Employee Benefits Guide

January 1, 2025 - December 31, 2025

MID MICHIGAN COLLEGE

midmich.edu

BENEFIT PLAN YEAR

JANUARY 1, 2025 – DECEMBER 31, 2025

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This Employee Benefit Summary provides general information about eligibility, enrollment and benefit options as a convenient reference. All benefits are governed by plan documents, any discrepancies between the information in this booklet and the plan documents shall be governed by the plan documents. If you require further explanation or need assistance with provider benefits, claims processing or any benefits related questions, please contact Human Resources.

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Eligibility & Enrollment | 2025

ELIGIBILITY

EMPLOYEE
You (the Employee) are eligible to participate in the benefits programs if you are working a minimum of 30 hours per week.

LAWFUL SPOUSE
The individual you are legally married to and who is not legally divorced from you.

DEPENDENT CHILD
A child who is related to you or your spouse by birth, marriage, legal adoption or legal guardianship. Newborns are covered as of their date of birth only if enrolled within 30 days of their birth.

Generally, dependents who are less than 26 years old may be eligible for coverage until they turn 26. **For the medical, dental and vision plans,** coverage ends at the end of the month in which they turn 26.

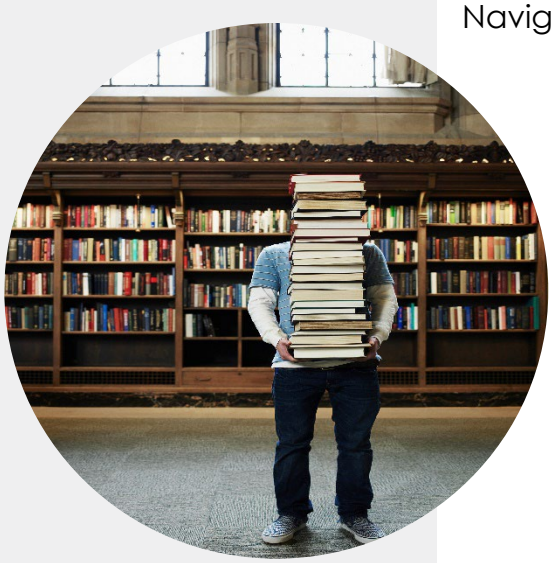
When does coverage begin?
For new hires, coverage will begin on the first day of work after date of hire.

What is Open Enrollment?
The one time during the year when you can make changes to your current elections without a Qualifying Life Event.

What is a Qualifying Life Event?
A Qualifying Life Event is an event that drastically changes an enrollee's eligibility.

What is considered a Qualifying Life Event?
- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's employment status or a change in coverage under another employer-sponsored plan

Medical Opt-Out
This option is available to our employees who can provide proof of other health plan coverage. Employees covered under Mid Michigan's Medical and Prescription Drug plan are not eligible for opt-out. Employees excluded from the opt-out are Medicare/Medicaid recipients, any other publicly funded coverage, and children covered by parents. Employees who enroll in the medical opt-out will receive $3,500 per year, divided over 26 pay periods, pro-rated for employees who start part-way through the calendar year. Please enroll in Medical Opt Out in Employee Navigator and upload a copy of your current medical card.



This is important!

When is Open Enrollment?
It will start on Monday November 4th and end on Friday November 15th. All elections should be made online by November 15th

How do I make changes to my benefits?
Login to Employee Navigator. Further instructions can be found on page 22 of this guide.

Key benefits terms to know

Premiums or Contributions are the amount you pay for covered healthcare services per paycheck. This is the cost of your insurance.

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

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

Coinsurance is the percentage of costs you pay for covered healthcare services (20%, for example) after you've paid your deductible.

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

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

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

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

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

A **High Deductible Health Plan (HDHP)** combines traditional medical coverage and a tax-advantaged **HSA**.

Health Savings Account (HSA) helps save for future medical expenses and is compatible with an **HDHP**.

This one is really important!

Out-of-Pocket Maximum =

Deductible + Coinsurance + Copays

What is it? The most you'll ever have to pay in a year for covered medical expenses. Anything you pay for your deductible, copays and coinsurance applies to this amount. Your premium does not count towards this amount. Generally, if you reach your out-of-pocket max, the insurance company will cover 100 percent of any additional eligible medical expenses.

Contact Information

Refer to the list below when you need to contact someone with a question or concern. For general information, it is best to contact Human Resources. For questions regarding specific benefits, limitations, or claims, contact the number listed on the back of your benefit ID card or the number listed below.

Medical & Rx Drug

Blue Cross Blue Shield of Michigan
(313) 225-9000 / 1-877-790-2583
www.bcbsm.com
Group #: 007000470

Dental

Delta Dental
(800) 524-0149
www.deltadentalmi.com

Vision

Eye Med
(866) 939-3633 / 1-866-800-5457
www.eyemed.com
Group #: 1008682

EAP

Ulliance
(800)448-8326
www.lifeadvisor.com
and use: Company Name: Mid Michigan College
City: Harrison or Mt. Pleasant to access

HSA

Isabella Bank
(989) 386-4500
www.isabellabank.com

FSA / HRA

Kushner & Co.
(269) 488-7430
www.kushner.wealthcareportal.com/
EID #: KUS164

Life & Disability Insurance

Reliance Standard
(800) 351-7000
www.reliancestandard.com
Group #:
LTD109795
GL135927
VGTL648564
VAR648814

Human Resources

Mid Michigan College
(989) 386-6621
hr@midmich.edu

Employee Benefits

Advantage Benefits Group
(616) 458-3597
www.advantageben.com

Medical | 2025

Blue Cross Blue Shield of Michigan Plans

Health care benefits are one of the most important and necessary parts of your benefits package. The following is an explanation of the two plans offered to you through BCBSM. Both plans are Preferred Provider Organization (PPO). This means you can visit any provider of your choosing without a referral and seek services from a non-participating provider. Services with a non-participating provider will have a decreased benefit level and are subject to balance billing. All services, including prescription drugs, are subject to the deductible. Once the full deductible is met, you pay 0% coinsurance and prescription copays.

	PPO HSA	PPO HSA	PPO HSA
Deductible	**$1,650 for Single $3,300 for Family**	**$2,000 for Single $4,000 for Family**	**$3,300 for Single $6,600 for Family**
Coinsurance Maximum	**N/A**	**N/A**	**N/A**
Out of Pocket Maximum	**$2,250 for Single $4,500 for Family**	**$3,000 for Single $6,000 for Family**	**$7,500 for Single $15,000 for Family**
Coinsurance	**100%**	**100%**	**100%**
Preventive Care	Covered	Covered	Covered
Telemedicine	Covered after Deductible	Covered after Deductible	Covered after Deductible
Office Visit	Covered after Deductible	Covered after Deductible	Covered after Deductible
Emergency Care	Covered after Deductible	Covered after Deductible	Covered after Deductible
Prescriptions Tier 1 Tier 2 Tier 3	*Deductible Applies* $5 Copay $25 Copay $50 Copay	*Deductible Applies* $10 Copay $40 Copay $80 Copay	*Deductible Applies* $30 Copay $60 Copay $80 Copay
Out of Network Coverage	80% coinsurance	80% coinsurance	80% coinsurance
	Monthly contribution if you opt to receive the Mid HSA contribution		
Monthly Cost Single Double Family	$394.56 $919.49 $1,120.41	$215.06 $499.28 $606.11	$112.50 $270.00 $337.50
	Monthly contribution if you opt NOT to receive the Mid HSA contribution		
Monthly Cost Single Double Family	$257.06 $644.49 $845.41	$77.56 $224.28 $331.11	$0.00 $0.00 $62.50

Health Insurance Opt-Out: Employees who are eligible to elect health insurance coverage, but choose not to enroll, are eligible for a $3,500 cash opt-out each calendar year. Employees must provide proof of other health coverage. This benefit is prorated in the first year for new hires based on the number of calendar days remaining in the year. This is a taxable cash benefit added to the employee's payroll. Eligible on date of hire. Prorated in the first year for new hires. Employees already covered by another Mid Michigan College employee's coverage are not eligible to receive the opt-out payment.

