Benefit Enrollment Guide 2023

Table of Contents

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 35 for more details.

This brochure summarizes the benefit plans that are available to College of Our Lady of The Elms eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

A Message from the Vice President of Finance and Administration

Every year, the Human Resources office collaborates with the Business Office and the Benefits Committee, which is comprised of two faculty representatives from the Benefits, Salary and Budget Committee and two staff representatives to review the benefits offered to the College community. I'm very grateful to those who served on the committee this year. Their participation and feedback was invaluable as worked to ensure our benefits are competitive and affordable. The 2023 Benefits Committee membership includes Cheryl Smith, Jeannean Terlik, Dan Chelotti and Deana Nunes as Faculty representatives and Nancy Davis and Jane McCarry as Staff representatives. If you are interested in serving on the Benefits Committee, please reach out to Human Resources.

This brochure is a culmination of that work and will help you choose the type of plan and level of coverage that is right for you during this open enrollment period.

In the pages that follow, you will find comprehensive information about coverage offered for medical, dental, vision, Basic Life/Accidental Death & Dismemberment (AD&D) insurance, long-term disability, voluntary short-term disability, voluntary life insurance, voluntary critical illness and voluntary accident coverage. You will also find information regarding our vacation policy, retirement plan, and tuition remission.

This information is also available in a video format and can be accessed from ElmsConnect Policies and Procedures webpage under the Human Resources category or directly at http://www.brainshark.com/usi/elmscollege2023

Sincerely,

Katie Longley, CPA
Elms College Vice President of Finance and Administration

Benefits Open Enrollment is Here!

Welcome to your 2023 employee benefits guide. In these pages, you'll learn about the College of Our Lady of The Elms benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully, and for full details about our plans, refer to each plan's summary plan description.

Who is Eligible?

Active faculty and staff are eligible for various benefits based on their full-time or part-time status. All benefits are available for full-time employees. All benefits except for medical are available to part-time employees.

Generally, for the College of Our Lady of The Elms benefits program, dependents are defined as:

- Your spouse
- Dependent child(ren) up to age 26

When and How Can I Enroll?

Open enrollment is May 15th – May 26th

All eligible employees are required to complete the enrollment process, even if you do not want to make changes to your benefits.

When is Coverage Effective?

The effective date for your benefits is July 1, 2023.

Medical, Dental and Vision: Newly hired full-time employees and dependents will be effective in College of Our Lady of The Elms' benefits programs on the 1st of the month following 30 days for medical, dental and vision.

Life and AD&D Insurance, Long Term Disability Insurance: Employees will be enrolled in the Life and AD&D insurance and long term disability insurance on the 1st of the month following 90 days of employment. This coverage is provided at no cost to you by the college.

Voluntary Short Term Disbaility, Life Insurance, Critical Illness, and Accident Coverage: Employees may elect voluntary life insurance, voluntary critical illness and voluntary accident coverage for themselves and their dependents effective the 1st of the month following 90 days of employment.

All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience one of the following family status changes.

Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For questions about your benefits or enrollment options, contact Cheryl Smith at 413-265-2253 / smithc911@elms.edu

Medical Insurance

College of Our Lady of The Elms will continue to offer medical coverage through Health New England.

PLANS AT A GLANCE

The following chart provides a quick glance at benefits available for each plan.

	HMO Wise Saver 3450 Base	HMO Wise Saver 3450 Buy-up	PPO Wise Saver 3450	HMO Essential 5000
Type of Plan	Qualified High Deductible Plan	Qualified High Deductible Plan	Qualified High Deductible Plan	Traditional Plan
Audience	Those who do not frequently need medical care	Those who use their medical benefits frequently and are likely to hit your deductible	Those who frequently use medical providers outside of the HNE network	Those who prefer to pay copays instead of for services as rendered.
Services applied to deductible	All services except preventative care.	All services except preventative care.	All services except preventative care.	Some services apply based on the plan. See plan for details.
HSA Eligible?	Yes	Yes	Yes	No
Elms Contribution to HSA?	No	Yes	Yes	No
HRA Eligible?	No	Yes	Yes	Yes
Can I participate in a Flexible Spending Account?	No	No	No	Yes

Please carefully review each option below.

