRIBUTION	2022 TOTAL IRS CONTRIBUTION LIMIT
Employee Only	\$1,000	\$3,650
Family	\$2,000	\$7,300
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 bills that you didn't plan for. That's where supplementing your insurance with our voluntary plans can help. If you experience a covered condition, you'll receive a cash reimbursement benefit to help offset your out of pocket expenses.

CRITICAL ILLNESS INSURANCE

If serious illness strikes, Unum's Critical Illness Insurance provides cash to help with the extra expenses associated with your treatment and 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. Your spouse may enroll in half of the employee's coverage.

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.

Critical Illness Rates

Rates are based on age and coverage amount elected. Review the rates listed in Oracle as you make your elections.

ACCIDENT INSURANCE

The Accident Insurance plan provides benefits to help cover the costs and out-of-pocket expenses associated with your treatment and recovery from an accident. 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.

Examples of Covered Injuries*

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

**Exclusions and limitations may apply; refer to plan documents for full list*

EXAMPLE OF BENEFIT AMOUNT FOR A BROKEN ANKLE

Fracture	\$450
Ambulance	\$300
X-ray	\$50
Crutches	\$100
Physical Therapy	\$20
Follow-up Visit	\$75
TOTAL PAYOUT	\$995



Accident Rates

TIER	PER PAY PERIOD	PER YEAR
Employee Only	\$5.59	\$145.34
Employee + Child(ren)	\$12.43	\$323.18
Employee + Spouse	\$9.85	\$256.10
Family	\$16.69	\$433.94



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. Out-of-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	\$50 per person / \$100 per family	\$100 per person / \$300 per family
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.

2022 DENTAL PLAN PREMIUMS (BI-WEEKLY)		
	ENHANCED DENTAL	BASIC DENTAL
Employee Only	\$6.10	\$3.60
Employee + 1	\$12.60	\$7.60
Family	\$20.80	\$12.30



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](https://www.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			

2022 VISION PLAN PREMIUMS (BI-WEEKLY)		
	VSP BASIC PLAN	VSP ENHANCED PLAN
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.

Rollover Feature

Covid-related legislation passed in December 2020 allows for an unlimited rollover of remaining FSA funds from 2021 into 2022.

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 IRS contribution limits and an unlimited fund rollover for remaining funds from 2021 into 2022.

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

- Due to Covid-related legislation you can rollover unused Dependent Care FSA funds from 2021 into 2022.
- 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 mycafeteriaplan.com. Learn more about managing your account "Managing Your Flexible Spending Accounts" on page 16.

*At the time of printing, the 2022 Medical and Dependent Care FSA annual contribution limits have not been set by the IRS. The Benefit Team will provide an update if this limit changes.

Managing Your Flexible Spending Accounts



ACCESS YOUR FUNDS WITH THE FLEX CARD

The “Flex Card” is a debit card issued by Visa. It can be used to access funds in your Health Care and Dependent Care Flexible Spending Accounts.

Every participant in the FSA plan will be issued a Flex Card. By allowing immediate access to funds in your FSA, your Flex Card helps with cash flow.

IMPORTANT: FSA claims need to be substantiated and therefore you should save all receipts from Flex Card transactions.

If you choose not to use the “Flex Card” you may use the app or send in paper claims forms with the proper documentation for reimbursement.

VIEW YOUR FSA BALANCE AND MANAGE YOUR ACCOUNT ONLINE

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 customer service 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

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

Benefits Provided at No Cost to You




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.

COVERAGE TYPE	BENEFIT AMOUNT*
Term Life Insurance	Base Life Insurance amount ("principal sum") is 2x Salary up 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 up to \$500,000

* At age 70, benefits reduce to 65% of covered amount.
At age 75, benefits reduce to 50% of covered amount.



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

Please be sure to verify or update this information during 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. Beneficiaries for life insurance are tracked and updated in Oracle.

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.

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.

Voluntary Life Insurance Options



SUPPLEMENTAL LIFE AND AD&D

In addition to the College-provided benefits, you may purchase additional or “Supplemental” Life and Accidental Death and Dismemberment insurance for yourself and your spouse 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 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.

* At age 70, benefits reduce to 65% of covered amount.
At age 75, benefits reduce to 50% of covered amount.

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

- If you enroll after your initial eligibility period
- If you newly enroll during Annual Enrollment
- 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 insurability form. This form is submitted directly to Unum. Rates are determined by your age and the amount of coverage you elect.