Pharmacy Savings Program | NEW FOR 2025

Do you want save money on your high-cost medication?

Mid Michigan College is pleased to provide a Pharmacy Savings Program administered by Health Plan Advocate (HPA).

HPA assists with your prescription drug needs by identifying available manufacturer assistance coupons to save you money on your prescription drugs and by helping you better understand your options.

All members with prescription drugs that (1) have a retail cost of $400 or more and (2) have a manufacturer assistance coupon available (a "program-eligible drug") are ***required*** to participate in the program. If you or one of your dependents are taking a program-eligible drug, HPA will contact you to assist with program enrollment

Please do not ignore their outreach in the next 30 days as participation in this program is mandatory!

Why has Mid Michigan College implemented this mandatory program?

The Health Plan Advocate pharmacy savings program is a "*win-win*" situation for Mid Michigan College as a self funded plan and for our members enrolled on our plan. It helps ensure we get maximum value for every benefit dollar spent and the benefit to members when you partner with HPA is **your final cost for your program-eligible drug(s) will be $0!** If you choose not to participate, then instead you will pay the maximum co-pay!

Program related questions call (616) 575-0211 EXT. 206
PHARMSAVINGS@HEALTHPLANADVOCATE.COM

HPA
Health Plan Advocate

Health Savings Account | 2025

ADVANTAGES OF A HEALTH SAVINGS ACCOUNT (HSA)

- Unused balance rolls over tax-free from year to year and is wholly owned by the account owner
- Tax-free earnings for as long as the money stays in the HSA
- Tax-free withdrawals for qualified health care expenses
- Save for future medical needs

The college also provides Health Savings Account (HSA) plan funding to help cover employees' health insurance deductibles: $1,600 for single coverage and $3,200 for 2+ coverage and is contributed by the college annually each January. This benefit is prorated in the first year for new hires.

IMPORTANT HSA INFORMATION

- Employee controls the HSA
- You may elect to contribute up to the IRS limit through pre-tax payroll deduction
- You can change your HSA contribution at any time
- Unused balance in your account rolls over from year to year. This is your money, there is no "use it or lose it" rule to an HSA account

2025 IRS LIMIT FOR HEALTH SAVINGS ACCOUNTS (maximum total amount from all sources)	
Single coverage	$4,300
Double/Family coverage	$8,550
"Catch-Up" contribution *Age 55 & Up*	$1,000

Mid Michigan will contribute to your HSA, if you elect this option and the higher per pay medical contribution:	
Single coverage	$1,650 annually in January
Two Person or Family coverage	$3,300 annually in January

An HSA is allowed if:

- You are enrolled in a qualified High Deductible Health Plan (HDHP)
- You are not covered by other health insurance or health reimbursement arrangement or flexible spending account either as an employee or as a spouse/dependent (unless a Limited Purpose FSA or Limited HRA for dental, vision, post-deductible expenses)
- You are not claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare

HOW DOES AN HSA WORK?

When you are at the doctor's office, urgent care, emergency room or hospital:

- Be sure to show your medical ID card
- Your provider should not require payment up front
- After your visit, your provider will bill your medical insurance
- The medical carrier will process the claim and apply the contracted discount to the amount you owe
- You will receive an Explanation of Benefits from the medical carrier and an invoice from the provider
- You will then pay the bill via your Isabelle Bank HSA debit card
- If you do not have enough money in your HSA account, you can pay the provider with a personal credit card or check, and then reimburse yourself when the account grows or increase your per pay period contributions to increase your balance
- Dental and vision expenses do not track towards the medical deductible; however, you can use your HSA to cover eligible out-of-pocket expenses

Health Savings Account | 2025

How does an HDHP with HSA work?

Your HSA can pay for charges such as copays, prescriptions, services, medical equipment, and more. By using an HSA, you are saving money by investing pre-tax dollars and using that money to pay for medical expenses. This ensures affordability, savings, flexibility and control for you.

HSA BENEFITS

Security Save for high or unexpected bills or future expenses

Affordability Helps keep your monthly premiums lower

Flexibility Pay for medical expenses now or save for future expenses

Savings Save for the future, grow your account through investment options

Control You decide contributions, whether to invest and how to spend

Portability Always your account and it moves with you; you do not lose funds

At the Doctor's

1. Go to the doctor and show your ID card – do not pay at the time of service
2. Claim goes to BCBSM and discounted charges apply to deductible
3. Receive your EOB from BCBSM and your bill from the provider – then pay with your HSA!