HMO WISE SAVER 3450 - Base Plan

The HMO Wise Saver 3450 Base Plan is a qualified high deductible health plan that is best suited for those who do not frequently need medical care. It is a high deductible plan where all services except for preventative care are paid by the participant when rendered until you meet your deductible.

You may contribute to a Health Savings Account with this plan, however unlike other plans, Elms will not contribute an amount to your HSA.

Likewise, this plan does not include coverage by the Health Reimbursement Arrangement.

This plan is not eligible for a Flexible Spending Account.

HMO Wise Saver 3450 - Base Plan	Health New England HMO Wise Saver 3450 Base Plan
	In-Network Benefits
Annual Deductible	
Individual	$3,450
Family	$6,900
Coinsurance	After Deductible: 100%
Maximum Out-of-Pocket *(includes ALL deductible, coinsurance, and copays)*	
Individual / Family	$6,650 / $13,300
Physician Office Visit	
Primary Care	After Deductible: $25 Copay
Specialty Care	After Deductible: $40 Copay
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray and Lab Tests	X-Ray: After Deductible, $50 Copay Lab Tests: After Deductible, $25 Copay
Complex Radiology	After Deductible: $200 Copay
Urgent Care Facility	After Deductible: $35 Copay
Emergency Room Facility Charges*	After Deductible: $300 Copay (Copay waived if admitted)
Inpatient Facility Charges / Outpatient Surgical Charges	After Deductible: $500 Copay
Mental Health / Substance Abuse	
Inpatient	After Deductible: $500 Copay

HMO Wise Saver 3450 - Base Plan	Health New England HMO Wise Saver 3450 Base Plan
	In-Network Benefits
Outpatient	After Deductible: $25 Copay
Other Services	
Chiropractic	After Deductible: $20 Copay
Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	After Deductible: $15 Copay
Preferred (Tier 2)	After Deductible: $50 Copay
Non-Preferred (Tier 3)	After Deductible: $75 Copay
Mail Order Pharmacy (90 Day Supply	
Generic (Tier 1)	After Deductible: $30 Copay
Preferred (Tier 2)	After Deductible: $100 Copay
Non-Preferred (Tier 3)	After Deductible: $225 Copay

Employee Contributions – HMO Wise Saver 3450 BASE PLAN		
	Bi-Weekly Cost	Annual Cost
Employee	$61.30	$1,593.76
Employee & Spouse	$145.73	$3,788.95
Employee & Child(ren)	$143.65	$3,734.93
Employee + Family	$232.47	$6,044.27

HMO WISE SAVER 3450 - Buy-Up Plan

The HMO Wise Saver 3450 Buy-Up is a qualified high deductible health plan that is best suited for those who use their medical plan frequently and are expected to meet deductible. It is a high deductible plan where all services except for preventative care are paid by the participant when rendered until you meet your deductible.

You may contribute to a Health Savings Account with this plan. Elms College also contributes to your Health Savings Account on a bi-weekly basis.

This plan also has a Health Reimbursement Arrangement funded by Elms College and administered by Health Equity. Elms College, through Health Equity, will reimburse you directly for expenses over and above the deductible amounts in the chart below.

This plan is not eligible for a Flexible Spending Account.

The deductible and plan information shown in this summary reflects your responsibilities after Elms College HRA funding. For additional information on the Health Reimbursement Arrangement funding, see page 13. Additional Health New England plan details are available in the summary of benefits and coverage.

HMO Wise Saver 3450 – Buy-Up Plan	Health New England HMO Wise Saver 3450 Buy-Up Plan
	In-Network Benefits
Annual Deductible	
Individual	$2,450
Family	$4,900
Coinsurance	After Deductible: 100%
Maximum Out-of-Pocket *(includes ALL deductible, coinsurance, and copays)*	
Individual / Family	$6,650 / $13,300
Physician Office Visit*	
Primary Care	After Deductible: $25 Copay
Specialty Care	After Deductible: $40 Copay
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services*	
X-ray and Lab Tests	X-Ray: After Deductible, $50 Copay Lab Tests: After Deductible, $25 Copay
Complex Radiology	After Deductible: $200 Copay
Urgent Care Facility	After Deductible: $35 Copay
Emergency Room Facility Charges*	After Deductible: $300 Copay (Copay waived if admitted)
Inpatient Facility Charges / Outpatient Surgical Charges	After Deductible: $500 Copay

