



ALLEGANY COLLEGE
of MARYLAND

BENEFITS GUIDE

JULY 1, 2019 – JUNE 30, 2020



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For Your Guide

Welcome!

In the following pages, you will learn more about the valuable benefits offered by Allegany College of Maryland. You will also see how choosing the right combination of benefits can help protect you and your family's health and finances – and your family's future.

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Benefit Information

About Your Choices

Your Health and Welfare Benefits Plan

ACM offers a wide variety of benefits and gives you the opportunity to customize a benefits package that meets your personal needs.

Benefit	Who pays the cost?
Medical Coverage which includes Rx	You & ACM
Flexible Spending Account	You
Health Savings Account	You & ACM
Dental Coverage	You & ACM
Vision Coverage	You & ACM
Long Term Disability	ACM
Voluntary Life Insurance	You
Voluntary Critical Illness & Accident Coverage	You

When Benefits Begin

Your benefits begin on the first day of the month following your initial date of hire if you are full-time employee.

About Your Choices

Please read this booklet carefully before making any decisions. Once you've read the booklet, review each area, one at a time, and consider your options.

Once you have made your decisions complete your enrollment forms and return to the Human Resource Department.

We sincerely value your commitment and contributions to the company and hope you are able to make to most of your benefit opportunities.

Who is Eligible?

You are eligible to join Allegany College of Maryland's plan if you are a regular, full-time Employee, who is scheduled at least 30 hours Per Pay Period.

You may also enroll your dependents in Allegany College of Maryland's Plan when you enroll. Eligible dependents include:

- Your spouse, to whom you are legally married (who is neither divorced nor legally separated; common-law and domestic partners are excluded);
- You or your Spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian; or
- An unmarried child age 26 or over who is or becomes disabled and dependent upon you; or
- A full-time student up to age 26.

To be eligible for coverage under the Plan, a dependent must reside within the United States.



Benefit Information

About Your Choices

When Can I Enroll?

You can sign up for benefits at any of the following times:

- When you are first eligible to participate;
- During the annual enrollment period;
- Within 31 days of a qualified family status change.

If you do not enroll at the above times, you must wait for the next annual enrollment period. Pre-existing condition exclusions may apply to certain benefits.

Choosing Your Benefits

Some benefits – like Long Term Disability– are automatic. You do not need to choose them because Allegany College of Maryland pays the entire cost. You must, however, actively choose any benefit for which you pay.

Your part of the cost is automatically taken out of your paycheck before your taxes are calculated (Medical, Dental, Voluntary Life).

There is a definite advantage to paying for benefits with before-tax money. Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

When Coverage Ends

Coverage will end if you reduce hours to under 30 hours Per Pay Period or you terminate employment. Benefit coverage will cease for:

- Voluntary Life/AD&D, on the last day of the month of your status change.
- Medical and Dental - on the last day of the month in which your status changes unless you elect COBRA continuation coverage.

Benefit Information

About Your Choices

Making Changes

Generally, you can only change your benefit choices during the annual benefits enrollment period. However, you may be able to change your coverage at any time throughout the year if you have what the IRS considers a *Family Status Change*. Examples of such a status change would include:

- Your marriage, divorce, legal separation or annulment;
 - The birth, adoption, placement for adoption or legal guardianship of a child;
 - A change in your Spouse's employment or involuntary loss of health coverage (other than coverage under the Medicare or Medicaid programs) under another employer's plan;
 - Loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying for premiums on a timely basis;
 - The death of a Dependent;
 - Your Dependent child no longer qualifying as an eligible Dependent;
 - A change in your or your Spouse's position or work schedule that impacts eligibility for health coverage;
 - Benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent;
- Termination of you or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the Human Resource Department within 60 days of termination);
 - You or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact the Human Resource Department within 60 days of determination of subsidy eligibility);
 - A strike or lockout involving you or your Spouse; or
 - A court or administrative order.

If you have a status change, and you wish to change your benefit elections, contact the Human Resource Department within 31 days of the change event.

If you do not complete the change within 31 days of a family status change, you will have to wait until the next annual enrollment period to change your benefit elections.

Medical Insurance

To Fit Your Needs

Medical Coverage

Allegany College of Maryland's medical plans are administered by **Care First Administrators**, one of the most widely-recognized carriers in the country. In this section, you'll be able to review the many benefits of the plans, including a variety of tips and resources for members of our plan. We encourage you to review this information carefully to be sure that you take full advantage of the benefits of these plans which can help you take control of your health and well-being.

You pay a portion of the cost, which varies according to the number of dependents you wish to cover and the plan you chose. Contributions are deducted on a pre-tax basis based on 24 pay periods. You may elect not to enroll in either plan.

A summary is provided on the following pages.

PLAN	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee (24 pays)	Cost to Employee (22 pays)	Cost to Employee (20 pays)	Cost to Employee (18 pays)
CareFirst Administrators - GOLD Plan							
Employee	\$7,924.80	\$2,181.60	\$5,743.20	\$90.90	\$99.16	\$109.08	\$121.20
Employee + Child	\$11,915.52	\$3,340.32	\$8,575.20	\$139.18	\$151.83	\$167.02	\$185.57
Employee + Spouse	\$15,821.28	\$4,498.08	\$11,323.20	\$187.42	\$204.46	\$224.90	\$249.89
Family	\$21,134.64	\$6,374.64	\$14,760.00	\$265.61	\$289.76	\$318.73	\$354.15
CareFirst Administrators - SILVER Plan							
Employee	\$6,922.80	\$1,179.60	\$5,743.20	\$49.15	\$53.62	\$58.98	\$65.53
Employee + Child	\$10,412.16	\$1,836.96	\$8,575.20	\$76.54	\$83.50	\$91.85	\$102.05
Employee + Spouse	\$13,817.04	\$2,493.84	\$11,323.20	\$103.91	\$113.36	\$124.69	\$138.55
Family	\$18,464.40	\$3,704.40	\$14,760.00	\$154.35	\$168.38	\$185.22	\$205.80
CareFirst Administrators - BRONZE Plan (Qualified HDHP)							
Employee	\$6,417.84	\$674.64	\$5,743.20	\$28.11	\$30.67	\$33.73	\$37.48
Employee + Child	\$9,654.72	\$1,079.52	\$8,575.20	\$44.98	\$49.07	\$53.98	\$59.97
Employee + Spouse	\$12,807.36	\$1,484.16	\$11,323.20	\$61.84	\$67.46	\$74.21	\$82.45
Family	\$17,119.20	\$2,359.20	\$14,760.00	\$98.30	\$107.24	\$117.96	\$131.07

