Saint Michael's College Founded 1904

Green Mountain Higher Education Consortium
Champlain • Middlebury • Saint Michael's

BENEFIT GUIDE

EMPOWERING YOU TO TAKE ADVANTAGE OF YOUR BENEFITS TODAY AND FOR YOUR FUTURE

2023

Green Mountain
Higher Education Consortium
Champlain • Middlebury • Saint Michael's

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, and Vision Insurance
- Retirement Plans
- Health Savings (HSA) and Flexible Spending (FSA) Accounts
- Life, AD&D, and Disability Insurance
- Supplemental Offerings (Accident/ Critical Illness/Whole Life)
- Leave of Absences including Family, Medical, Short and Long Term Disability, and Worker's Compensation
- COBRA, Continuation of Coverage
- 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" webpage to meet our team:

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

Email: benefits@gmhec.org
Call: **802.443.5485**

SAINT MICHAEL'S COLLEGE FOUNDED 1904

Welcome to your 2023 benefits!

We are pleased to present our 2023 benefit plan offerings. We pride ourselves in providing a meaningful benefit programs 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.

Your Benefits Team will support you through your 2023 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 27 – NOVEMBER 11**. 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

Open Enrollment each year is an active enrollment process. Employees must go through the open enrollment process and complete a submission even if no changes are to be made.

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 "**2023 Benefit Contacts**" on page 22.

You can also reach out to Your 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

For pre-enrollment help, 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 informational sessions.

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

- Health & Welfare Summary Plan Document
- Benefits Overview
- Cigna Medical & Dental
- HealthEquity - Health Savings Accounts
- VSP - Vision Plans
- Navia - Flexible Spending Accounts
- Unum Voluntary Benefits
- Employee Assistance and Well-Being Benefits
- Retirement Plans
- Medical Leave Information

Always refer to the applicable plan documents, policies or guides before making final decisions on your benefit elections and utilization. You may also reference Important Notices at the back of this book.

Steps to Enroll in Oracle

The plans you enroll in will be effective from 1/1/23 (or your benefits eligibility effective date) through 12/31/23.

LOGIN TO ORACLE

1. To get started with self-service enrollment, you will need to navigate to Oracle.
2. From the **Me** tab, click **Benefits**.
3. Click **Make Changes**, or **Start Enrollment** (if you are new to benefits), 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 and gender.

1. 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 required information.
   - Important: In the ***What's the start date of this relationship?*** box, enter a birthday or anniversary date prior to your benefits effective date.
   - To not enroll a contact, do not select them when you enroll in a benefit.
   - Click **Submit**.
2. Once all of your people have been added, click **Continue**.

ELECTING BENEFITS

Be sure to select your beneficiaries for all Life & AD&D plans, even those the college provides to you at no cost.

1. Click on your **Health & Welfare Program** icon.
2. Read and **Accept** the Authorization.
3. 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**.
4. 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.
   - Once you have selected all benefits you would like to enroll in, scroll to the top and click **Submit**. Right click in the Confirmation page and choose to print a paper copy or save as a PDF.

Your Confirmation Page is the only one that you will receive. If you view a confirmation page, you have successfully completed your enrollment. If you do not see a confirmation page, ensure you have clicked the Submit button.

REVIEW AND RESOLVE ACTION ITEMS

1. Navigate back to the **Benefits** page.
2. Click **Pending Actions**
3. Review any actions requiring resolution.
   - Click the item, 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.

ENROLL IN RETIREMENT PLAN

1. Click on your Retirement Program icon.
2. Click **Continue** on the Before You Enroll Page.
3. Click the **Edit** button. Select the plan(s) you would like to contribute to. Enter the percentage of your pay you would like to contribute.
4. Click **OK**.
5. Click **Continue**.
6. Click **Submit**.

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

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.

- **Aggregate deductible** - All medical & pharmacy claims for a +1 or Family apply towards the same deductible and out of pocket max. There are no individual limits.
- **Stacked Deductible** - Individual medical & pharmacy claims are applied towards the individual deductible and out of pocket max regardless of +1 or Family enrollment.

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 Change in 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.

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.

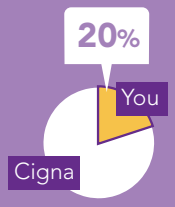
HOW THE PLATINUM AND GOLD OAPs WORK

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**. 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 bands).