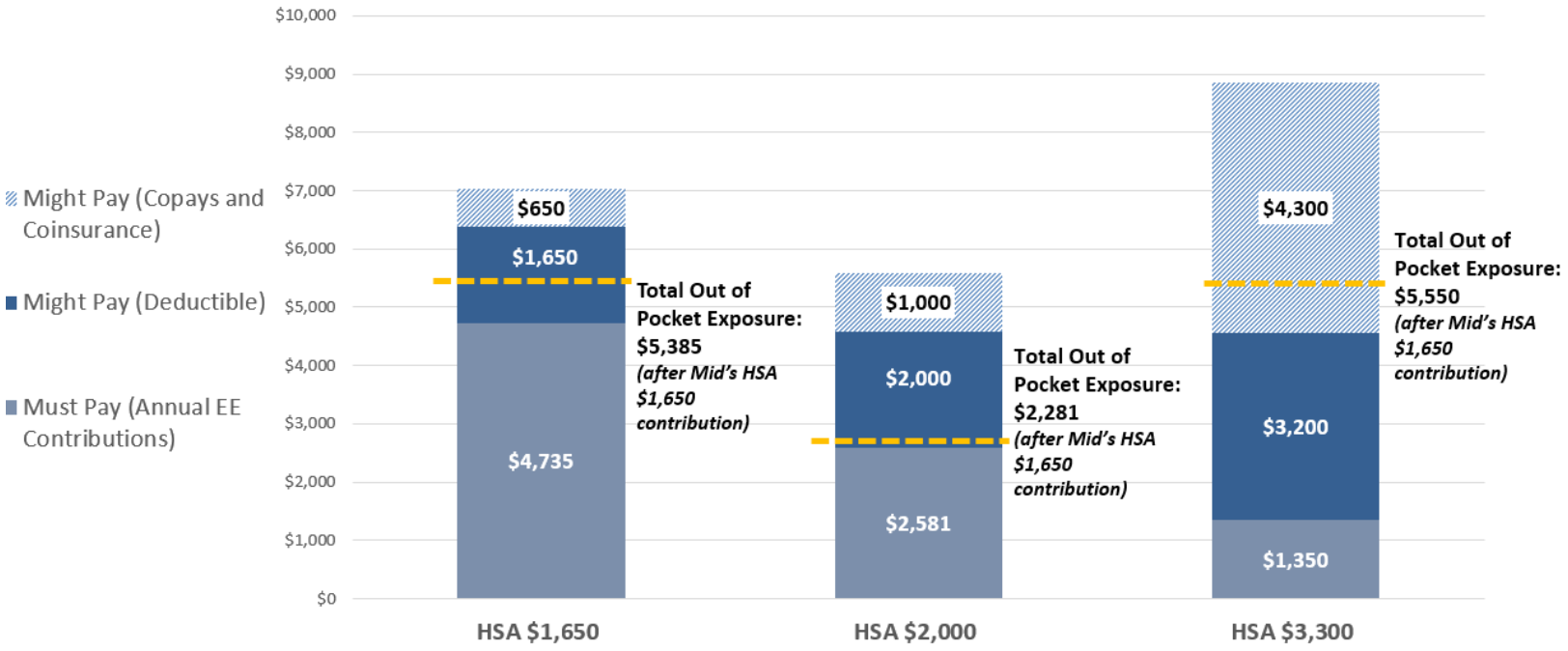
Make sure you save your receipts!

This is important!

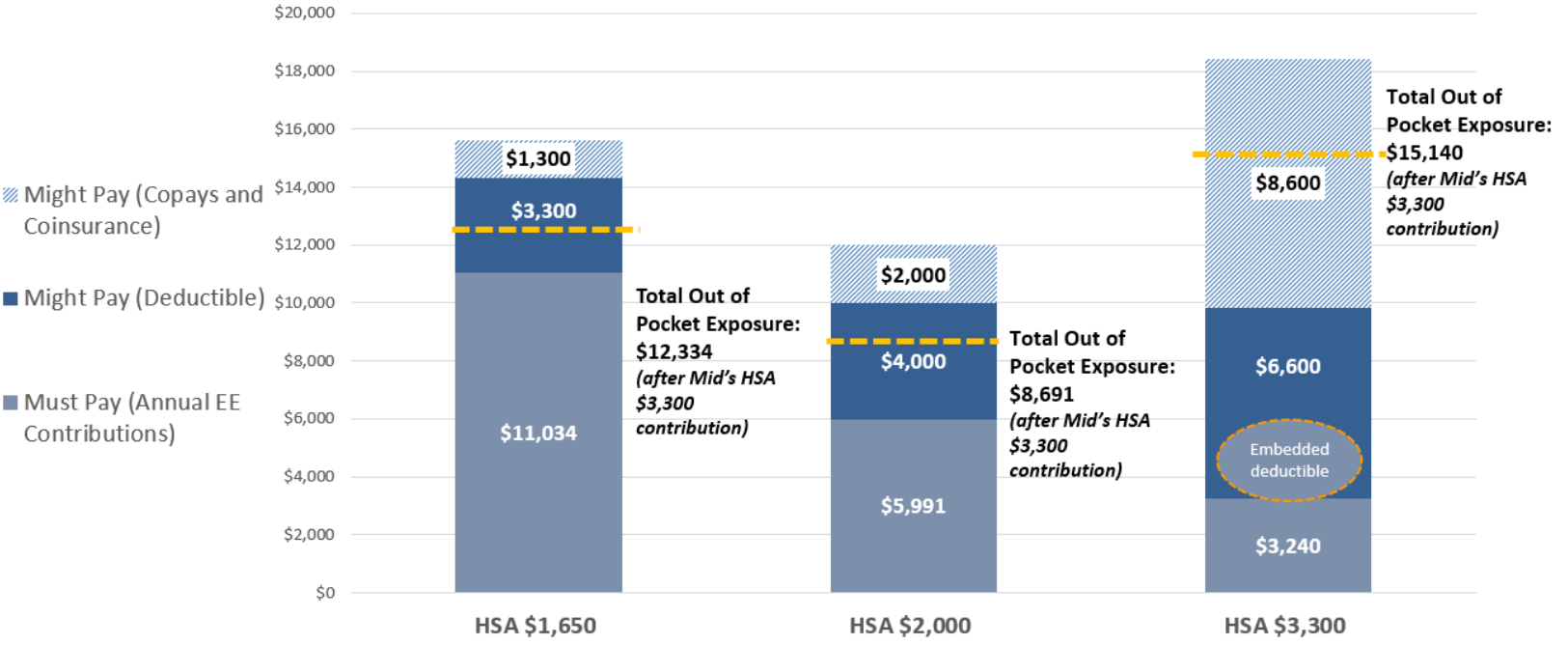
At the Pharmacy

1. Get your Rx from your doctor – at the pharmacy, show your ID card
2. Discounted charges apply, and charges count towards your deductible
3. Pay for your Rx with your HSA card and save your receipt!

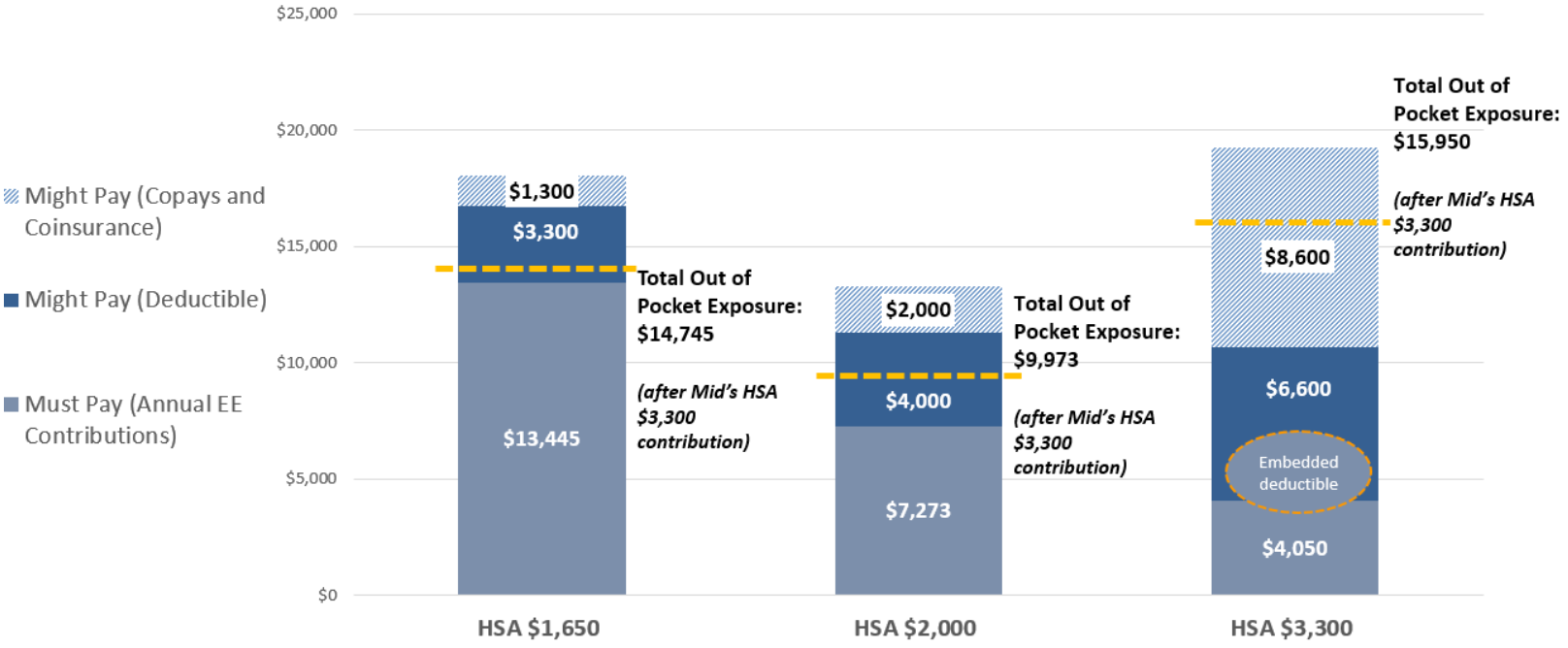
Maximum Plan Cost Comparison – Single Coverage