HMO Wise Saver 3450 – Buy-Up Plan	Health New England HMO Wise Saver 3450 Buy-Up Plan
	In-Network Benefits
Mental Health / Substance Abuse*	
Inpatient	After Deductible: $500 Copay
Outpatient	After Deductible: $25 Copay
Other Services*	
Chiropractic	After Deductible: $20 Copay
Retail Pharmacy (30 Day Supply)*	
Generic (Tier 1)	After Deductible: $15 Copay
Preferred (Tier 2)	After Deductible: $50 Copay
Non-Preferred (Tier 3)	After Deductible: $75 Copay
Mail Order Pharmacy (90 Day Supply*	
Generic (Tier 1)	After Deductible: $30 Copay
Preferred (Tier 2)	After Deductible: $100 Copay
Non-Preferred (Tier 3)	After Deductible: $225 Copay

** Service applies to deductible. Deductible expenses beyond $2,450 single / $4,900 family will be reimbursed directly to you These expenses apply to deductible and copays. The Deductible expenses will be reimbursed directly to you. Copays after deductible will accumulate toward the maximum out of pocket and are **not** reimbursable through the Health Reimbursement Arrangement.*

Employee Contributions – HMO Wise Saver 3450 BUY-UP PLAN		
	Bi-Weekly Cost	Annual Cost
Employee	$88.73	$2,307.04
Employee & Spouse	$193.59	$5,033.25
Employee & Child(ren)	$173.92	$4,521.98
Employee & Family	$242.51	$6,305.14

PPO Wise Saver 3450

The PPO Wise Saver 3450 is a qualified high deductible health plan that is best suited for those who use doctors outside of the Health New England network. It is a high deductible plan where all services except for preventative care are paid by the participant when rendered until you meet your deductible. Preventive care is covered at no cost to you.

You may contribute to a Health Savings Account with this plan. Elms College also contributes to your Health Savings Account on a bi-weekly basis.

This plan has a Health Reimbursement Arrangement funded by Elms College and administered by Health Equity. Elms College, through Health Equity, will reimburse you directly for expenses over and above the deductible amounts in the chart below.

This plan is not eligible for a Flexible Spending Account.

The deductible and plan information shown in this summary reflect your responsibilities after Elms College HRA funding. For additional information on the Health Reimbursement Arrangement funding and Health Savings Account contributions, see page 13. Additional Health New England plan details are available in the summary of benefits and coverage.

	Health New England Medical PPO - Wise 3450 (0005/0006) 115738	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$2,450	$3,450
Family	$4,900	$6,900
Coinsurance	100%	80%
Maximum Out-of-Pocket		
Individual	$6,650	$9,000
Family	$13,300	$18,000
Physician Office Visit		
Primary Care	$25 copay after deductible	80% after deductible
Specialty Care	$40 copay after deductible	80% after deductible
Preventive Care		
Adult Periodic Exams	100%	80% after deductible
Well-Child Care	100%	80% after deductible
Diagnostic Services		
X-ray and Lab Tests	$25 copay after deductible: Lab	80% after deductible
Complex Radiology	$200 copay after deductible max 3 copays per year	80% after deductible
Urgent Care Facility	$40 copay after deductible	80% after deductible
Emergency Room Facility Charges	$300 copay after deductible	$300 copay after deductible
Inpatient Facility Charges	$500 copay after deductible	80% after deductible
Outpatient Facility and Surgical Charges	$250 copay after deductible	80% after deductible
Mental Health		
Inpatient	$500 copay after deductible	80% after deductible
Outpatient	$25 copay after deductible	80% after deductible
Substance Abuse		
Inpatient	$500 copay after deductible	80% after deductible
Outpatient	$25 copay after deductible	80% after deductible

