HOWARD COMMUNITY COLLEGE

You Can Get There From Here.

Employee Benefits Guide 2015

Benefits Guide for Plan Year January 1, 2015 – December 31, 2015

Office of Human Resources

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THESE BENEFITS REFLECT THOSE IN PLACE AS OF JANUARY 2015. HOWARD COMMUNITY COLLEGE (HCC) RESERVES THE RIGHT TO CHANGE THESE BENEFITS AT ANY TIME. THIS GUIDE INCLUDES A DESCRIPTION OF ALL YOUR BENEFITS INCLUDING THOSE OFFERED UNDER BENEFLEX - THE COLLEGE'S FLEXIBLE BENEFITS PLAN

Introduction

Howard Community College (HCC) participates in the Howard County Government Health Plans. The Health Plans have been designed to provide employees with high quality, affordable benefits. You can elect to enroll in one of the plans described on the following pages. Full-time employees covered under another health plan can elect to receive a $400 annual credit in lieu of medical coverage - proof of coverage is required. This is known as a flexible benefits plan – we call this plan, BeneFlex.

Eligibility and Participation

Full-time, position control/budgeted employees and their dependents are eligible to participate in the health benefit plans described in this booklet. You and the College share in the cost of the plans. Your monthly contribution is a pre-tax contribution and varies depending upon the plan you elect. Part-time, position control/budgeted employees and their dependents are eligible to participate in health and dental benefit plans at full cost to the employee.

Newly hired Howard Community College employees are eligible to participate in the HCC Health/Dental Plans on the first day of the calendar month following date of hire and can remain in the plans until the last day of the month following termination of employment. Elections must be made within 30 days of employment; failure to do so will preclude participation in benefit plans until the next, or any subsequent, open enrollment period.

Employees ending their employment with Howard Community College are covered through the last calendar day of the month for which they are paid.

Employees on leave of absence without pay are allowed to continue coverage at the employee cost only, provided that they receive at least one paycheck in the month for which they take leave. An employee on leave of absence without pay who receives no paycheck in the month for which they take leave must pay the full cost for their insurance coverage. If payment is not received in a timely fashion from employees in this category, coverage will be canceled promptly. However, employees on leave of absence under the Family and Medical Leave Act (FMLA) are eligible for an employer contribution to health insurance. Employees going on leave of absence without pay should contact the Office of Human Resources for further details.

Eligible Dependents

The following dependents are eligible to be enrolled on your medical and dental plans:

- Your legal spouse including same sex legal spouse
- Your biological children under age 26
- Your step-children under age 26
- Your legally adopted children under age 26
- Your foster children under age 26
- Any child for whom you are responsible under court under age 26
- Grandchildren for which you have court-ordered legal custody under age 26

Dependent Documentation

New employees and existing employees making changes at open enrollment must provide Human Resources with documentation of dependents. Documentation includes marriage certificates, birth certificates and legal court documents.

Benefits Enrollment

Benelogic is a benefits management software company. The software is a secure and flexible system that can be accessed 24/7 through the internet for benefits enrollment, saving time and money. The website is www.howardcounty.benelogic.com.

Open Enrollment

Open Enrollment is an established time period for employees to make changes to their benefit plan choices for the following plan year. Changes are effective at the start of the new plan year. You cannot change your elections or vary the benefits you have selected during the entire plan year outside of open enrollment, except in cases of a life status change or event.

Life Status Changes/Life Events

You may change your benefit plan choices only during the annual open enrollment period. Once the open enrollment period is over, you may not change your selections unless you experience a "qualifying status change" as permitted under IRS regulations. You may only make changes that are on account of, and consistent with, the status change. Examples of these changes include:

- Marriage
- Birth or adoption of a child
- Divorce or legal separation *(*The state of Maryland does not recognize "legal separation" so enrollment changes must be made upon divorce.)*
- Death of a spouse or dependent child
- Change in employment status of the employee, spouse, or dependent caused by termination or commencement of employment, increase or decrease in hours of employment, or switch between full-time and part-time status
- Your spouse is carrying medical coverage for the family and loses or changes his or her job
- Your spouse's benefit open enrollment period differs from yours (the 30 calendar day notification requirement begins with the 1st day of your spouse's open enrollment period)
- Reduction in work hours or change in your residence or worksite.

In all cases, you MUST notify the Office of Human Resources of your change of status within thirty (30) days of the event, and submit new enrollment information. Failure to notify the Office of Human Resources of a change in your family status may result in a denial of coverage. Documentation for any type of change is required.

Special Note When Adding a New Baby: Employees who already have family coverage must notify the Office of Human Resources to add children born or adopted during the Plan Year. Failure to notify the Office of Human Resources of a newborn or newly adopted child may result in a denial of coverage for that child.