Maximum Plan Cost Comparison – Double Coverage



Maximum Plan Cost Comparison – Family Coverage



Know your options for care

Do you know where to go for care?

Online virtual care is available, as well as primary care, specialists, urgent care, walk-in clinics and emergency rooms. But remember, it is a $250 copay for every trip to the Emergency Room. You can save your plan money, and yourself, by utilizing resources such as telemedicine and primary care visits.

ONLINE VISITS

BCBSM Online Visits
Mobile – Download the BCBSM Online Visits app
Web – bcbsmonlinevisits.com
Phone – 1-844-606-1608

Medical	Children's Medical	Therapy	Psychiatry
• Treatment for Minor Issues • No appointments required • 24/7 Availability • FREE!	• Doctor's with experience treating children • Treatment for Minor Issues • No appointments required • 24/7 Availability • FREE!	• Provided by Masters and Doctoral level behavioral health clinicians • Daily challenges such as anxiety, depression, grief, insomnia • Appointments required (45 min. visits) • Extended Hours 7 days a week • Regular cost-sharing applies	• Diagnostic interviews and manage medications • Appointments required (45 min. visits with 15 min. follow-up visits) • Extended Hours 7 days a week • Regular cost-sharing applies

24-Hour Nurse Line - FREE
Free medical advice from a registered nurse from the comfort of your home or on the go – anytime day or night

Blue Cross Online Visits - $
Video-chat visits or phone calls with US board-certified doctors or behavioral health professionals, anywhere in the US

Primary Care Doctor - $
Comprehensive, personalized, long-term care provided by a doctor you know and trust

Emergency Room - $$$
Emergency medical care for life-threatening situations

Urgent Care Centers - $$
Convenient in-person care for a wide range of non-emergency situations, even late and on weekends

Retail Health Clinics - $$
Walk-in medical care and prescriptions, if needed, at select drug store chains with extended hours

Do you have a Primary Care Physician?

Establish a relationship with your primary care physician (PCP) and see them for your preventive care! As a reminder, preventive care is covered 100% under your plan. Check out a list of preventive care services on bcbsm.com to see what services are covered 100% under your plan. Your PCP can also assist you with smoking cessation, finding medication that's right for you, yearly examinations, and more. A PCP helps keep you healthy and helps prevent the onset of illness and disease.

PCP INFORMATION

Do you have a PCP?

Find one by searching online at bcbsm.com or make a PCP appointment today!

Covered 100% by the plan

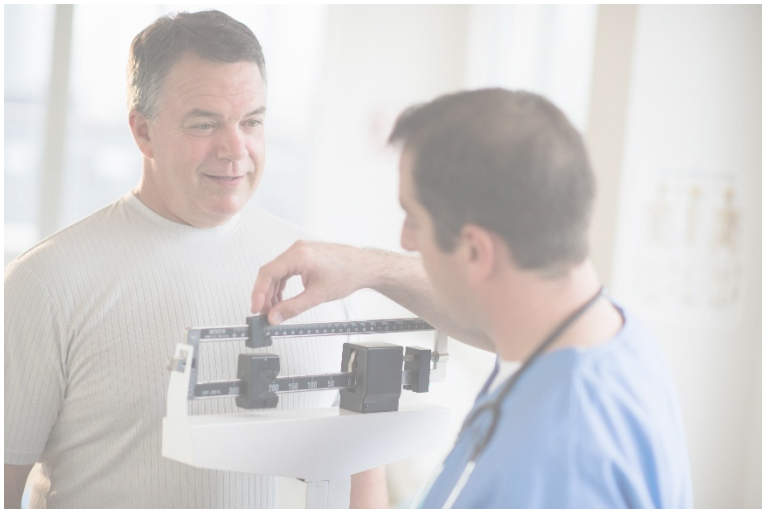
No cost!
No copays!
No coinsurance!

See the preventive care guidelines for details

Available online in the ADP Open Enrollment site or by request from HR.

The benefits of having a PCP:

1. Chronic condition management
2. Same day sick care appointments
3. Prevention – catch health issues early
4. Lower healthcare costs
5. Health history transparency
6. Referrals to other specialists
7. Prescription management

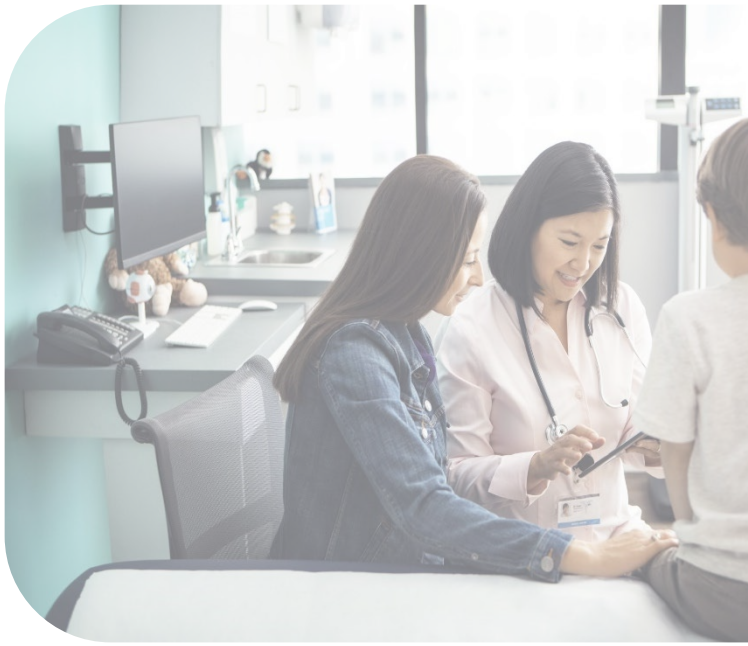


How to save money on prescription costs

There are several pricing tools available that you can access on your phone, through an app, or online. The following websites and apps are fantastic, free tools to help you compare prices, find drug discount programs and coupons, find financial assistance programs, review lower cost alternative options and other cost savings tips!