	Health New England Medical PPO - Wise 3450 (0005/0006) 115738	
	In-Network Benefits	Out-of-Network Benefits
Other Services		
Chiropractic	$20 copay after deductible; 12 visits per year	80% after deductible; 12 visits per year
Retail Pharmacy (30 Day Supply)		
Generic (Tier 1)	$15 copay after deductible	$15 copay after deductible
Preferred (Tier 2)	$50 copay after deductible	$50 copay after deductible
Non-Preferred (Tier 3)	$75 copay after deductible	$75 copay after deductible
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	$30 copay plus 20% after deductible	Not covered
Preferred (Tier 2)	$100 copay plus 20% after deductible	Not covered
Non-Preferred (Tier 3)	$225 copay plus 20% after deductible	Not covered

Employee Contributions – PPO Wise Saver 3450		
	Bi-Weekly Cost	**Annual Cost**
Employee	$151.93	$3,950.20
Employee & Spouse	$320.16	$8,324.27
Employee & Child(ren)	$282.55	$7,346.29
Employee & Family	$430.36	$11,189.41

HMO Essential 5000

The HMO Essential 5000 is a traditional plan that is best for those who prefer the predictability of a copay rather than paying for services as rendered up to your deductible. Preventive care is covered at no cost to you.

This plan is not eligible for a Health Savings Account.

This plan has a Health Reimbursement Arrangement funded by Elms College and administered by Health Equity. Elms College, through Health Equity, will reimburse you directly for expenses over and above the deductible amounts in the chart below.

This plan is eligible for a Flexible Spending Account.

The deductible and plan information shown in this summary reflects your responsibilities after Elms College HRA funding. For additional information on the Health Reimbursement Arrangement funding, see page 13. Additional Health New England plan details are available in the summary of benefits and coverage.

HMO Essential 5000	Health New England Medical HMO HMO Essential 5000
	In-Network Benefits
Annual Deductible	
Individual	$3,000
Family	$6,000
Coinsurance	100%
Maximum Out-of-Pocket *(includes ALL deductible*, coinsurance, and copays***)***	
Individual	$7,350
Family	$14,700
Physician Office Visit	
Primary Care	$25 Copay
Specialty Care	$40 Copay
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray* and Lab Tests	Lab: $25 Copay X-Ray: After Deductible, Covered at 100%
Complex Radiology*	After Deductible: $100 Copay
Urgent Care Facility	$40 Copay
Emergency Room Facility Charges	$300 Copay (copay waived if admitted)
Inpatient Facility Charges*	After Deductible: Covered at 100%

HMO Essential 5000	Health New England Medical HMO HMO Essential 5000
	In-Network Benefits
Outpatient Facility and Surgical Charges*	After Deductible: Covered at 100%
Mental Health / Substance Abuse	
Inpatient*	After Deductible: Covered at 100%
Outpatient	$25 Copay
Other Services	
Chiropractic	$25 Copay
Retail Pharmacy (30 Day Supply / 90 Day Supply)	
Generic (Tier 1)	$15 Copay
Preferred (Tier 2)	$50 Copay
Non-Preferred (Tier 3)	$75 Copay
Mail Order Pharmacy (90 Day Supply	
Generic (Tier 1)	$30 Copay
Preferred (Tier 2)	$100 Copay
Non-Preferred (Tier 3)	$225 Copay

Service applies to deductible and/or copays. The deductible expenses will be reimbursed directly to you. Copays after deductible will accumulate toward the maximum out of pocket and are **not reimbursable through the Health Reimbursement Arrangement.*

Employee Contributions – HMO Essential 5000		
	Bi-Weekly Cost	Annual Cost
Employee	$146.05	$3,797.34
Employee & Spouse	$319.06	$8,295.63
Employee & Child(ren)	$296.33	$7,704.45
Employee & Family	$404.26	$10,510.66

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan
- You are not enrolled in Medicare
- You are not in the TRICARE or TRICARE for Life military benefits program
- You have not received Veterans Administration (VA) benefits within the past three months
- You are not claimed as a dependent on another person's tax return
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA.

The medical plans that are eligible for a health savings account are:

- HMO Wise Saver 3450 Base Plan
- HMO Wise Saver 3450 Buy Up Plan
- PPO Wise Saver 3450

The HMO Essential 5000 is ***not*** an IRS qualified high deductible health plan. If you enroll in the HMO Essential 5000, you are ***not*** eligible to open or contribute to a Health Savings Account.