Medical Insurance – GOLD PLAN

PPO Plan Summary

MEDICAL SERVICES (Gold Plan	
	In-Network	Out of Network
Annual Deductible	\$250 per Individual \$500 per Family	\$1,000 per Individual \$2,000 per Family
Coinsurance	10% of Allowed Benefit	40% + Balancing Billing
Out-Of-Pocket	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family
Preventive Care	Covered in Full	40% of Allowed Benefit, Subject to Deductible
Physician Visit	Physician Office: \$25 Copay Specialist: \$50 Copay	40% of Allowed Benefit, Subject to Deductible
Emergency Room (True Emergency)	\$200 Copay (waived if admitted)	Covered as In-Network
Hospitalization	10% of Allowed Benefit, Subject to Deductible	40% of Allowed Benefit, Subject to Deductible
Rx	\$50/\$150 Deductible, then \$10/\$20/\$35 \$20/\$40/\$70 for 90 day supply (30 day supply for specialty)	\$50/\$150 Deductible, then \$10/\$20/\$35 \$20/\$40/\$70 for 90 day supply (30 day supply for specialty)

Note: When you use Non-Network providers, you must also pay any charges between the Allowed Price and the providers charges. Charges over the Allowed Price are not applied to the Out-of-Pocket Maximum.

This summary is intended as a guide to the coverage provided, for a complete description of the coverage terms and limitations please refer to the Summary Plan Description. In case of a discrepancy, the Summary Plan Description will govern.

Medical Insurance – SILVER PLAN

PPO Plan Summary

MEDICAL SERVICES	Silver Plan	
	In-Network	Out of Network
Annual Deductible	\$1,500 per Individual \$3,000 per Family	\$5,000 per Individual \$10,000 per Family
Coinsurance	20% of Allowed Benefit	50% + Balancing Billing
Out-Of-Pocket	\$4,800 Individual / \$9,600 Family	\$10,000 Individual/ \$20,000 Family
Preventive Care	Covered in Full	50% of Allowed Benefit, Subject to Deductible
Physician Visit	Physician Office: \$35 Copay Specialist: \$60 Copay	50% of Allowed Benefit, Subject to Deductible
Emergency Room (True Emergency)	\$200 Copay (waived if admitted)	Covered as In-Network
Hospitalization	20% of Allowed Benefit, Subject to Deductible	50% of Allowed Benefit, Subject to Deductible
Rx	\$50/\$150 Deductible, then \$15/\$25/\$40 \$30/\$50/\$80 for 90 day supply (30 day supply for specialty)	\$50/\$150 Deductible, then \$15/\$25/\$40 \$30/\$50/\$80 for 90 day supply (30 day supply for specialty)

Note: When you use Non-Network providers, you must also pay any charges between the Allowed Price and the providers charges. Charges over the Allowed Price are not applied to the Out-of-Pocket Maximum.

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Medical Insurance – BRONZE PLAN

PPO Plan Summary

MEDICAL SERVICES	Bronze Plan (Qualified High Deductible Health Plan)	
	In-Network	Out of Network
Annual Deductible	\$2,700 per Individual \$5,400 per Family	\$5,000 per Individual \$10,000 per Family
Coinsurance	15% of Allowed Benefit	50% + Balancing Billing
Out-Of-Pocket	\$5,500 per Individual \$11,000 per Family	\$10,000 per Individual \$20,000 per Family
Preventive Care	Covered in Full	50% of Allowed Benefit, After Deductible
Physician Visit	Physician Office: \$45 Copay After Deductible Specialist: \$70 Copay after deductible	50% of Allowed Benefit, After Deductible
Emergency Room (True Emergency)	\$200 Copay after deductible (waived if admitted)	Covered as In-Network
Hospitalization	15% of Allowed Benefit, After Deductible	50% of Allowed Benefit, After Deductible
Rx	Medical Deductibles Apply \$15/\$25/\$40 After Deductible \$30/\$50/\$80 for 90 day supply after deductible (30 day supply for specialty)	Medical Deductibles Apply \$15/\$25/\$45 after deductible \$30/\$50/\$80 for 90 day supply after deductible (30 day supply for specialty)

Note: When you use Non-Network providers, you must also pay any charges between the Allowed Price and the providers charges. Charges over the Allowed Price are not applied to the Out-of-Pocket Maximum.

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Medical Insurance

To Fit Your Needs

Special Medical Plan Features

Nurse Care Manager– Available 24/7, care coordinators can provide information to help you make more informed health care decisions. Call any time when you want to learn more about a recent diagnosis, a minor sickness or injury, men's, women's, and children's wellness, how to take Prescription Drugs safely, self-care tips and treatment options, healthy living habits, or any other health related topic.

NurseLine is available to you at no cost.

Call: 1-800-459-2110 ext 2132

Key Benefit Terms

COBRA

A Federal law that allows workers and dependents who lose their medical, dental or medical flexible-spending account coverage to continue any of these benefits for a specified length of time by electing and paying for continuation benefits.

Coinsurance

Coinsurance is the percentage of Eligible Expenses that you are responsible for paying. Coinsurance is a fixed percentage that applies to certain Covered Health Services after you meet the Annual Deductible.

Copayment (Copay)

A Copayment (Copay) is the amount you pay each time you receive certain Covered Health Services. The Copay is a flat dollar amount and is paid at the time of service or when billed by the provider. Copays do not count toward the Annual Deductible. If the Eligible Expense is less than the Copay, you are only responsible for paying the Eligible Expense and not the Copay.



Annual Deductible

The Annual Deductible is the amount of eligible expenses you must pay each calendar year for Covered Health Services before you are eligible to begin receiving Benefits. The amounts you pay toward your Annual Deductible accumulate over the course of the calendar year.