Compare Prices

Go to Lower-Price Pharmacies



- Many pharmacies offer free or discounted medications: Costco, Sam's Club, Wal-Mart, Meijer, Target

- Shop around; use copay assistance programs, check pricing
  - BCBS.com member site provides real-price estimates
  - Medtipster.com shows you the pharmacies providing discounted maintenance medications
  - GoodRx.com shows you potential copay assistance programs

POWER TO
know. compare. choose.

How to activate your online Blue Cross member account

Enjoy the convenience — and freedom — you get with your account:

- Check your balance and plan's benefits.
- Track your claims and explanation of benefits statements.
- Find care and look up costs.
- Get answers fast to questions about your plan with MIBlue Virtual Assistant℠, an interactive, automated chat feature.
- Show your member ID card, and order more for family members on your plan.

Plus, you can get member discounts, health and well-being resources and more.

ACTIVATE YOUR ACCOUNT IN ONE OF THREE WAYS:

Go online.

1. Go to **bcbsm.com/register** and select *Register Now.*
2. Once your account is activated, you can set up one for each of your dependents.

Use our app.

1. Download the app from the App Store® or Google Play™ (search **BCBSM**).
2. Tap the app and then *Register.*

Text us.

Text **REGISTER** to **222764** to start setting up your account.*

*Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use* and *Privacy Practices.*

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Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Do you know your diabetes risk?

Through lifestyle changes – such as weight loss, healthy eating and exercise – it is possible for those at high risk for developing Type 2 diabetes to delay or prevent its onset

Take the time to answer these simple questions to find out if you are at a high risk for developing diabetes.

To determine your level of risk, add the number of points in the parenthesis for every 'Yes' answer.

1. *Do you have a parent with diabetes?* **(+1)**
2. *Do you have a sibling with diabetes?* **(+1)**
3. *Are you a woman who has ever given birth to a baby weighing over 9 pounds?* **(+1)**
4. *According to the chart below, do you weigh too much for your height?* **(+5)**
5. *Are you younger than 65, but get little to no daily exercise?* **(+5)**
6. *Are you between 45 and 65 years of age?* **(+5)**
7. *Are you 65 or older?* **(+9)**

Did you know?

Diabetes is the seventh leading cause of death in the United States.

Getting diagnosed early can help you manage the disease and avoid risky complications.

If you accumulated **10 or more points** you could have a significant risk of developing prediabetes, a precursor to diabetes marked by higher-than-normal blood sugar levels. It is important that you speak with your health care provider about your unique medical situation so you can begin taking preventative steps.

Height	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
Weight	128	132	137	142	146	151	156	161	166	171	176	181	187	192	198	203	209	215	220

Are you ready to take action?

PARTICIPATE IN THE DIABETES PREVENTION PROGRAM WITH LIVONGO!

Contact the BCBSM Customer Service Team by calling the number on the back of your ID card

LIVONGO CHRONIC CONDITION MANAGEMENT PROGRAMS!

Livongo means living healthier at no cost to you!

Did you know?

- Over 1 million people in Michigan have diabetes – over 12% of the population!
- Over 250,000 have diabetes and don't know it
- 2.7 million people in Michigan have prediabetes
- 50,000 people in Michigan are diagnosed ever year with diabetes

Mid is pleased to announce that we partner with BCBS and Livongo to offer three chronic condition management programs!
Eligible employees will be contacted by Livongo.

$0 cost to you

Prediabetes Management

+ Focused on making weight management achievable
+ Cellular connected scale
+ Food and activity tracking
+ Coaching with personalized outreach

Hypertension Management

+ Cellular connected blood pressure monitor
+ Self-monitoring
+ Food and activity tracking
+ Personalized coaching

Diabetes Management

+ Cellular connected meter with real-time feedback following a glucose reading
+ Food and activity tracking
+ Coaching by certified diabetes care and education specialists
+ Personalized outreach

Dental | 2025

Dental coverage is provided by Delta Dental of Michigan. Delta Dental features the largest dental network in the country, and you have the flexibility of a PPO dental plan that will allow you the option of visiting any provider. By choosing an in-network provider you will receive the highest level of benefits and save on out-of-pocket expenses. However, if you are seeking services from a non-participating provider, Delta Dental will grant you the same benefit level, but the provider may charge you any amount above the Reasonable & Customary amount.

IMPORTANT INFORMATION

No ID card is necessary!

Let your dentist know that you have Delta Dental, and they can confirm you and your dependent(s) eligibility online.

To access a full list of participating providers, visit the MI Delta Dental website at: www.deltadentalmi.com. Upon registering online or downloading the mobile app you will have access to your personal benefits, claims information, and can also view/print ID cards.

PLAN ELEMENTS	PPO PLAN		
	DELTA PPO DENTIST	DELTA PREMIER DENTIST	NON-PARTICIPATING
Diagnostic & Preventative *Exams, cleanings, fluoride, Space maintainers, brush biopsy, X-rays, emergency palliative treatment*	100%	100%	100%
Basic Services *Fillings, crown repair, endodontic services, periodontic services, oral surgery, relines & repairs to prosthetic appliances*	80%	80%	80%
Major Services *Crowns, TMD treatment, prosthodontic services*	50%	50%	50%
Orthodontic Services *Only covers up to age 19. Braces (age 18 and under)*	50%	50%	50%

Dental is offered at zero cost to employees

- **Deductible**

There is NO deductible on your dental plan.

- **Maximum Payment**

$1,500 per person total per Benefit Year on all services except orthodontic services. Orthodontic services have a $1,500 lifetime maximum per person. $1,000 per person total per lifetime on Temporomandibular disorder (TMD).

- **Payment for Orthodontic Service**

When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Vision | 2025

EYE MED

Vision coverage is provided by Eye Med through the Independent Provider Network's INSIGHT network. Your plan comes with access to the largest network of private-practice eyecare doctors in the U.S. With strong provider penetration and quality assurance controls, it's easy for you to receive quality vision care.

No ID card is necessary!
Let your vision provider know that you have Eye Med, and they can confirm you and your dependent(s) eligibility online. For a complete list of in-network providers, use our Enhanced Provider Locator on eyemed.com or call 1-800-804-0982. Upon registering online or downloading the mobile app you will have access to your personal benefits, claims information, and can also view/print ID cards.

IMPORTANT INFORMATION

Using your Eye Med benefit is as easy as 1, 2, 3!

1. Find an eyecare provider who is right for you. To find a doctor, visit eyemed.com or call (800) 877-7195.
2. Review you benefit information. Visit eyemed.com to review your plan coverage before your appointment
3. At your appointment, tell them you have Eye Med. No ID card necessary and there are no claim forms to complete when you see a doctor.