2023 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2023 TAX YEAR 1/1/2023-12/31/2023:

- $3,850 Individual
- $7,750 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

All contributions made to an HSA accumulate toward the IRS Maximum.

Elms College contributes to employee health savings accounts for employees enrolled in the HMO Wise Saver 3450 BUY UP Plan and the PPO Wise Saver 3450 according to the following schedule:

How do I get reimbursed for my eligible expenses?
The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through www.healthequity.com 24 hours a day, seven days a week. Health Equity provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Health Equity at 1-866-346-5800.

Flexible Spending Account (FSA)

The Flexible Spending Account (FSA) plan with Health Equity allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How the Plans Work

- You elect a contribution amount to deduct from your pay on a before-tax basis and put into the flexible spending account
- You may not change your contribution amount during the plan year unless it is consistent with a change in family status
- Expenses must be incurred between within the enrollment period
- You may submit claims for expenses incurred within the enrollment period
- Up to $610 of unused Health Care FSA monies from 2022 will automatically roll over and will be available in 2023.

It is important to plan your contribution amounts carefully. The Internal Revenue Service requires that you forfeit any money for which you have not incurred eligible expenses by the end of the plan year.

FSA/DCFSA Eligibility:

- You have elected to enroll in the HMO Essential 5000; or
- You are not enrolled in a medical plan through Elms College

Health Care FSA
Funds that you set aside in a Health Care FSA can be used to reimburse yourself for eligible health care expenses not covered under the medical, prescription drug, dental or vision plans. Reimbursements can be made for most expenses that would qualify for a health care deduction on your income tax return.

FSA Debit Card Process

If you enroll in the Health Care FSA, Health Equity will automatically send you an FSA debit card to your home. Many eligible transactions can be auto-substantiated at the point of service. However, there are certain purchases that may be declined and require you to submit receipts to validate the expense. You will be reimbursed by Health Equity for these purchased once the expenses have been approved.

Eligible Health Care Expenses

- Deductibles, copayments, coinsurance
- Prescription drugs and medicines
- Over-the-counter medications that are medically necessary (Dr. prescription required)
- Hearing aids, batteries and exams
- Prosthetic, orthopedic, and orthotic devices
- Acupuncture, chiropractic, and physical therapy visits
- Vision care (exams, glasses, contacts, Lasik surgery)
- Dental care (including orthodontia)

Ineligible Health Care Expenses

- Over-the-counter medications not medically necessary
- Cosmetic expenses
- Massage therapy
- Health club dues
- Weight loss programs
- Insurance premiums

Substantiation and Submission of Claims

If you incur ineligible Health Care expenses which cannot be auto-substantiated and/or are declined via debit card, you will be required to submit claims forms to Health Equity for processing and reimbursement.

Dependent Care Spending Account

A Dependent Care Account can be used to pay for certain child/day care, or elder care expenses incurred during the plan year. Your dependent care expenses must be necessary in order for you and your spouse to work or actively look for work or attend school as a full-time student.

Eligible Dependent Care Expenses

- Child care for a dependent age 13 or less, provided at a day care center or through a private provider
- Child care for a dependent over age 13 if he/she is physically or mentally incapable of caring for him or herself
- Nanny services in the home associated with the care of a dependent
- Day camps associated with the care of a dependent
- Pre-school tuition that is day care related (price of tuition alone is not eligible)
- After-hours care that results from working odd hours or overtime

Ineligible Dependent Care Expenses

- Tuition cost for pre-school that is not associated with day care services, or for first grade and above
- Housekeeper/nanny services in the home that is not associated with care of a dependent
- Education related fees for classes or camps not associated with care of a dependent
- Entertainment related expenses
- Materials fee (i.e. books, clothing, food, etc.)
- After-hours care not associated with work

Dependent Care claims will be reimbursed only up to your account's current balance. If a dependent care expense exceeds the dependent care balance, you'll be reimbursed the additional amount as contributions are made to your account through your payroll deductions.