Amounts paid toward the Annual Deductible for Covered Health Services that are subject to a visit or day limit will also be calculated against that maximum benefit limit. As a result, the limited benefit will be reduced by the number of days or visits you used toward meeting the Annual Deductible.

Out-of-Pocket Maximum

The annual Out-of-Pocket Maximum is the most you pay each calendar year for Covered Health Services. If your eligible out-of-pocket expenses in a calendar year exceed the annual maximum, the Plan pays 100% of Eligible Expenses for Covered Health Services through the end of the calendar year.

Expenses incurred for the following are not be applied toward the Out-of-Pocket Maximum:

- Premiums;
- Any charges that exceed eligible expenses;
- Any charges for non-covered health services.

Medical Insurance

To Fit Your Needs

Network and Non-Network Providers

As a participant in this plan, you have the freedom to choose the doctor you prefer each time you need to receive care. The choices you make affect the amounts you pay, as well as the level of benefits you receive and any benefit limitations that may apply.

You are eligible for the network level of benefits under this plan when you receive health services from doctors and other health care professionals who have contracted with Care First Administrators to provide those services. For facility services, these are benefits for covered health services that are provided at a network facility under the direction of either a network or non-network physician or other provider. Network benefits include physician services provided in a network facility by a network or a non-network anesthesiologist, emergency room physician, pathologist and radiologist. Emergency health services are always paid as network benefits.

Generally, when you receive covered health services from a network provider, you pay less than you would if you receive the same care from a non-network provider. Therefore, in most instances, your out-of-pocket expenses will be less if you use a network provider.

If you choose to seek care outside the network, the plan generally pays benefits at a lower level. You are required to pay the amount that exceeds the eligible expense. The amount in excess of the eligible expense could be significant, and this amount does not apply to the out-of-pocket maximum. You may want to ask the non-network provider about their billed charges before you receive care. Emergency services received at a non-network hospital are covered at the network level.

Network

Network providers have entered into a service agreement with Care First Administrators.

Any particular CFA's provider's status may change as providers enroll or terminate their agreements. Therefore, it is important that you confirm the provider's status before you receive services.

Contact Care First Administrators at 1-866-945-9839 or use the website, www.cfablue.com to find doctors or hospitals nationwide.

You can go to any doctor, specialist or hospital that is in your network for care without a referral. That's because the plan is an "open access" PPO plan. By seeing an in-network provider, you'll receive the highest level of benefit at the least amount.

Non-Network

Non-Network Providers - these providers have not entered into a service agreement with Care First Administrators. When you choose these providers, you may have substantial out-of-pocket expense. Benefits are paid to you directly and you are responsible for paying the provider.

Deductibles for Non-Network Providers are combined with deductibles for Network providers. The out of pocket maximums are also combined.

For benefit information on any of these providers, refer to the Summary Plan Description.

Who is in My Network?

Visit: www.cfablue.com

Call: 1-866-945-9839

Prescription (Rx) Insurance

To Fit Your Needs

Prescription – Rx

The Prescription Drug plan is with CVS Caremark, managed by Rx Benefits. The Prescription Plan's network of participating pharmacies is nationwide. The Prescription Drug plan is imbedded into your medical insurance and cannot be selected on its own. RxBenefits provides Member Services which can assist you with every aspect of your pharmacy benefit plan, from answering questions and ordering ID cards to resolving complex issues.



Deductibles, per plan year – GOLD and SILVER

Deductible, per plan year, Individual	\$50
Deductible, per plan year, Family	\$150

Deductibles, per plan year – BRONZE (HDHP)

Deductible, per plan year, Individual	Medical Deductibles Apply
Deductible, per plan year, Family	Medical Deductibles Apply

GOLD - Copay per Prescription

	Retail 30-day supply	Mail Order 90-day supply
Generic	\$10	\$20
Preferred Brand	\$20	\$40
Non-Preferred Brand	\$35	\$70

SILVER - Copay per Prescription

	Retail 30-day supply	Mail Order 90-day supply
Generic	\$15	\$30
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$40	\$80

BRONZE- Copays per Prescription, after deductible

	Retail 30-day supply	Mail Order 90-day supply
Generic	\$15	\$30
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$40	\$80



800.334.8134 or www.RxBenefits.com

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Dental Insurance

To Fit Your Needs

About Your Dental Coverage

Allegany College of Maryland offers a dental plan through Delta Dental. You pay a portion of the cost, which varies according to the number of dependents you wish to cover. Contributions are deducted on a pre-tax basis. You may elect not to enroll in the plan.

The dental plan offer you a network of providers but also allows you to receive treatment from a provider of your choice. However, if you use a network provider you will pay lower out of pocket costs.

This chart shows how much the plan pays for certain dental services. If you receive services by an out-of-network provider, you will have to pay the difference between your dentist's charges and Delta Dental's allowable fee in addition to your normal percentage of cost.



Visit:
www.deltadentalins.com
Call: 1-800-932-0783

Delta Dental	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee (24 pays)	Cost to Employee (22 pays)	Cost to Employee (20 pays)	Cost to Employee (18 pays)
Employee	\$307.68	\$153.84	\$153.84	\$6.41	\$6.99	\$7.69	\$8.55
Employee + Child(ren)	\$501.60	\$250.80	\$250.80	\$10.45	\$11.40	\$12.54	\$13.93
Employee + Spouse	\$576.96	\$288.48	\$288.48	\$12.02	\$13.11	\$14.42	\$16.03
Employee + Spouse + Child(ren)	\$766.56	\$383.28	\$383.28	\$15.97	\$17.42	\$19.16	\$21.29

Dental Benefits Description	Delta Dental PPO dentists	Premier and non-Delta dentists
Benefit Maximum	\$1,200	\$1,000
Deductible	\$50/\$150	\$50/\$150
Diagnostic & Preventive (exams, cleanings, x-rays & sealants)	100%	100%
Basic Services (filings)	70%	70%
Endodontics (root canals)	70%	70%
Periodontics (gum treatment)	70%	70%
Oral Surgery	70%	70%
Major Services (crowns, inlays, onlays and cast restorations)	50%	50%
Prosthodontics (bridges and dentures)	50%	50%

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Vision Insurance

To Fit Your Needs

About Your Vision Coverage

Allegany College of Maryland offers a vision plan through National Vision Administrators LLC (NVA). This coverage is provided to all full-time employees at no cost. Employees may elect to cover their spouse and/or dependents.