	EYE MED PPO PLAN	
PLAN ELEMENTS	*IN-NETWORK MEMBER COST*	*OUT-OF-NEWTWORK REIMBURSEMENT*
Exams *Every 12 months*	$6 copay	Allowance up to $40
Lenses *Every 12 months*	Single: $18 copay Bifocal: $18 copay Trifocal: $18 copay Lenticular: $18 copay Progressive: $83-128 copay	Single: Up to $29 Bifocal: Up to $51 Trifocal: Up to $75 Lenticular: Up to $75 Progressive: Up to $51
Frames *Every 12 months*	Copay included w/ lenses $130 allowance; 20% off balance over $130	Up to $88
Contact Lenses (in lieu of glasses) *Every 12 months*	$130 allowance; Medically necessary: covered in full	Up to $130; Medically necessary: Up to $300

HOW'S YOUR HEALTH?

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of the diseases cause early and irreversible damage.

Coverage Tier	Monthly Employee Contribution
Single	**$0.00**
Two-Person	**$3.52**
Family	**$7.00**

EYE MED MEMBERS APP

Download the Eye Med Members App today! It's the easy way to view or print your ID card, see benefit details, personal information, view claims and find a provider near you. You can also access resources available with your plan.

Life / AD&D Insurance | 2025

HOW MUCH COVERAGE DO I NEED?

Many financial experts recommend you have five to eight times your household income in life insurance.

BENEFICIARY INFORMATION

It is important to keep your beneficiary information up-to-date. Please utilize Employee Navigator to verify or update beneficiaries.

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

Mid Michigan College provides this benefit through Reliance Standard at no cost to all eligible employees. Life Insurance provides a monetary benefit to your beneficiary in the event of death while you are employed by Mid Michigan College. AD&D Insurance is equal to your Life Insurance benefit amount and is payable to your beneficiary in the event of your death as a result of an accident, it may also pay benefits in certain injury instances.

Basic Life and AD&D	
Benefit	**Administrators:** 1x earnings rounded up to the nearest $1000 of employee's salary up $150,000 max **Faculty Member:** 1x base salary, rounded to the next higher $1,000 up to $150,000 max, subject to a minimum of $70,000 **Support Staff:** Flat $40,000
Benefit Reduction	None

Voluntary Life/Accidental Death & Dismemberment (AD&D) Insurance

Eligible employees can purchase additional life insurance through Reliance Standard. Voluntary Life Insurance provides a monetary benefit to your beneficiary in the event of death while you are employed by Mid Michigan College and is in addition to the Basic Life Insurance provided to you. You must enroll yourself if you wish to elect coverage for any of your dependents. This benefit is age-banded. Rates are available in Employee Navigator.

Voluntary Life and Voluntary AD&D**	
Employee	Coverage is available in increments of $10,000 up to a maximum of $500,000
Spouse	Coverage is available in increments of $10,000 up to a maximum of $500,000; not to exceed 100% of employee elected amount
Dependent Children	**Age 14 Days to 6 Months** $1,000 **Age 6 months up to 20 years (26 FTS)** $2,500 increments up to $10,000
Guarantee Issue (under age 60)	**Employee** $30,000 **Spouse** $20,000 **Children** $10,000
Evidence of Insurability (EOI)	May be required if you are a late entrant and/or request additional coverage above guaranteed issue amount. The EOI form can be found Employee Navigator. You also can request a copy by emailing HR. **NOTE: Voluntary AD&D coverage does not require EOI or medical information for ANY amount
Benefit Reduction	To 60% at age 75, 35% at age 80 (refer to Employee Navigator for full schedule). Coverage terminates at retirement or termination of employment. Spouse coverage terminates at spouse aged 75 (only applies to Vol Life).

This is important!

During New Hire Election Period Only - Employees and their families may elect an amount up to the Guaranteed Issue (see above) without providing a medical questionnaire. If you decline coverage as a new hire and wish to elect coverage in the future, you will be subject to approval based on a health questionnaire.

Disability Insurance | 2025

WHY ENROLL IN DISABILITY INSURANCE?

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

Long-Term Disability

Mid Michigan College provides Long Term Disability (LTD) to all eligible employees administered through Reliance Standard. LTD is provided at no cost to you. LTD offers additional coverage for lost income if you become disabled and are unable to work for an extended period.

Long-Term Disability Provides income protection if you become disabled or are unable to work due to sickness or non-occupational injury for an extended period of time.	
Elimination Period	60 days
Benefit Percentage	66.67% of monthly salary
Maximum Monthly Benefit	**Administrators:** $11,112 **Faculty Members:** $3,000 **Support Staff:** $2,167
Maximum Benefit Duration	Social Security Normal Retirement Age
Definition of Disability	24 months Own Occupation and beyond 24 months Any Occupation

DID YOU KNOW?

- Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.*
- Accidents are NOT usually the culprit. Back injuries, cancer, heart disease and other illnesses cause most long-term absences.*
- Almost 90% of long-term disability claims are caused by illnesses, not accidents, and aren't work related.*

HOW TO FILE A CLAIM?

- Contact your HR department for information and details

*Source: https://disabilitycanhappen.org/disability-statistic/

Flexible Spending Accounts | 2025

FSA Overview

The IRS allows your employer to provide you access to three money-saving, tax-favored vehicles to save money on things you already pay for. The three accounts are the Health FSA, the Limited Purpose Health FSA and the Dependent Care Reimbursement Account. Prior to the beginning of each plan year, you estimate the amount of your anticipated expenses and decide how much of your pay you wish to contribute to the Health FSAs or Dependent Care Account.

Very simply, you have deductions taken in equal installments each payroll into the account available for your use. Your taxable income is reduced by the amount you elect to deposit into this account. Your state, federal and social security taxes are reduced accordingly. Contributions to your account will stop at the end of each year and will not continue unless you elect to participate in the new year. Your participation in the plan will also end at the time you terminate your employment. Remember too that any balance you have at the end of the plan year must be forfeited by law. Plan conservatively so you don't run into the use-it-or-lose-it rule.

Health Flexible Spending Account (FSA)

The Health FSA allows you to reimburse yourself for eligible, medically necessary expenses which are either not covered or are not reimbursed by any other source, up to the annual maximum. The maximum that can be elected is $3,300 per calendar year.

Your balance is available to you on the first day of the plan year, and you pay the account back through the year with payroll deductions. The Health FSA is available for you to reimburse the expenses of all members of your tax family. This means that even if you don't cover your spouse or kids under your employer's health plan, their eligible medical expenses are still reimbursable under the Health FSA. The IRS defines an eligible expense as those incurred "primarily for the diagnosis, cure, mitigation, treatment or prevention of disease or illness, or for the purpose of affecting any structure or function of the human body".

If you contribute to a Health Savings Account (HSA), you may not enroll in a regular Health FSA. You can, however, enroll in a **Limited Purpose Health FSA**. A Limited Purpose Health FSA works exactly like a regular Health FSA except you are only eligible to be reimbursed for dental and vision expenses. All other medical expenses can be reimbursed from the HSA.