Contribution Maximums	
Benefit Coverages	**Maximum Amount**
Health Care FSA	$3,050
Dependent Care FSA	$5,000

Health Reimbursement Arrangement (HRA)

Elms College offers a Health Reimbursement Account in conjunction with the following plans:

- HMO Wise Saver 3450 BUY UP
- PPO Wise Saver 3450
- HMO Essential 5000

Each employee enrolled on the eligible medical has an account that will reimburse per the schedules below:

After you've satisfied your portion of the deductible, Health Equity will automatically deduct funds from your Elms College-funded HRA account to pay for any eligible service that will apply to the next portion of your deductible. Eligible expenses include deductible expenses associated with the eligible plan. Office visit and prescription copays are NOT eligible.

Health Equity will automatically reimburse you for those expenses via direct deposit or check.

- Funds run according to the plan year (July 1st – June 30th)
- Unused HRA dollars do not roll over from year to year
- ***Prescriptions may need to be submitted manually – please call Health Equity for additional information***

HMO Wise Saver 3450 + PPO Wise Saver 3450:

You pay up to:

$2,450 per individual

$4,900 per family

Elms Reimburses for deductible expenses up to:

Per Individual: up to $1,000

Per Family: up to $2,000

HMO Essential 5000

You pay up to:

$3,000 per individual

$6,000 per family

Elms Reimburses for deductible expenses up to:

Per Individual: up to $2,000

Per Family: up to $4,000

Dental Insurance

College of Our Lady of The Elms will continue to offer dental insurance through Guardian.

	Guardian All Employees 00036100	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$0	$25
Family	$0	$75
Waived for Preventive Care?	Yes	No
Annual Maximum		
Per Person / Family	$1,200	$1,200
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%

Employee Contributions (Bi Weekly 26 per yr)	
Dental PPO	
Employee	$18.62
Employee & 1 Dep	$34.74
Employee & 2+ Deps	$58.01

Vision Insurance

College of Our Lady of The Elms provides vision insurance through Guardian.

Benefit Coverage	All Employees In-Network
Copay	
Routine Exams	$10 copay
Materials	$25 copay
Lenses	
Single Vision Lenses	$25 copay
Bifocal Lenses	$25 copay
Trifocal Lenses	$25 copay
Frames	
Retail Equivalent	$130 allowance
Contact Lenses	
Necessary / Prescribed	$25 copay
Elective	$60 copay
Other Services	
Laser Corrective Surgery	Discount available
Frequency	
Routine Exams	12 months
Lenses	12 months
Frames	24 months
Contact Lenses (Elective)	12 months

Employee Contributions (Bi-Weekly)	
Vision	
Employee	$3.05
Employee & Spouse	$5.59
Employee & Child(ren)	$6.43
Employee & Spouse & Child(ren) (Family)	$9.65

Benefits Provided to You by Elms College

Life and AD&D Insurance

College of Our Lady of The Elms provides basic Life and A&D benefits to eligible employees. All eligible employees will receive one time their annual salary, up to $300,000. Be sure to designate a beneficiary for the life insurance benefit.

Benefits begin to decrease at age 70.

Long Term Disability Insurance

College of Our Lady of The Elms offers long-term income protection through Guardian in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $10,000. Benefit payments begin after 140 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Voluntary Benefits

Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life/AD&D insurance with Guardian if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Short Term Disability

You may elect to enroll in short term disability coverage through Colonial. Please speak with a Benefits Counselor for additional information.

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Colonial Life & Accident Insurance Co group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness

Accident & Injury

Accidents can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

This year, Open Enrollment will take place in Employee Navigator.
You are strongly encouraged to make an appointment with a Benefits Counselor to review the new system and enroll.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Contacts

USI Mobile App

College of Our Lady of The Elms is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Download in the App Store or Google Play Store and enter code J98596 in the app to access your benefit highlights.

Have Questions? Need Help?