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, contact Unum at **800.416.5209**.

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



St. Michael's College and the Green Mountain Higher Education Consortium are 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, 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, annual flu clinics and department specific programming.

TO FIND OUT MORE ABOUT WHAT'S AVAILABLE:

- 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 and be the first to know about what's coming up. To sign up, send "sign up for newsletter" to wellbeing@gmhec.org
- Check out our **events calendar** (password is GMHECWell-being)

LEARN MORE ABOUT GMHEC WELL-BEING RESOURCES:

<https://www.gmhec.org/category/well-being/resources/>

FOCUSING ON MENTAL HEALTH

Cigna has some wonderful resources available to support you to manage life's many challenges.

You can find information about all of Cigna's behavioral health and lifestyle management programs at <https://cignabehavioralprograms.com/CTBH/>.



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 mycigna.com and click on the Talkspace link to schedule an assessment.



IPREVAIL: 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. To learn more, visit mycigna.com and click on Happify.

CIGNA DIABETES PREVENTION PROGRAM

More than 1 in 3 American adults have prediabetes and without meaningful intervention, 30% of those individuals will develop type 2 diabetes. We are now offering a solution to help: The Cigna Diabetes Prevention Program in collaboration with **Omada**, a CDC-recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through health weight loss and lifestyle changes.

HOW DO I PARTICIPATE? If you are over the age of 18, have a body mass index over 25 or have a diagnosis of prediabetes, high triglycerides, low HDL cholesterol, blood pressure or high blood sugar, you may qualify. To learn more and see if you're eligible, go to <https://go.omadahealth.com/smcvt>.

Employee and Family Assistance Program



Beginning January 1, 2022, St. Michael's College is pleased to offer employees and their families a local, free, independent Employee and Family Assistance Program (EAP) through Invest EAP.

No one is immune from life's challenges. Family dynamics, worries over illness, money, work/life balance, substance abuse: you name it, and the EAP can help. Invest EAP is a confidential clinical and wellbeing non-profit with a personalized approach to providing counseling and resources to your entire household. No problem is too big or too small.

FINANCIAL AND LEGAL HELP

Free referrals to attorneys and free advice from financial professionals ready to help with your needs.

COUNSELING

Solution-focused sessions help you with any problem you may be facing: parenting, divorce, anxiety, depression, and more.

BEHAVIORAL HEALTH

There is no health without mental health. Our approach takes a holistic approach to your total wellbeing and increases your resiliency.

LIFE RESOURCES

Unlimited consultation, assessment, and customized referrals for major life issues such as childcare, eldercare, adoption, housing, transportation, and more.

CONTACT THE EAP FOR ASSISTANCE **ANYTIME**

Not sure what to do about a problem or who to turn to? Not sure if it's something the EAP can help with? Call anyway!

Their approach is positive and proactive and they offer services to answer any need. We encourage you to explore this free, confidential support.



866.660.9533

toll-free 24/7/365 hotline
for all EAP services



www.investEAP.org

PASSWORD: "stmichaels"

Retirement Plan



SAINT MICHAEL'S 401(K)

Saint Michael's provides eligible faculty and staff with a 401(k) 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's contribution to your 401(k) account will begin after completion of 1 year of service, on the first of the following quarter.

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

You now change your 401(k) deferral right in Oracle. 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 "Make Changes"
 - On the "Before you Enroll" screen:
 - Click "Continue" from the top right corner.
 - Open "St. Michael's College Retirement Program" from the list
 - On the next page, click "Edit" make changes to your current deferral or select new deferrals
 - Click the pencil icon to edit each contribution type you would like to edit or begin contributing to.
 - For each contribution type enter the percentage of pay that you would like to contribute. Click "OK."
 - After making your changes, click "Continue" to review.
 - Click "Submit" or use the "Cancel" button to continue making changes.

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



Please be sure to verify or update this information each year using the Milliman website at [millimanbenefits.com](https://www.millimanbenefits.com). Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

2022 Benefit Contacts



BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
One Guide	Cigna	888.806.5042	N/A
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 and Family Assistance Program	Invest EAP	866.660.9533	investEAP.org
Critical Illness and Accident Insurance	Unum	800.879.4008	unum.com
Whole Life Insurance	Unum	800.416.5209	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

Empowering you to take advantage of your benefits today and for your future.

FOR QUESTIONS ON YOUR BENEFITS, 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.