Pre-Tax Premiums

The employee's share of all health insurance premiums will be paid with pre-tax dollars, as allowed by Section 125 of the Internal Revenue Service (IRS) code. This means that the health insurance premiums deducted from your paycheck each pay period are not taxed. Therefore, by electing medical coverage, you are also selecting pre-tax health premiums.

Howard Community College is committed to preserving the confidentiality of Private Health Information (PHI) of its employees in accordance with the requirements of the law.

I. HEALTH INSURANCE

Medical Insurance

Under BeneFlex, the College offers the following medical care options:

- Kaiser Permanente Select (HMO)
- Aetna Select Open Access
- Aetna Open Choice Preferred Provider Organization (PPO)

All medical plans include coverage for prescription drugs. Vision coverage is also included as part of the medical insurance and cannot be selected on its own. You should refer to your Howard County Medical Benefit Comparison Chart and plan brochures for more detailed descriptions.

Kaiser Permanente Select (HMO)

Kaiser Permanente is a Health Maintenance Organization (HMO) that provides members with a full range of medical care benefits including preventive care services. Members of Kaiser Permanente must select a Primary Care Physician (PCP) from physicians who practice in the District of Columbia, Northern Virginia, and Maryland or may select one of the community participating Primary Care Physicians. It is important that you choose a PCP when you enroll, as this doctor will serve as your good-health advocate and coordinate your care. If you do not choose a PCP when you enroll, Kaiser Permanente will select a PCP for you from the doctors who practice in a medical center near your home. You will be able to change your PCP for any reason at any time by contacting Member Services.

The points to keep in mind when you consider joining the Kaiser Permanente Select (HMO) are:

- You need to select a primary care physician.
- You must get referrals to see specialists.
- There are no annual deductibles or coinsurance payments.
- Co-pays are waived for preventative care.
- The co-payment for office visits is $10; $20 for specialty – no charge for children up to age 5.
- Prescription drugs are $10/generic, $30/preferred brand and $50/non-preferred brand at a Kaiser Permanente pharmacy and through the mail order program. If you use a community pharmacy, prescriptions costs are $30/generic, $50/preferred brand and $75/non-preferred brand.
- Acupuncture and chiropractor services when deemed medically necessary and prescribed by a plan provider in consultation with plan's Complementary Alternative Medicine Dept.: $15/visit; limit 20 visits per calendar year.
- Kaiser Permanente Select (HMO) includes routine eye exams, frames and lenses through the Maryland Eye Care network of providers in the Baltimore area, and at the Kaiser Center in the Washington DC area.
- You must receive services from the Kaiser Permanente Select (HMO) community doctors or at KP sites.
- If you have covered dependents who do not live with you (such as children away at school) check with the HMO for services that are available.
- Many of the medical centers offer urgent care after regular business hours.
- An interactive website www.kponline.org for members only.

For more information on Kaiser Permanente Select (HMO) and to review participating physicians, go to www.kaiserpermanente.org

Aetna Select Open Access

Aetna Select Open Access provides comprehensive medical care at a fixed cost. Although this is not a traditional HMO plan, **you must stay in network to have covered benefits and you do not need a referral for specialists.**

There are a few points to keep in mind when you consider joining this plan:

- Aetna Select Open Access offers a national network of participating doctors, hospitals and pharmacies.
- You are not required to choose a primary care physician (PCP).
- There are no annual deductibles or coinsurance payments.
- No referrals are required for specialist visits.
- The co-payment for most covered services is $10; $20 for specialist.
- This plan offers a 3-tier prescription plan. All generic drugs have a $10 co-pay; $30 co-pay for formulary brand; and $50 co-pay for non-formulary brand. Mail order service is provided through Aetna Rx Home Delivery and offers a 31 – 90 supply of maintenance drugs at the above prices. Maintenance drugs from a local pharmacy will have a co-pay charged for the 31 – 90 day supplies.
- You must receive services from the in-network providers.
- Aetna Select Open Access members have access to Aetna Navigator at www.aetna.com, a self-service website for personalized benefits and health information, claim status, health history and temporary ID cards.

Aetna Open Choice Preferred Provider Organization (PPO)

Aetna Open Choice Preferred Provider Organization (PPO) offers extensive hospital, diagnostic, and physician services, mental health benefits and specified therapy treatments. The PPO also offers preventive benefits similar to those available through a health maintenance organization (HMO). However, the PPO still allows you the freedom to seek care from the provider of your choice.

IN-NETWORK

Visit any doctor in the Aetna network without a referral.