** Under the Platinum and Gold Plans, prescriptions are not subject to the deductible.*

100%

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

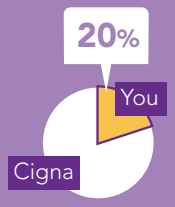
HOW THE SILVER OAP HDHP WORKS

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 bands).

100%

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

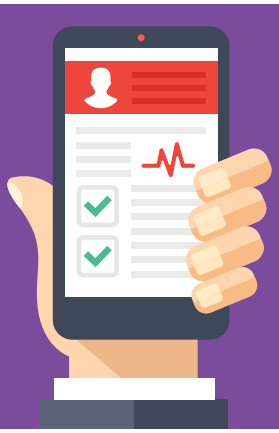
Download the myCigna® mobile app and get access to your medical benefits info from anywhere...any time! The myCigna® app uses one-touch access, making it easy for you to personalize, organize, and access your health information on the go. Use it to:

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

Cigna's Telehealth Connection Services

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.

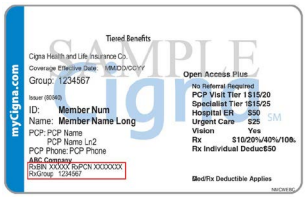
One thing to understand is the difference between Telehealth and Telemedicine. **Telehealth** (MDLive) is not a visit with your doctors. **Telemedicine** is the tagline used when you see your doctor via virtual meeting or phone, but not in person. A Telemedicine visit follows the same cost structure as an in-person visit.

Save on Prescriptions

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 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 Cigna 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 Cigna website or through the myCigna® 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 *(how much you pay out of pocket before the plan pays)*	Individual: $300 Ind. + 1: $600 Family: $900 *stacked deductible*	Individual: $600 Ind. + 1: $1,200 Family: $1,800 *stacked deductible*	Individual: $450 Ind.+1: $900 Family: $1,350 *stacked deductible*	Individual: $900 Ind.+1: $1,800 Family: $2,700 *stacked deductible*	Individual: $2,000 Family: $4,000 *aggregate deductible*	Individual: $4,000 Family: $8,000 *aggregate deductible*
Medical Coinsurance *(% you pay for services)*	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Out-of-Pocket Maximum *(Medical and Prescription Drugs)*	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 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 deductible	$0; Plan pays 100%	30% after deductible	$0; Plan pays 100%	30% after deductible
Primary Care Physician (PCP) Visit	20%, deductible does not apply	30% after deductible	20%, deductible does not apply	30% after deductible	20% after deductible	30% after deductible
Specialist Visit	20%, deductible does not apply	30% after deductible	20%, deductible does not apply	30% after deductible	20% after deductible	30% after deductible
Urgent Care	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospitalization	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental Health/ Substance Abuse	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
PRESCRIPTION DRUG COVERAGE						
RETAIL PHARMACY (30-DAY SUPPLY)						
Generic	10%, no deductible		10%, no deductible		10% after deductible	
Preferred Brand	30%, no deductible		30%, no deductible		30% after deductible	
Non-Preferred Brand	40%, no deductible		40%, no deductible		40% after deductible	
MAIL ORDER (90-DAY SUPPLY)						
Generic	10%, no deductible		10%, no deductible		10% after deductible	
Preferred Brand	30%, no deductible		30%, no deductible		30% after deductible	
Non-Preferred Brand	40%, no deductible		40%, no deductible		40% after deductible	

2023 MEDICAL PLAN PREMIUMS (BI-WEEKLY)			
FOR EMPLOYEES EARNING LESS THAN $50,000 PER YEAR			
Employee Only	$49.00	$36.00	$25.00
Employee + 1	$148.00	$111.00	$85.00
Family	$206.00	$155.00	$130.00
FOR EMPLOYEES EARNING $50,000 OR MORE PER YEAR			
Employee Only	$73.00	$46.00	$25.00
Employee + 1	$185.00	$129.00	$85.00
Family	$258.00	$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. The HSA is only available to employees who enroll in the Silver high deductible medical plan.

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.

Note: CA and NJ do not grant HSAs the same tax advantages that federal law and other states provide. The employer's contribution, your contribution, and any taxable earnings within your HSA will generally be subject to state income tax, if you are required to file a CA or NJ state income tax return. Consult your tax advisor for specifics.

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 HealthEquity 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.