Dependent Care Account

The Dependent Care Reimbursement Account allows you to reimburse yourself for eligible day care expenses that allow you and/or your spouse to work. Anyone can be the provider of care as long as they are not another tax dependent and are willing to provide their Tax ID/SSN. The "care" cannot be tuition for schooling – the main purpose must be care, not education. Care can be for a tax dependent child or adult.

The maximum that can be elected is $5,000 per calendar year (or $2,500 if married filing separately). Unlike the Health FSA where the timing of expenses is not necessarily known, dependent care expenses typically occur on a regular basis. Because of this, the amount available for reimbursement is equal to what is deducted each pay period.

Mid Michigan College HRA Plan

Eligible Expenses: Deductibles, Coinsurance, Copays, Prescription Drugs, Dental and Vision expenses. To ensure that the expense has been properly applied to the deductible and/or coinsurance, an Explanation of Benefits (EOB) from the insurance carrier must be provided as proof when submitting a claim for reimbursement.

Maximum Reimbursement: The maximum reimbursement that you may receive from the HRA is $1,650 if you elect employee-only health coverage or $3,300 if you elect dual or family health coverage. This amount is available to you for reimbursement from the first day of the plan year.

Run-Off Parameters: You will have 90 days after the end of the plan year to submit expenses incurred in the prior year.

HRA Eligibility: You are only eligible to receive HRA funds if you are ineligible to participate in a Health Savings Account (HSA) per IRS regulations. When you enroll in Employee Navigator you will be asked questions to help with determining your HSA eligibility.

What is an HRA?

Many employers, including your own, are constantly on the lookout for ways to address rising health care costs and provide the greatest value to employees. One of the ways to do this is the implementation of an HRA plan. Often, this HRA account is linked to a higher deductible health plan. Employers can take the savings from lower premium costs and use those savings to fund the HRA for you to use. An HRA plan provides employer-funded dollars into an account set up in your name. The effectiveness of this approach relies on you and your family to be good consumers of your health care. With lower usage of the HRA, you and your employer can reap the savings instead of the insurance company. By working together, employees and employers can take advantage of this approach to combatting rising health care costs.

How is a claim processed?

To ensure that a claim has been properly processed with the insurance carrier, your health care provider will first submit your health claim to the insurance carrier for adjudication. Once that is complete, you will receive a copy of your EOB from the insurance carrier showing what has been applied to what. Once this is received, submit the EOB to Kushner & Co for reimbursement from the HRA. It is important to remember to submit all pages of your EOB. Once processed, you will receive your reimbursement made payable to you. While you received your EOB, your health care provider has also received their version of an EOB. From that they will be sending you a bill for the services rendered. It is your responsibility to take the reimbursement received from the HRA and pay the health care provider.

Other Benefits | 2025

MID CAMPUS STORE EMPLOYEE DISCOUNT

Barnes & Noble College will allow full-time faculty and staff of Institution a 10% discount on all merchandise available at the Bookstore except, adopted textbooks, special orders, sale books, class and alumni rings, computer software and hardware, periodicals, discounted merchandise, stamps, health and beauty aids, food, snacks, and beverages.

10% TUITION DISCOUNT AT CAPELLA UNIVERSITY

You and your dependents are eligible to receive an 10% tuition discount at Capella University. Questions? Contact an enrollment counselor at 1-800-227-9896. When applying, use offer code CA13 and they'll wave your application fees!

MEEMIC INSURANCE

Meemic offers up to a 35% discount for all Mid Michigan College employees for auto and home coverage. Request a quote, make an appointment to speak with a representative, and check out the AAA Membership.

MY EDUCATION DISCOUNTS

My Education Discount is a comprehensive directory of discounts for teachers, faculty and support staff. Browse retailers to access their discounts and specials. Employees must verify eligibility for discounts directly with the service provider.

MYSTRENGTHS – MENTAL HEALTH RESOURCE FOR CENTRAL MI

Recharge, refresh and improve your mood with MyStrength using tools to support your goals and well-being. Learning to manage your mental health is more accessible than ever. It's all safe, secure and personalized – just for you.

Ulliance – Employee Assistance Program

Don't forget to utilize the Employee Assistance Program resources and materials from Ulliance.

Life Advisor (EAP) Ulliance

No cost and completely confidential

LifeAdvisor.com

The Ulliance Life Advisor EAP® is part of your benefits package and offers total well-being services to you, spouse/live-in partner and dependents under the age of 27. This is a free and totally confidential service. Call today!

Counseling

Counseling is available in-person, video, or telephonically with a counselor close to work, home or school. Individual, family and couples counseling are all included. Short-term, solution focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions.

Coaching

Life Advisor Coaches offer telephonic or v ideo support for individual l i fe enhancement goals, such as education, career advancement, financial or self improvement goals.

Well-being Portal

Anytime access to articles, resources, healthy-living tips, webinars as well as our orientation videos.

Crisis Support

Mental health professionals are available by phone 24/7/365.

Referrals

Consultants provide recommendations for resources within the community.

Work/Life Materials

Information on a wide range of work-life balance topics are easily accessed through the EAP portal in the form of webinars, videos and PDFs.

Legal & Financial Consultations

Ulliance professionals can connect employees with resources to assist individuals regarding legal and financial issues.

Life Advisor Discount Program

Save Money On

Hotels

Theme Parks

Attractions

Shows & Events

Car Rentals

How to Sign up

Head over to:

workingadvantage.com/ulliance

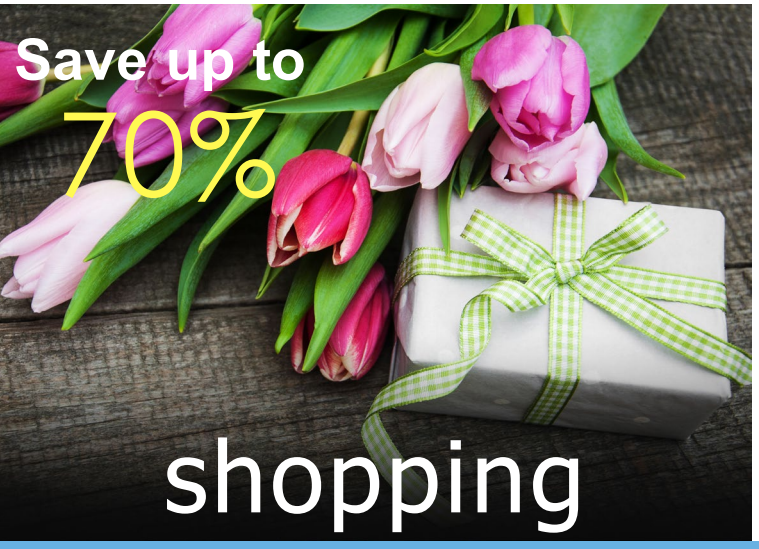
1. **Scroll down to the 'New users: sign up to become a member' form**
2. **Create an account and start saving!**

Once enrolled you will have access to discounts on hundreds of offers on theme parks, shows, hotels, attractions and more!

Ulliance
Enhancing People. Improving Business.

dining and travel

Some of our offers



Legal & Financial Advice (Ulliance)

CONSULTATION
Up to 30 minutes per topic with a local plan attorney. 25% discount on plan attorney rates for services beyond consultation.