Find A Provider:

www.e-nva.com

USE Group Number : 3092000001

Registration not required.

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% After \$15 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$50
Lenses (oversized included) Once Every Plan Year	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% Covered 100% Up to \$100 Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$50 Up to \$70 Up to \$100 Up to \$90 Up to \$160 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$10
Frame Once Every Plan Year	Retail Allowance <ul style="list-style-type: none"> Up to \$65[Ⓞ] (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$30
Contact Lenses Once Every Plan Year	In lieu of Lenses & Frame	In lieu of Lenses & Frame
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$100 Retail[Ⓞ] (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$80
Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear	<ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$20 Up to \$30 Up to \$50
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$230
Low Vision Aids**** Once Every Two Plan Years	<ul style="list-style-type: none"> Covered 100% Up to 75% of \$1000 	<ul style="list-style-type: none"> Up to \$125 Up to 75% of \$1000
Supplementary Testing Supplemental Aids	<ul style="list-style-type: none"> Covered 100% Up to 75% of \$1000 	<ul style="list-style-type: none"> Up to \$125 Up to 75% of \$1000

NVA - Vision	Employee Cost Per Month	Cost to Employee (24 pays)	Cost to Employee (22 pays)	Cost to Employee (20 pays)
Employee	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child(ren)	\$4.05	\$2.03	\$1.84	\$2.03
Employee + Spouse	\$3.38	\$1.69	\$2.21	\$2.43
Employee + Spouse + Child(ren)	\$7.76	\$3.88	\$4.23	\$4.66

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Flexible Spending Accounts

What is a Flexible Spending Account?

A Flexible Spending Account (FSA), also known as a reimbursement account, allows you to pay for a variety of out-of-pocket health care expenses with pre-tax dollars. **ConnectYourCare** administers Allegany College of Maryland's Flexible Spending Accounts.

- **Medical Flexible Spending Account** allows you to set aside pre-tax dollars from your paycheck to cover eligible health care expenses that are incurred and not reimbursed by your and your dependents' medical or dental insurance.
- **Dependent Care Flex Spending Account** allows you to set aside pre-tax dollars from your paycheck to cover eligible expenses that you incur to work to take care of your eligible dependents. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elderly care.

How Does a Flexible Spending Account Work?

When you sign up for the FSA, you elect an amount that will cover your expected out-of-pocket health care expenses for the Plan Year. The Plan Year is from July 1, 2019 to June 30, 2020. The total amount you elect will be divided by the number of paychecks for your contract length (24, 22, 20, 18). Your contribution is withheld from your paycheck before taxes and will begin the first pay period after the Plan Year begins or initial eligibility.

If you are hired mid-year, the deductions will be based on the remaining pay periods left in the plan year after your eligibility date.

Employees can access their accounts on-line: ConnectYourCare.com or (877) 292 – 4040.

Who is Covered?

Expenses for yourself and your eligible dependents can be reimbursed through a FSA. Eligible dependents for the health care FSA include your spouse, children, and any other person who is a qualified IRS dependent.

How Much Can & Should You Contribute?

There are limits on the amount you can contribute to your Flexible Spending Accounts:

- Medical Flexible Spending Limits - a maximum of \$2,700 per benefit plan year
- Dependent Care Flex Spending Limits – a maximum of \$5,000 per household per benefit plan year

The trick to using Flexible Spending Accounts is deciding how much to contribute each pay period. If you contribute less than the amount of your actual eligible expenses, you miss out on tax savings. If you contribute more than the amount of your actual eligible expense, you give up the extra money. FSA medical plans allows for up to \$500 that can be rolled over to the next plan year.

You have up to thirty days after the plan year ends to submit qualified expenses for reimbursement incurred during the prior year.

Tax Savings Example	With FSA	Without FSA
Annual Gross Income	\$30,000	\$30,000
Employee Contributions	-\$2,000	None
Taxable Income	\$28,000	\$30,000
Federal, State & FICA Taxes	-\$5,040	-\$5,400
Eligible Expenses Paid After-Tax	None	-\$2,000
Remaining Disposable Income	\$22,960	\$22,600
Tax Savings	\$360	None

Health Savings Account

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is like a 401(k) for health care – a tax-advantaged account that you can use for qualified medical expenses today or save for the future. You may elect to enroll in an HSA if you are enrolled in the Bronze Medical Plan, a Qualified High Deductible Health Plan.

Yours forever - Your HSA is owned by you, is immediately 100% vested, and never expires.

Use it Today! – Use your pre-tax HSA funds to cover health expenses today.

Grow it for Tomorrow – HSAs earn interest and may be invested. Even better, unused HSA funds roll over each year and continue to earn interest and grow.

Maximize your Savings

Because HSA contributions are set aside before taxes are taken from your paycheck, the amount of income you pay taxes on is reduced and you SAVE money.

Employer Contribution

Allegany College of Maryland will contribute \$400 per fiscal year towards an HSA for employees enrolled in the Bronze Medical Plan.

How Does a Health Savings Account Work?

When you sign up for the HSA, you elect an amount that you would like deducted from each pay. The Plan Year is from July 1, 2019 to June 30, 2020. The total amount you elect will be divided by the number of paychecks for your contract length (24, 22, 20, 18). Your contribution is withheld from your paycheck before taxes and will begin the first pay period after the Plan Year begins or initial eligibility. If you are hired mid-year, the deductions will be based on the remaining pay periods left in the plan year after your eligibility date.

What's covered?

Some examples of eligible expenses include Coinsurance and deductibles, chiropractic visits, Eye exams, glasses and contacts, therapy, dental care, orthodontia, smoking cessation programs, hearing aids, laboratory fees, and even some over-the-counter items. A full list of eligible expenses can be found at [ConnectYourCare.com](https://connectyourcare.com).



Life Insurance

To Fit Your Needs

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

All full-time position control/budgeted employees may elect to purchase Basic Term Life Insurance and AD&D in an amount that equals either one times the amount of base salary or one-half the amount of base salary, with maximum coverage up to \$100,000. This coverage is provided by Sun Life.