- *You will make applicable co-payments at the time of service.*
- *Your network doctor will handle your medical claims.*
- *You enjoy the convenience of not being billed for additional payments.*
- *After meeting a deductible of $250/person and $500/family, most services are covered at 90% of the allowed benefit with a $20 co-pay.*
- *Your yearly maximum out-of-pocket expense for preferred provider services is $2,000/person ($4,000/family).*

OUT-OF-NETWORK

See any doctor outside the Aetna network without a referral. *When you visit a doctor who is not part of the Aetna network, you will:*

- *Meet your annual deductible.*
- *Pay the full amount at the time of service.*
- *Receive the reimbursement after meeting the deductible.*
- *Most covered services are subject to an annual $500 per person per year deductible ($1,000/family) and a 30% copayment. The plan covers 70% of the allowed benefit of most services (e.g., if a provider charges $100 for a visit or service and the allowed benefit under Aetna is $80, only 70% of the $80 will be paid by Aetna).*
- *Your yearly maximum out-of-pocket expense for non-network covered services will be $4,000 per person per year or $8,000 per family per year.*

You may also have to pay the difference between the amount covered by your plan and the amount charged by your doctor.

Two levels of coverage are provided under the PPO:

- You are free to choose whether or not to use a Preferred Provider each time you receive care. In addition, most Maryland hospitals are in the network. A directory of Preferred Providers and participating hospitals is available at www.aetna.com.
- This plan offers a 3-tier prescription plan. All generic drugs have a $10 co-pay; $30 co-pay for formulary brand; and $50 co-pay for non-formulary brand. Mail order service is provided through Aetna Rx Home Delivery and offers a 31 – 90 supply of maintenance drugs at the above prices. Maintenance drugs from a local pharmacy will have a co-pay charged for the 31 – 90 day supplies.

Note: Participating provider is not the same as Preferred Provider. Although a participating provider accepts the Aetna allowed benefit, you are still out-of-network if you do not use a preferred provider.

Mail Order Drug Programs

Participants in the Aetna Select Open Access or Aetna Open Choice Preferred Provider Organization (PPO) will be able to receive approved maintenance drugs through the Aetna Rx Home Delivery. Maintenance drugs are those taken on a regular or long-term basis. You may place orders for up to a three month supply. With this voluntary program, you send your original prescription as provided by your physician, an order form and a check or money order for the appropriate co-pay* (or, you may use a Visa, Discover or MasterCard for the required copayment). Generally, your order will be processed and shipped to you within 7 – 10 days. Reordering and refill information for your next order will be enclosed with your shipment. Aetna Rx Home Delivery service has a toll free telephone number (1-866-612-3862) for questions you may have about your claims.

* Aetna Select Open Access (HMO) or Aetna Open Choice Preferred Provider Organization (PPO) co-pays through the Aetna Rx Home Delivery service for a 31 – 90 day supply are the same as retail: $10 generic: $30 brand, formulary; $50 brand, non formulary.

For more information on the Aetna plans, go to www.aetna.com.

Additional Features on the Aetna Select Open Access and Open Choice PPO Plans

- Teladoc feature that provides 24/7 phone or video web access to Aetna providers for emergent medical issues.
- Informed Health Line is a 24/7 nurse advice line. Aetna's Informed Health Line is staffed around the clock with registered nurses who provide callers with free information on prevention strategies, self-care skills, chronic medical conditions, and complex medical situations. They can also provide follow-up information and research as appropriate. The toll-free number is 1-800-556-1555.

- Online Healthy Living Programs, including Fitness Planner, Walking Tracker, Diet Manager, Meal Planner, and Food Journal.
- Informed Care Decisions, a decision-support tool that provides the latest clinical information for more than 40 diseases and conditions.
- An online Health Assessment which serves as a tool for members to evaluate their family history, personal health status, and lifestyle choice.
- Wellness Counselor to provide health coaching services to members who complete an online health assessment.

- Discounts on Jenny Craig Weight Loss programs and products.
- Access to the GlobalFit network of more than 2,000 fitness clubs at preferred rates.
- Discounts to over-the-counter vitamins, dietary supplements, and natural products.

Medical Plan ID Cards

After you enroll, you will receive medical plan ID cards which reflect your plan coverage. If you enroll in the Kaiser Permanente Select (HMO), you and each of your dependents will receive a separate ID card. If you enroll in the Aetna Open Access Select or Aetna Open Choice Preferred Provider Organization (PPO) plans, one card per family is all that is required, although additional cards may be requested online. Otherwise, you only receive a new card at initial enrollment, or if you make a change.

Vision Plans

All medical plans offered through BeneFlex include vision coverage. Benefits are illustrated below.