DOCUMENT REVIEW
Review of legal document (6 pages or less), 25% discount on plan attorney hourly rates for documents over six pages.

DISPUTE RESOLUTION
A letter/phone call from the plan attorney to the opposing party at no charge for simple disputes (when deemed applicable).

WILLS
Preparation of a simple will for member and spouse. A simple will is defined by attorney and the state in which you reside.

CREDIT COUNSELING
Telephonic financial consultation up to 30 minutes. Credit repair. Find possible causes and solutions to your credit issues.

DEBT MANAGEMENT
Telephonic financial consultation up to 30 minutes. Explore options for consolidating and paying off debt.

FINANCIAL EDUCATION
Thirty minutes with a Financial Planner for initial consultation, in-office or telephonic. 15% off fees beyond initial consult.

BUDGETING
Get on track with a 30-minute telephonic consultation. Develop a plan for your personal or family budget.

65 percent of adults say that money is a significant source of stress. **Take action today!**

To access these benefits, call your Life Advisor EAP for more information: **800.448.8326**

Identity Protection (Ulliance)

Ulliance
Enhancing People. Improving Business.

IDENTITY
BRONZE PLAN

PROTECT YOUR IDENTITY

Identity theft protection 24/7.
Protection you can't afford to pass up.

FEATURES & BENEFITS

Dark Web & Internet Monitoring

Through our global search, we scour the dark web for Social Security Numbers (SSN), names, email addresses and mailing addresses in more than 25 languages and notify you of suspicious activity.

- *Phone (up to 5 entries monitored)*
- *Email (up to 5 entries monitored)*
- *Bank account (up to 5 entries monitored)*
- *Credit & debit card (up to 5 entries monitored)*
- *Medical ID (up to 5 entries monitored)*
- *Driver's license or national ID (up to 5 entries monitored)*
- *Passport (up to 5 entries monitored)*

U.S.-Based Fraud Restoration Service

U.S.-Based Fraud Restoration Service provides consultation and guidance to clients to assist in restoring their identity. Our expert U.S.-based fraud restoration specialists help ensure your financial security, privacy, and rights under state and federal laws. Recovering from identity theft is no easy feat, but with the help of our experts, you are in good hands.

Lost Wallet Form & Assistance

With our lost wallet assistance, you can take immediate action to cancel and replace credit cards before they can be used. It also can aid in filing police reports and follow-up resolution calls if your wallet is stolen.

IQ Center

We offer a knowledge base of educational articles, tips and more.

Opt-Out IQ (Junk Mail/Do-Not-Call List)

Keep telemarketers and direct mailers away by using the "Do-Not-Mail" and "Do-Not-Call" lists.

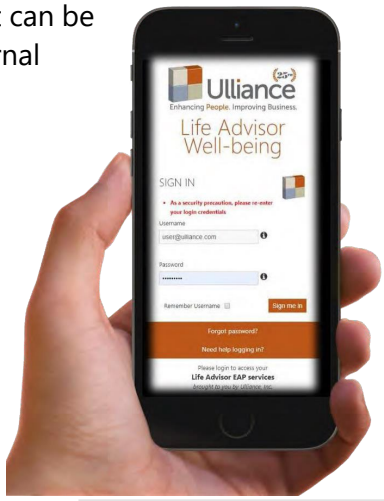
Checking Account Reporting

Know if your checking accounts have been reported to the Chex System for unpaid fees, overdrawn accounts, suspected fraud or other reasons. A flagged account can be a strong indication of fraudulent activity.

800.448.8326 | LifeAdvisor.com

Life Advisor Well-Being Portal

Your employees have access to our Life Advisor Well-Being Portal (www.LifeAdvisor.com). Additionally, we can provide you with a link that can be placed on your intranet or internal portal.



RESOURCE TOPICS

- Stress
- Financial and legal concerns
- Relationships
- Grief & Loss
- Anxiety and Depression
- Family issues
- Eldercare and childcare
- Self-assessments

To log-in, simply enter the name of your organization and the city in which you are employed. Your company logo will appear on the main navigation page. From here, employees can search for resources and toolkits, self-care quizzes and more!

LifeAdvisor.com

Navigating the Life Advisor Well-Being Portal

A wide variety of resources can be found on our Life Advisor Well-being Portal. From podcasts to webinars, orientations and assessments, articles and videos, everything you need is in one place!

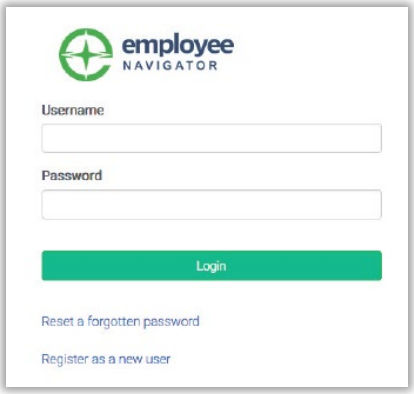
The Life Advisor Well-being Portal is designed to locate information related to your employee's concern in three clicks or less. Search our Resource Library by topic, visually by icon, or by key word search. Get connected to on-demand webinars and podcasts designed for 'Smart Managers' and employees, as well. Human resource professionals, managers and supervisors are welcome to access information to better understand the Ulliance services available to them, as well as their organization. Click and download "Healthy Living Tips" that include healthy recipes, exercises, positive quotes and safety hints.

How to Enroll

Company Identifier:
Mid Mich

Enrolling in Coverage

To access Employee Navigator:
https://www.employeenavigator.com/benefits/Account/Login



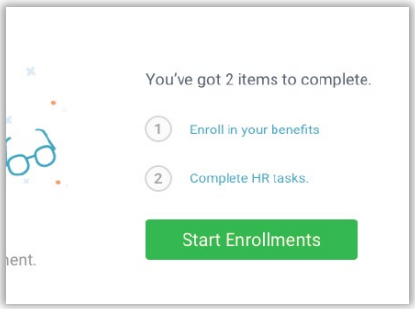
1. **Returning Users**: Login with the username and password you selected when you initially enrolled in coverage. Click **Reset a forgotten password** if you need to reset your password. A link will be emailed to you.

   First Time Users: Click **Register as a new user**. Create an account and create your username and password.

2. After you login, click **Let's Begin.**

3. Complete any applicable onboarding tasks. Once you've completed your task click **Start Enrollment** to begin your enrollment.

   Tip: If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll be able to start enrollments again by clicking "Start Enrollment".

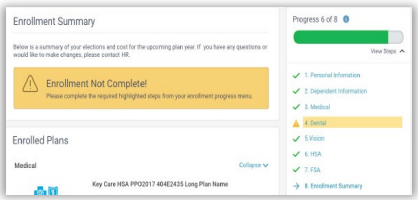


4. After clicking Start enrollment, you'll need to complete some personal and dependent information before moving to your benefit elections.

   Tip: Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

5. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

   Click Save & Continue at the bottom of each screen to save your elections. If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.



6. Review the benefits you selected on the enrollment summary page to make sure they are correct, then click Sign & Agree to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

   Tip: If you miss a step, you'll see Enrollment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.