Basic Life and AD&D monthly rate per \$1000 of coverage is \$0.243

Example: Base salary \$25,554
 Election: ½ base salary
 Coverage: \$13,000
 Monthly premium: \$3.16

(\$13,000 divided by \$1000 times \$0.243)



Life insurance upon Initial Employment

Employees may receive life and AD&D insurance coverage for themselves noted above without going through the underwriting process. The insurance becomes effective on the first day of the month following your initial hire date. Life insurance elected after initial employment will require a physician statement and must be approved by Sun Life. Coverage and deductions in payroll for coverage will not be effective until coverage approval by Sun Life.

This summary is intended as a guide to the coverage provided, for a complete description of the coverage terms and limitations please refer to the Summary Plan Description. In case of a discrepancy, the Summary Plan Description will govern.

Other Insurance

To Fit Your Needs

Disability

Allegany College of Maryland provides Long-Term Disability Benefits to all full-time position control/budgeted employees at no cost to the employee. This coverage is provided by Sun Life.

Long-Term Disability (LTD): Your LTD benefit equals 60% of your monthly base earnings to a maximum benefit of \$8,000 per month. These benefits begin after 120 days of absence from work due to your illness or injury. Please refer to the Summary Plan Documents for eligibility and exclusions.

Workers Compensation

All Employees

Workers' compensation covers documented on-the-job injuries for all individuals on the College's payroll. The benefit covers all approved medical costs and also provides compensation while the employee is absent from work (provided the claim is approved). No reimbursement is received for the first three days after the injury unless the employee is out of work for more than 14 days. An employee who is involved in an accident while on college premises **must** contact his/her supervisor and the Office of Human Resources immediately. Any reports of an accident/illness need to be processed through the Office of Human Resources within three days of the incident.

Unemployment Insurance

All Employees

Unemployment compensation may be available upon termination of employment with the college as determined by the rules and regulations set forth by the State of Maryland, Office of Unemployment Insurance.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

Employees and their family members may be eligible to continue existing health coverage for a limited period of time under certain circumstances through a program known as COBRA. This program allows health/dental benefits to be continued without interruption and requires that the individual pays the cost of the premium in full, plus a 2% administrative charge. Full details are available at the employee's exit interview and in the initial COBRA Notification letter sent to new employees and their covered dependents (if they elect health insurance).

Retiree Health Benefits

Certain full-time employees may be eligible to continue coverage with the college after retirement by paying the cost of the premium if they were enrolled in health and/or dental immediately preceding retirement. *For more details, see Policy 07.005.*

New Voluntary Benefits from SunLife

Allegany College of Maryland realizes you make benefit choices based on what is important to you and the needs of your changing lifestyle. That's why we make voluntary benefits available as a part of our benefit package to help you supplement your existing benefits plan. You can now customize your own benefits package to protect your family.

Sunlife will be administering new group Accident and Critical Illness with Cancer policies. You will have the opportunity to sit down with an enrollment counselor and understand how these benefits will integrate with the core benefit offering. It is important to know that all of these products are individually owned and portable. If you change careers or retire from the company, you may continue the programs at no additional cost.

Employee Assistance Program

Allegany College of Maryland wants to cultivate growth and enhance the life of its staff and their families. Knowing that no one gets through adult life without problems, Allegany College of Maryland provides an Employee Assistance Program through the Western Maryland Health Systems Behavioral Health Services or the on-site counseling services offered at ACM.

The Employee Assistance Program is intended to help employees deal with personal problems that might adversely impact their job performance, health, and well-being. Allegany College of Maryland's goal is to provide avenues of support and assistance to their employees and their families in coping with personal and work-related problems.

The Employee Assistance Program addresses issues, such as life changes, life challenges, job stress and burnout, and coping with difficult situations or difficult people.

All Allegany College of Maryland full-time employees and their families are eligible for this program. There is no charge for the first five counseling sessions. If extended counseling is needed, the charges will become the responsibility of the employee and employee benefit plan.

If anyone would like to find out more information about what the Employee Assistance Program is and what it offers, you can contact Allegany College of Maryland's Human Resource Department at 301-784-5230 or 301-784-5231.

EAP Includes:

- Five (5) face-to face counseling sessions per issue, per year
- Your entire household is eligible to use the program
- Single point of contact for all life management needs
- Always confidential and free of charge

You can talk to your EAP counselor confidentially about:

- Anxiety and depression
- Emotional/personal conflicts
- Grief and loss
- Managing stress and change
- Marital conflicts
- Parenting
- Questions about alcohol/drug use/gambling addictions

Call 1-240-964-8585

To schedule an appointment

COBRA Coverage

To Fit Your Needs

Continuing Your Coverage

Under certain circumstances, you may continue your health coverage when they would otherwise end. This is called COBRA coverage. COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA applies to these plans:

- Medical Insurance
- Dental Insurance

When Can I Continue Under COBRA?

You and/or your dependents are eligible to continue health care coverage under COBRA if:

- You leave Allegany College of Maryland for any reason other than gross misconduct;
- Your work hours are reduced, and you are no longer eligible for benefits;
- You die;
- You become entitled to and enroll in Medicare prior to losing coverage;
- You divorce or legally separate from your spouse;
- Your dependent loses dependent status.



The following chart shows how long you can continue your COBRA coverage.

If you lose coverage because...	Then you can continue coverage for...
You are no longer eligible	18 months
You are no longer eligible and either you or your dependent is disabled (according to Social Security definition) within 60 days of your loss of eligibility.	29 months

If your dependent loses coverage because...	Then you can continue coverage for...
Of your death	36 months
You become eligible for Medicare after your COBRA election begins	36 months
You and your spouse divorce	36 months
He or she is no longer a dependent (because of age or divorce)	36 months

When COBRA Ends

COBRA coverage will end before the end of the continuation period (see chart above) if:

- You become covered under another group health plan after your coverage with Allegany College of Maryland ends (unless the plan had Pre-Existing Condition limitations that affect you or your dependents);
- You become eligible for Medicare after your COBRA election begins;
- You do not make premium payments on time;
- Allegany College of Maryland's group benefit plans are discontinued.