College of Our Lady of The Elms is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical HMO	Health New England	413-787-4004	www.hne.com
Medical PPO	Health New England	413-787-4004	www.hne.com
Dental PPO	Guardian	888-600-1600	www.guardianlife.com
Vision	Guardian	888-600-1600	www.guardianlife.com
Health Savings Account	Health Equity	866-346-5800	www.healthequity.com
Health Reimbursement Arrangement	Health Equity	866-346-5800	www.healthequity.com
Life and AD&D	Guardian	888-600-1600	www.guardianlife.com
Voluntary Life and AD&D	Guardian	888-600-1600	www.guardianlife.com
Long Term Disability (LTD)	Guardian	888-600-1600	www.guardianlife.com
Section 125	Health Equity	866-346-5800	www.healthequity.com
Voluntary Critical Illness	Colonial Life & Accident Insurance Co	800-247-4695	www.coloniallife.com
Accident	Colonial Life & Accident Insurance Co	800-247-4695	www.coloniallife.com
Voluntary Short Term Disability	Colonial Life & Accident Insurance Co	800-247-4695	www.coloniallife.com

Additional Benefits

Important information regarding additional benefits can be viewed in the Human Resources section on the Policies and Procedures webpage accessible via ElmsConnect. If at any time this document and the policy as published are not the same, the policy published on the web shall govern.

Vacation Policy

Elms College offers up to 5 weeks of vacation time to all full-time benefitted staff.

Sick Time

All individuals employed by Elms College are provided with paid sick time in accordance with College policy and the Earned Sick Time law, M.G.L. c. 149 § 148C.

Summer Hours

Full-time eligible employees of the college are able to work reduced hours with no reduction in pay in the summer. Hours may vary from year to year.

Paid Volunteer Time

The College feels strongly about living out the mission and charism of the Sisters of St. Joseph, therefore, eligible employees are provided one regularly scheduled work day a year for community service activities.

Retirement Plan

The retirement plan through TIAA-CREF is available to all employees upon hire. Elms College matches a percentage.

Please utilize the following steps to enroll:

1. Visit http://www.tiaa-cref.org/elms and open your account. The Plan #500558
2. Complete the salary deferral agreement and return it to HR. The Salary Deferral Agreement is available under the Human Resources section on the Policies and Procedures webpage accessible via ElmsConnect.
3. HR will confirm your account is open online and if it is open the salary deferral is processed with payroll, if it is not HR will contact you and let you know your account is not open.

To make changes to your benefit, please complete the Salary Deferral Agreement.

For questions regarding your TIAA-CREF account, please call 1-800-842-2252

Tuition Programs

The college offers tuition programs for eligible employees and their dependents as outlined below.

Tuition Programs for Elms Courses

Full-time employees, their spouse, and qualified dependents (as defined by IRS guidelines), subject to all admissions and other academic requirements, are eligible for tuition waiver/discount for courses taken at Elms College.

Tuition Programs for Courses at other Colleges and Universities

The College participates in the following tuition programs with other participating schools:

Tuition Exchange Program (TEP) - provides the opportunity for eligible employees and their dependents to apply for a TEP scholarship at over 677 participating schools both in the United States and abroad. To view the full list of participating institutions please visit the TEP website: www.tuitionexchange.org

Council of Independent Colleges Tuition Exchange Program (CIC-TEP) - provides the opportunity for eligible employees and their dependents to apply for a scholarship at over 700 participating institutions both in the United States and Abroad. To view the full list of participating institutions please visit the CIC website: www.cic.edu

Cooperative Tuition Exchange Program – provides the opportunity for eligible employees and their dependents to attend one of the following local institutions tuition free: AIC, Bay Path, Springfield College, Western New England University.

Catholic Colleges Cooperative Tuition Exchange (CCCTE) – provides the opportunity for eligible employees and their dependents to apply for a CCCTE scholarship to enroll full-time in an undergraduate program at approximately 70 CCCTE member institutions. To view the full list of participating institutions please visit the CCCTE website: http://www.cccte.org

2023-2024 Holiday Schedule

Holiday	Observed	College Closed
New Year's Day	1/2/23	Monday, 1/2/23
Martin Luther King Jr. Birthday	1/16/23	Monday, 1/16/23
President's Day	2/20/23	Monday, 2/20/23
Good Friday	4/7/23	Friday, 4/7/23
Easter Monday	4/10/23	Monday, 4/10/23
Memorial Day	5/29/23	Monday, 5/29/23
Juneteenth Day	6/19/23	Monday, 6/19/23
Independence Day	7/4/23	Tuesday, 7/4/23
Labor Day	9/4/23	Monday, 9/4/23
Columbus Day	10/9/23	Monday, 10/9/23
Veterans Day	11/11/23	11/10/23
Thanksgiving	11/22/23-11/24/23	Wednesday, 11/22/23- Friday,11/24/23
Christmas Recess	Monday, 12/25/23-1/1/24	Administrative Offices will be closed: Monday, 12/25/23-1/1/24