	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION*	YOU CAN CONTRIBUTE
Employee Only	$3,850	$1,000	$2,850
Family	$7,750	$2,000	$5,750
55+ Catch Up	$1,000	N/A	$1,000

**Amounts are prorated for participants joining the plan part way through the year.*

USING HSA MONEY

HSA money can be used tax-free for any eligible medical, dental, or vision expenses. If you pay out of pocket for an eligible medical expense, you can reimburse yourself for the expense from your HSA by filing a claim online.

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 Veteran's Association Medical Coverage (See Publication 969 located at **www.irs.gov**).
- You cannot be claimed as a dependent on someone else's (current year's) tax return.

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 HealthEquity Website. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

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 **800.635.5597** to inquire about claiming your wellness benefit.

Critical Illness Insurance Rates

Rates are based on you and your spouse's 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 Insurance Rates

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

Dental

Saint Michael's College offers two dental plans through Cigna. You'll see from the chart below, there are differences in coverage, so it's important you choose which plan is right for your needs. Those needs may change from year to year. 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)*	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 *Coverage for employee and all dependents*	Covered 50%, no deductible *Coverage for dependent children to age 19*
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.*

2023 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

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 ENHANCED PLAN		VSP BASIC 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)	$200 frame allowance	Every calendar year	$150 frame allowance	Every other 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; $200 allowance for contacts	Every calendar year	$60 copay for contacts fitting and evaluation; $150 allowance for contacts	Every calendar year
Medically Necessary	No Cost	Every calendar year	No Cost	12 months
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			

2023 VISION PLAN PREMIUMS (BI-WEEKLY)		
	VSP ENHANCED PLAN	VSP BASIC PLAN
Employee Only	$9.50	$7.70
Employee + 1	$13.80	$11.20
Family	$24.70	$20.00

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.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)

If you or your spouse are enrolled in a High Deductible Health Plan, you may only enroll in a Limited Purpose FSA. You may use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses.

HOW IT WORKS

You decide how much to contribute to your Health Care FSA each year, up to $3,050 for 2023. 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

FSA plans allow up to a certain dollar amount to rollover from year to year. You may rollover up to $610 of unused funds from 2023 in to 2024.

CLAIMS REIMBURSEMENT

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

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for child care 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 on their tax return), and elder care.

Things to Consider Before You Contribute to A Dependent Care FSA

- 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 for the previous calendar year must be submitted for reimbursement by March 1.

Managing Your Flexible Spending Accounts

ACCESS YOUR FUNDS WITH YOUR FLEX CARD

Navia will issue you a debit card. It can be used to pay for eligible FSA and Dependent Care expenses.

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

If you choose not to use your flexible spending 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 Navia website at **www.naviabenefits.com**. Follow the steps below to register as a first-time user.

1. Go to **www.naviabenefits.com**
2. Click "register"
3. Click "I'm a participant."
4. Fill in the user information. The employer code is SN6.
5. Choose your security questions and click "Submit".

Contact customer service if you need help filing a claim.

- customerservice@naviabenefits.com
- 800.669.3539

FILING A CLAIM

Step One - Prepare

1. Confirm that the expense is eligible to be reimbursed (check Publications 502 and 503 at **www.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

1. Log on to your account at **www.naviabenefits.com**
2. Click "login"
3. Enter your claim and upload documentation

MOBILE

1. Install the myNavia On-the-Go app on your smartphone
2. Log in with your username and password and file your claim
3. Enter the claim information and attach a picture of your documentation

MAIL/FAX

1. Download a claim form at **www.naviabenefits.com**
2. Print, complete, and sign your claim form
3. Attach a copy of your supporting documentation
4. Mail your claim form and documentation to:

   Navia Benefit solutions
   Attention: Claims
   PO Box 53250
   Bellevue, WA 98015

Benefits Provided at No Cost to You

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.

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.

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.

Voluntary Life Insurance Options

VOLUNTARY 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
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
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 if:
1. You are newly enrolling in coverage above the Guarantee Issue amount.
2. You are increasing current coverage above the Guarantee 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 spouse or 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 **866.643.9404.**

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

WELL-BEING 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 webpage.
- 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 **rebecca.schubert@gmhec.org**
- Check out our **events calendar** (password is GMHECWell-Being)

LEARN MORE ABOUT 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

St. Michael's College provides 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 well-being 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 well-being 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"

Saving for Retirement

SAINT MICHAEL'S 401(K) PLAN

The Saint Michael's retirement plan provides faculty and staff the opportunity to save for the future. Eligible employees also receive non-elective employer contributions. The Plan offers more than 20 investment options to meet participant needs at various career stages.