Leave

To Fit Your Needs

ACM provides many types of leave for employees. They are designed to provide income for days away from work due to illness, to provide days for leisure and enjoyment, and to provide time to take care of personal business during the year. Different classes of employees are eligible for different types of leave and, for this reason, each type of leave description will specify who is eligible. For more detailed information about the requirements regarding these leaves, call the Human Resources Office or see the procedures online.

Annual Leave (Vacation Time)

Full-time administrators and professional staff earn annual leave up to 160 hours per year, or 13.33 hours per month. Support Staff earn up to 80 hours in their first year of employment, 120 hours in their 2nd, 3rd, 4th, and 5th year employment, and 160 hours after 5 years of employment. Hours are pro-rated for contracts less than 12 months per fiscal year.

	Professional Staff , 12 month Faculty, and Administrators	Associate Support Staff	Faculty with contracts less than 12 month
Year One	160 hours	80 hours	Built into Academic Calendar
Year 2, 3, 4 and 5	160 hours	120 hours	
Years 6 and after	160 hours	160 hours	

Leave

To Fit Your Needs

Sick and Safe Leave

In the event that an employee becomes ill and is unable to work, sick leave is provided for full-time and eligible part-time employees. Since it may be accumulated indefinitely for full-time employees, it can become a substantial benefit in the event of extended disability or illness. Part-time employees may accrue up to 64 hours of sick and safe leave in a fiscal year.

Full-time employees earn sick leave at a rate of up to 18 days per year or one and one-half days per month. Days are pro-rated for contracts less than 12 months per fiscal year.

Contract Length	Days per Fiscal Year	Hours per Fiscal Year
12 month	18	144
11 month	16.50	132
10 month	15	120
9 month	13.50	108

Part-time eligible employees can earn up to 40 hours per year, carry-over a balance of 40 hours per fiscal year, and have up to 64 hours per accrued sick and safe leave.

Employees have no vested ownership in sick and safe leave; the leave may be used only for stated purposes in Policy 03.001.02. Sick and safe leave is not payable to employees upon retirement, resignation or termination, except that sick and safe leave is credited to service time at time of retirement from Allegany College of Maryland through eligible retirement with Maryland State Retirement and Pension System.

Sick Leave Bank

A full-time employee can elect to join the sick leave bank upon hire, or open enrollment. The sick leave bank allows members 60 additional sick leave days after they have exhausted all sick and vacation leave. Must meet the qualifications of the Sick Leave Bank Policy, 03.003.

Leave

To Fit Your Needs

Holidays

Allegany College of Maryland observes the following occasions:

- ❖ Independence Day
- ❖ Labor Day
- ❖ Memorial Day
- ❖ Thanksgiving Day and the Friday after Thanksgiving Day
- ❖ Winter recess – 10 business days, to include Christmas Day and New Year's Day
- ❖ Good Friday, and the Thursday prior to Good Friday

Bereavement Leave

Full-time employees are entitled to three work days of bereavement leave to attend the funeral and/or attend to the affairs of the deceased in the event of the death of an immediate family member. Immediate family members are defined as an employee's spouse, parents, stepparents, sibling, child, step-child, grandchild, grandparent, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepbrother, stepsister, foster child, or any member of the employee's household. In special circumstances the supervisor may approve bereavement leave for others not defined above. All regular, full-time employees may take up to one (1) day off with pay to attend the funeral of a close, non-family member. This time off will be considered by the employee's supervisor on a case-by-case basis.

Military

Full- and part-time employees who are in the uniformed services can take accrued annual, or leave without pay, to serve in the uniformed services.

Court Duty

A full-time employee who is called to serve on a jury or is subpoenaed as a court witness to testify in a proceeding to which the employee or a related party is not personally involved is granted special leave with pay for the period that he or she is required to be in court, plus any necessary time for travel.

Family & Medical Leave Act

FMLA to Fit Your Needs

Family and Medical Leave Act of 1993

FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a rolling 12-month period measured backward from the date an employee uses any FMLA leave for specified family and medical reasons.

Employer Coverage – FMLA applies to all private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year and who engaged in commerce or in any industry or activity affecting commerce – including joint employers and successors of covered employers.

Employee Eligibility – To be eligible for FMLA benefits an employee must:

1. Work for a covered employer;
2. Have worked for the employer for a total of at least 12 months;
3. Have worked at least 1,250 hours over the 12 months preceding the leave; and,
4. Work at a location where at least 50 employees are employed by the employer within 75 miles or take work direction from corporate headquarters.

Leave Entitlement

1. For the birth or placement of a child for adoption, or foster care
2. To care for an immediate family member (spouse, child, or biological parent) with a serious health condition or
3. To take medical leave when the employee is unable to work because of a serious health condition
4. Caregiver Leave – Up to 26 weeks of unpaid leave to care for a parent, child spouse or next of kin (nearest blood relative) who has incurred a serious injury or illness while on active military duty.

FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

Employees must use all accrued paid leave (such as sick leave, vacation, and compensatory time) before a leave will be classified as unpaid.

“Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment connected with inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical-care facility;
- Any period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by, or under the supervision of, a health care provider; or
- Continuing treatment by, or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days, and for prenatal care.

“Health care provider” means:

1. Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices; or
2. Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; or
3. Nurse practitioners and nurse-midwives authorized to practice, and performing within the scope of their practice, as defined under state law; or
4. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.



Family & Medical Leave Act

FMLA to Fit Your Needs

Maintenance of Health Benefits – A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee has continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.

In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

Job Restoration – Upon return from FMLA leave, an employee must be restored to his or her original job, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, an employer may refuse to reinstate certain highly paid "key" employees after using FMLA leave during which health coverage was maintained. In order to do so, the employer must:

- Notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;
- Notify the employee as soon as the employer decides it will deny job restoration and explain the reasons for this decision;
- Offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice; and
- Make a final determination as to whether reinstatement will be denied at the end of the leave period of the employee that requests restoration.
- A "key" employee is a salaried "eligible" employee who is among the highest paid ten percent of employees within 75 miles of the worksite.