Martin Luther King's Birthday	1/15/24	Monday, 1/15/24
President's Day	2/19/24	Monday, 2/19/24
Good Friday	3/29/24	Friday, 3/29/24
Easter Monday	4/1/24	Monday, 4/1/24
Memorial Day	5/27/24	Monday, 5/27/24
Juneteenth Day	6/19/24	Wednesday, 6/19/24
Independence Day	7/4/24	Thursday, 7/4/24

Other Employee Perks

Parking

Free parking is available to all full-time and part-time employees of the College. A valid Elms College parking sticker must be displayed on the driver's side rear window. To register for your parking sticker, please visit https://www.elms.edu/about-elms/public-safety/parking-regulations/

BJ's Membership

All employees are eligible for a BJ's membership at a reduced fee. Membership renews annually at BJ's on or after August 31.

Pet Insurance

Through our membership with the Chicopee Chamber of Commerce, employees can purchase pet insurance at a discounted price. Informational brochures are available in Human Resources.

Casual Friday

Employees may dress in casual attire on Fridays.

Verizon Wireless

Verizon offers a discount to employees of Elms College (with some restrictions, account must be in employee's name). Employees should visit www.verizon.com/discounts/ and sign up for an account or log in. Once logged in, you will need to enter your work email address to apply the discount. If you need additional assistance, contact Verizon's Government Support at 1-800-922-0204.

Computer Purchase

Through the College's computer purchase program, you can order a Dell computer for personal use at a discount. Please contact the Help Desk at 413-265-2390 or helpdesk@elms.edu

Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

HMO Wise Max $3,450: $3,450 individual / $6,900 family
PPO Wise Max $3,450: $3,450 individual / $6,900 family
HMO Essential $5,000: $5,000 individual / $10,000 family

Copays apply after the deductible has been met.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Health New England generally requires 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 Health New England at 413-787-4004.

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

You do not need prior authorization from Health New England 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 Health New England at 413-787-4004.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Cheryl Smith
291 Springfield Street
Chicopee, Massachusetts United States 01013
413-265-2253
Smithc911@elms.edu

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Date: May 9, 2023
Contact:
Cheryl Smith
291 Springfield Street
Chicopee, Massachusetts United States 01013
413-265-24253
Smithc911@elms.edu

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from College of Our Lady of the Elms About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with College of Our Lady of the Elms and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **College of Our Lady of the Elms has determined that the prescription drug coverage offered by the HMO Wise 3450, PPO Wise 3450, and HMO Essential 5000 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current College of Our Lady of the Elms coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current College of Our Lady of the Elms coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with College of Our Lady of the Elms and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information or call Health New England Member Services 416-787-4004. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through College of Our Lady of the Elms changes. You also may request a copy of this notice at any time.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE

FOR USE ON OR AFTER APRIL 1, 2011

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	May 9, 2023
Name of Entity/Sender:	College of Our Lady of the Elms
Contact--Position/Office:	Cheryl Smith, Human Resources Director
Address:	291 Springfield Street, Chicopee, MA 01013
Phone Number:	413-265-2253

CMS Form 10182-CC **Updated April 1, 2011**

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 January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA 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	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)	**KANSAS – Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – 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	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	**MASSACHUSETTS – Medicaid and CHIP**

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 January 31, 2023, 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

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.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 and employment based health coverage offered by your employer.

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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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% 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.1

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.

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, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)	
College of Our Lady of the Elms	04-2225850	
5. Employer address 291 Springfield Street	6. Employer phone number 413-265-2253	
7. City Chicopee	8. State MA	7. City Chicopee
10. Who can we contact about employee health coverage at this job? Cheryl Smith		
11. Phone number (if different from above)	12. Email address Smithc911@elms.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:
    Full time faculty and staff
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:
    Spouses and dependent children
  - [ ] We do not offer coverage.

[ ] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

- 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)