How Much Can I Save?

You may contribute to the plan through pay checks by way of pre-tax and/or after-tax (Roth) deferrals. Contributions are deposited to accounts each pay period. Employees may defer up to the annual IRS maximum ($20,500 in 2022; expected to be higher in 2023). Plan participants age 50 or older may make additional "catch-up" contributions.

Does the College Contribute to My 401(k)?

Yes! After completing a Year of Service, as defined by the Plan, eligible employees will receive a non-elective contribution beginning the first of the following quarter. The current employer contribution is 3% of eligible wages.

You are always vested in your personal deferrals to the Plan. Additionally, there is no service requirement for vesting in the employer contributions. You are immediately 100% vested in any employer contributions you may receive.

How Do I Access My Account?

The Plan is record kept by Milliman. Once your first contributions are deposited in your account, you'll be able to visit the Milliman website at **millimanbenefits.com** to register and set up a username and password. Once you access your account you'll be able to choose investments, name beneficiaries and use other available tools.

MANAGING YOUR CONTRIBUTIONS

You may change your 401(k) deferral in Oracle at any time during the year.

To make a contribution change, go to Oracle, and from the Home screen, follow these steps:

- Click on the "Benefits" Icon.
- On the Benefits 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" to make changes to your current deferral or enter new deferrals.
- Click the pencil icon to edit each contribution type as needed.
- 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" to complete your 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**. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

2023 Benefit Contacts

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	**mycigna.com**
OneGuide - Pre Enrollment	Cigna	888.806.5042	N/A
Health Savings Account	HealthEquity	866.346.5800	**my.healthequity.com**
Dental	Cigna	800.244.6224	**mycigna.com**
Vision	VSP	800.877.7195	**vsp.com**
Flexible Spending Accounts	Navia Benefits	800.669.3539	**naviabenefits.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	866.643.9404	**unum.com**
Basic Life, Voluntary 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 YOUR BENEFITS 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.*

Important Notices

Please read these notices carefully and keep them where you can find them for future reference. Please refer to your College Health and Welfare Plan Documents for additional required disclosures. Your Plan Documents can be found at:

MySMC Portal under Human Resources / Benefits / Documents

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Your Benefits Team at **benefits@gmhec.org** or 802.443.5485.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Important Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 1.866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

Alabama - Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

Alaska - Medicaid

The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

Arkansas - Medicaid

Website: http://myarhipp.com | Phone: 1-855-MyARHIPP (855-692-7447)

California – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp
Phone: 916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child- health-plan-plus
CHP+ Customer Service: 1-800-359-1991 State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.colorado.gov/pacific/hcpf/health-insurance- buy-program
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Georgia – Medicaid

A HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1 GA CHIPRA Website:
https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: (678) 564-1162, Press 2

Indiana – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip | Phone: 1-877-438-4479
All other Medicaid Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

Kansas – Medicaid

Website: https://www.kancare.ks.gov | Phone: 1-800-792-4884

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328 | Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

Louisiana – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Maine – Medicaid

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 | TTY: Maine relay 711

Important Notices

Massachusetts – Medicaid and CHIP

Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

Minnesota – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

Missouri – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

Montana – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

Nebraska – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

Nevada – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

New Hampshire – Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm | Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

New Jersey – Medicaid And CHIP

Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

New York – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina – Medicaid

Website: https://medicaid.ncdhhs.gov | Phone: 919-855-4100

North Dakota – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

Oklahoma – Medicaid and CHIP

Website: http://www.insureoklahoma.org | Phone: 1-888-365-3742

Oregon – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

Pennsylvania – Medicaid

Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

Rhode Island – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIteShare Line)

South Carolina – Medicaid

Website: https://www.scdhhs.gov | Phone: 1-888-549-0820

South Dakota - Medicaid

Website: http://dss.sd.gov | Phone: 1-888-828-0059

Texas – Medicaid

Website: http://gethipptexas.com/ | Phone: 1-800-440-0493

Utah – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

Vermont– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

Virginia – Medicaid and CHIP

Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

Washington – Medicaid

Website: https://www.hca.wa.gov/ | Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

Wisconsin – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

Wyoming – Medicaid

Website:
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565

Important Notices

PATIENT PROTECTION DISCLOSURE

St. Michael's College Health and Welfare Benefit Plan (The Plan) generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CIGNA at **www.cigna.com**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact CIGNA at **www.cigna.com**.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.