Notice and Certification – employees seeking to use FMLA leave may be required to provide:

- Thirty days advance notice of the need to take FMLA leave when the need is foreseeable;
- Medical certifications supporting the need to leave due to a serious health condition affecting the employee or an immediate family member;
- Second or third medical opinions and periodic recertification (at the employer's expense); and
- employee's status and intent to return to work.

When leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

Unlawful Acts – It is unlawful for any employer to interfere with, refrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

Enforcement – FMLA is enforced, including investigation of complaints, by the U.S. Labor Department's Employment Standards Administration, Wage and Hour Division. If violations cannot be satisfactorily resolved, the Department may bring action in court to compel compliance. An eligible employee may also bring a private civil action against an employer for violations.

Check your employee handbook for additional information on FMLA. California state CFRA, PDA may also apply. Please contact the Human Resource Department for more information.

Retirement & Savings Programs

To Fit Your Needs

As an educational institution of the State of Maryland, ACM has access to state-funded retirement programs which are offered to employees.

Retirement Plans

Employees classified as faculty, administrators and professional staff whose position requires a baccalaureate degree or higher may choose to participate in either the Maryland State Pension System or Optional Retirement Plan (ORP). Employees classified as support staff must participate in the Maryland State Pension System.

- ***Maryland State Pension System***

Includes both the Teachers' and Employees' Pension Systems; vested after 10 years of service; mandatory 7-percent employee contribution.

- ***Optional Retirement Plan***

A defined contribution plan with immediate vesting with one of two carriers: TIAA-CREF or Fidelity; the state contributes 7.25 percent of your base salary to your account.

Tax Deferred Annuity Plans (Supplemental Retirement Plans)

As an educational institution, it is possible for AMC employees to shelter a portion of their salary. There are several companies from which to choose: TIAA-CREF and Fidelity. Tax laws govern enrollment and administration of the plans.

Allegany County Teachers Federal Credit Union

Employees of ACM are eligible to join the Allegany County Teachers Federal Credit Union. The credit union can be reached at 301-729-8015.

Professional Development & Education

To Fit Your Needs

The college values our employees and believes that it is their right and responsibility to take an active role in personal and professional development. Throughout the year, many opportunities are provided in a variety of ways – on-campus, webinars, or seminars and events off-campus. In addition, ACM provides opportunities to further post-secondary education for you and your eligible family members.

Tuition Reimbursement

Within the available budget, full-time budgeted employees are eligible for reimbursement of tuition for courses taken at accredited colleges other than Allegany College of Maryland. Such reimbursement is limited to 18 credits per fiscal year and reimbursement is only granted if the course(s) are approved in advance and completed successfully. Reimbursement is provided within budgetary provisions. Complete policy and procedures can be found in Policy 06.004.

Tuition Waiver for ACM Courses

ACM Faculty and Staff are eligible for waived tuition at the time of enrollment for courses at Allegany College of Maryland.

Full-time Employees spouses and eligible children may also enroll for any ACM credit course for no tuition charge. An eligible child is defined as a biological, step-child or legally adopted child, single and under the age of 26. Verification of eligibility may be requested by the Human Resource Office. Policy 06.001.

Candidates for tuition waiver must file the “Verification of Full-Time Employee and Dependents Tuition Waiver” and submit with Registration forms to the Business Office. The “Verification of Full-Time Employee and Dependents Tuition Waiver” is available at the Human Resources Office.

Part-time Support and Professional Staff are eligible for waived tuition for any job-related or curriculum-goal-related Allegany College of Maryland credit course after completing 750 hours of service to the College. Restrictions and procedures can be found at Policy 06.001.

Part-time employees for tuition waiver must file a “Request to Enroll for Tuition Waiver for ACM Credit Courses-Part-Time Employees”, available from the Human Resource Office. The form must be signed by the Supervisor, Dean/Vice-President and President and presented to the Business Office with Registration Forms.

Fee Reimbursement

Any applicable registration fee, laboratory fees, books, supplies, or other associated costs are the financial responsibility of the enrolled.

Wellbeing at ACM

Wellness programs are offered to employees to foster wellbeing in our lives. Exercise and education classes are offered at no cost to employees at varying times of the workday throughout the year. Flex time for Wellness and Education is also provided to employees for participation during the normal workday. Employees may extend their lunch time to attend classes for education or wellness. The Flextime for Wellness and Education Form must be completed by the employee and supervisor prior to enrollment. Restrictions and procedures can be found in Policy 06.005. Additionally, employees may enjoy a reduced membership rate at the Cumberland YMCA and have the membership fees payroll deducted.

Facilities and Services

To Fit Your Needs

Athletic and Fitness Center

Allegany College of Maryland's facilities include, the Fitness Center, which includes treadmills, bikes, ellipticals, rowing machines, hand weights, big weights, nautilus equipment, swimming pool, gymnasium, and outside tracks, which include the mile track and the quarter mile track. Allegany College of Maryland's students and staff have full access to these facilities. The fitness centers hours of operation vary. Please visit the website for available hours each semester. <https://www.allegany.edu/x2520.xml>

Library

Imagine a library that welcomes you. At Allegany College of Maryland, our librarians and staff encourage your questions and help guide you in the right direction - whether it's a book from our traditional stacks and special collections at the Donald L. Alexander Library in Cumberland, including our renowned Appalachian Collection, or information from an online database. We can also help you order books from other libraries in Maryland through the interlibrary loan system, and show you how to access online databases off-campus so you can conduct research at home. Hours of operation can be found on our website. <https://www.allegany.edu/x102.xml>

Bookstore

The Bookstore offers a variety of products, office supplies and gifts. Hours of operation can be found on our website. <https://www.allegany.edu/x178.xml>

Campus Cafe

Allegany College of Maryland Dining Services are provided by Metz Culinary Management. Located in the College Center, our restaurant atmosphere with a special flare of home offers a variety of tastes for all guests. Quality, nutritious menus are available. Hours of operation can be found on our website. <http://www.alleganymetz.com/>

Nurse Managed Wellness Clinic

The NMWC supports health and wellness through education with the goal that all individuals become informed self-directed consumers of health care. We offer [services](#) provided by a team of healthcare professionals and managed by a Certified Nurse Practitioner. A list of services and hours of operation can be found at <https://www.allegany.edu/x3501.xml>.

Wellbeing Services provided by Select Allied Health Programs

- Dental Hygiene services for Adults and Children are provided by our Dental Hygiene Students in ACM's Dental Hygiene Clinic. All students are supervised by Dental Hygiene Faculty. Hours vary. <https://www.allegany.edu/x364.xml>
- Massage Therapy appointments are available and provided by our Massage Therapy Students in ACM's Massage Therapy Clinic. Hours vary. Call 301-784-5598 for an appointment.

Additional Information

Important Notices

The Newborns' and Mothers' Health Protection Act of 1996

The Newborns' and Mothers' Health Protection Act of 1996 prohibits group and individual health insurance policies from restricting benefits for any hospital length of stay for the mother or newborn child in connection with childbirth; (1) following a normal vaginal delivery, to less than 48 hours, and (2) following a cesarean section, to less than 96 hours. Health insurance policies may not require that a provider obtain authorization from the health insurance plan or the issuer for prescribing any such length of stay. Regardless of these standards an attending health care provider may, in consultation with the mother, discharge the mother or newborn child prior to the expiration of such minimum length of stay.

Further, a health insurer or health maintenance organization may not:

1. Deny to the mother or newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage;
2. Provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum coverage;
3. Provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage;
4. Require a mother to give birth in a hospital; or
5. Restrict benefits for any portion of a period within a hospital length of stay described in this notice.

These benefits are subject to the plan's regular deductible and co-pay. For further details, refer to your SPD. Keep this notice for your records and call the Human Resource Department for more information.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires Allegany College of Maryland to notify you, as a participant or beneficiary of Allegany College of Maryland's Health and Welfare Plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You, as a participant or beneficiary, have rights to coverage to be provided in a manner determined in consultation with your attending physician for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Protheses; and
4. 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. Contact your Human Resources Representative for more information.

Additional Information

Important Notices

HIPAA 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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days (or any longer period that applies under the plan) after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a State Children's Health Insurance Program (SCHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a SCHIP program with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and SCHIP. As described above, a 30-day or any longer period that applies under the plan period applies to most special enrollments.

To request special enrollment or obtain more information, contact the Human Resource Department.

Your Right to Receive a Notice of Privacy Practices

Allegany College of Maryland is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a paper copy of its Notice of Privacy Practices by contacting the HR Office at 301-784-5159.

The notice may be viewed and obtained electronically at <https://empallegany.sharepoint.com/sites/port/humanresources>



Additional Information

Important Notices

Important Notice from Allegany College of Maryland 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 Allegany College of Maryland 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 current coverage and Medicare's prescription drug coverage:

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. Allegany College of Maryland has determined that the prescription drug coverage offered by the Plan 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 through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 Allegany College of Maryland coverage will be affected. Eligible individuals are able to enroll in a Part D plan as a supplement to the company sponsored coverage, and the two coverages will coordinate. Medicare individuals will still be eligible to receive all of their current medical coverage if they choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your Allegany College of Maryland prescription drug coverage, be aware that you and your dependents will not 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 coverage with Allegany College of Maryland 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 coverage, your premium may consistently be at least 19% higher than the 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.

Additional Information

Important Notices

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

Contact our office for further information at the phone number listed below. 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 Allegany College of Maryland changes. You also may request a copy of this notice at any time.

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 whether or not you are required to pay a higher premium (a penalty).

Date:	2019
Name of Entity/Sender:	Allegany College of Maryland
Contact--Position/Office:	Melinda Duckworth – Director of Human Resources
Address:	12401 Willowbrook Road SE Cumberland, MD 21502
Phone Number:	301-784-5230

Additional Information

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)**.

ALABAMA - Medicaid	FLORIDA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA - Medicaid	GEORGIA - 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	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS - Medicaid	INDIANA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA - Medicaid	KANSAS - Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY - Medicaid	NEW HAMPSHIRE - Medicaid
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
LOUISIANA - Medicaid	NEW JERSEY - Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	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
MAINE - Medicaid	NEW YORK - Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS - Medicaid and CHIP	NORTH CAROLINA - Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/mas-she-alth/ Phone: 1-800-862-4840	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA - Medicaid	NORTH DAKOTA - Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health_care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI - Medicaid	OKLAHOMA - Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA - Medicaid	OREGON - Medicaid and CHIP
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA - Medicaid	PENNSYLVANIA - Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEVADA - Medicaid	RHODE ISLAND - Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

SOUTH CAROLINA - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	VIRGINIA - Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON - Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA - Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH - Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.p_d_f Phone: 1-800-362-3002
VERMONT - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING - Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Administration U.S. Department of Health and Human Services Employee Benefits Security Administration
Centers for Medicare & Medicaid Services www.dol.gov/agencies/ebsa
www.cms.hhs.gov

1-866-444-EBSA (3272) 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.

Contact Information

Who to Call

This chart provides a list of our benefit partners, the plans they administer and their contact information.

Carrier	Plan	Group Number	Phone Number	Website
Human Resources Department			301-784-5159 301-784-5231	www.allegany.edu/hr
Summary Plan Documents	Medical Prescription Dental Vision LTD, Life and AD&D Accidental and Critical Illness Flex Spending HSAs			https://empallegany.sharepoint.com/sites/port/humanresources
Care First Administrators	Medical Plans	ALB	1-800-531-6676	www.cfblue.com
Delta Dental	Dental Plan	07142	1-800-932-0783	www.deltadentalins.com
NVA	Vision Plan	3092	1-800-672-7723	www.e-nva.com
CVS Caremark	Prescription	ALB	1-800-552-8159	www.caremark.com
RxBenefits	Prescription Member Services		1-800-334-8134	www.rxbenefits.com
Sun Life	Voluntary Life LTD Voluntary Critical illness or Accident	64567	1-800-247-6875	http://sunlife-usa.com/planmembers/
ConnectYourCare	FSA HSA		1-877-292-4040	ConnectYourCare.com



This benefit guide describes most of the benefit plans available to you as an employee of Allegany College of Maryland. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description(s). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan document(s), the plan document(s) will govern. Please note that the benefits described in this guide, including type and plan design, may be changed at any time at the discretion of Allegany College of Maryland.