Kaiser Permanente Select (HMO)

Benefit	Description	Co-pay/Coverage Level
Routine Exam	No referral necessary if using a participating optometrist.	• $10 office co-pay; no charge for children up to age 5 • $20 for specialty care
Frames/lenses	1 per year	• 25% discount • 15% discount
Contact Lenses	Medically necessary contact lenses	
Access	• Must use Maryland Eye Care provider for coverage. • See directory for providers	• No out of network benefits

Vision Service Plan (VSP)

Vision benefits for both Aetna Select Open Access and Aetna Open Choice Preferred Provider Organization (PPO) are provided by VSP. Highlights include:

Benefit	Description	Copay
	Your coverage with VSP Doctors and Affiliate Providers*	
WellVision Exam	-Focuses on your eyes and overall wellness -Every calendar year	$10 for exam and glasses
Prescription Glasses		
Frame	-$130 allowance for a wide selection of frames -$70 allowance at Costco* -20% off amount over your allowance -Every calendar year	Combined with exam
Lenses	-Single vision, lined bifocal, and lined trifocal lenses -Polycarbonate lenses for dependent children -Every 12 months	Combined with exam
Lens Options	-Transitions Lenses -Standard progressive lenses -Premium progressive lenses -Custome progressive lenses -Average 35-40% off other lens options	$0 $50 $80 - $90 $120 - $160
Contacts (instead of glasses)	-$130 allowance for contacts and contact lens exam (fitting and evaluation) -15% off contact lens exam (fitting and evaluation)	$0

	-Every calendar year	
Extra Savings and Discounts	**Glasses and Sunglasses** -30% off additional glasses and sunglasses including lens options, from the same VSP doctor on the same day as your WellVision Exam; or get 20% off from any VSP doctor within 12 months of your last WellVision Exam	
	Retinal Screening -Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam	
	Laser Vision Correction -Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities -After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	
Your Coverage with Other Providers		
Visit vsp.com for details if you plan to see a provider other than a VSP doctor. Exam……up to $52 Frame……up to $70 Single Vision Lenses…..up to $55 Lined Bifocal Lenses……up to $75 Lined Trifocal Lenses……up to $100 Contacts……up to $105		
*Coverage with a retail chain affiliate may be different. Once your coverage is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP the terms of the contract will prevail.		

To locate a VSP provider, call 1-800-877-7195 or visit www.vsp.com. When making an appointment, identify yourself as a VSP member. The participating doctor will need the last four digits of your Social Security number and last name so eligibility can be verified.

If you visit a non-participating VSP provider, follow these instructions to submit a claim for reimbursement.

- Submit a claim within six months of the appointment.
- Claim must include your name, address, SSN, group name, name and relationship of the patient, and the itemized bill and receipt. This may be submitted to:

Vision Service Plan
Attn: Out-of-network Claims
P.O. Box 997105
Sacramento, CA 95899-7105

Dental Plans

Under BeneFlex, each eligible employee has the option to enroll in one of two Dental Plans.

Delta Dental PPO Plus

The Delta Dental PPO Plus program allows you the freedom to visit any licensed dentist from either the Delta Dental PPO or Delta Dental Premier networks. However, there are advantages to visiting a Delta Dental PPO or Delta Dental Premier Network dentist instead of non-Delta Dental dentist. Consider the information below:

IN-NETWORK		OUT-OF-NETWORK
DELTA DENTAL PPO DENTISTS	**DELTA DENTAL PREMIER DENTISTS**	**NON-DELTA DENTAL DENTISTS**
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charge.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you

		visit a non-Delta Dental dentist.
You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.
PPO dentists will complete claim forms and submit them for you at no charge.	PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you**

* Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

BENEFITS AND COVERED SERVICES*	IN-NETWORK** Delta Dental PPO or Premier Dentist	OUT-OF-NETWORK** Non-Delta Dental Dentist
ANNUAL DEDUCTIBLE	$25 deductible per person; $75 deductible per family. Deductible applies to all services, except preventive & diagnostic and orthodontics	$25 deductible per person; $75 deductible per family. Deductible applies to all services, except preventive & diagnostic and orthodontics
ANNUAL MAXIMUM BENEFIT	$1,500 per calendar year – Preventive, diagnostic and orthodontic services are exempt.	$1,500 per calendar year – Preventive, diagnostic and orthodontic services are exempt.
DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, sealants	100%	80%
BASIC BENEFITS -- Fillings	80%	65%
MAJOR BENEFITS -- Crowns, inlays, onlays and cast restorations	50%	40%
ENDODONTICS -- (root canals)	80%	65%
PERIODONTICS -- (gum treatment)	80%	65%
ORAL SURGERY -- incisions, excisions, surgical removal of tooth including simple extractions	80%	65%
SURGICAL EXTRACTIONS	50%	40%
PROSTHODONTICS -- Bridges, dentures	50%	40%
ORTHODONTIC BENEFIT **adults and children**	50%	50%
ORTHODONTIC MAXIMUMS	$1500 lifetime	$1500 lifetime

* *Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.*

** *Fees are based on PPO fees for in-network dentists, the MPA (maximum plan allowance) for Premier dentists (in-network) and the MPA (maximum plan allowance) for non-Delta Dental (out-of-network) dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.*

DentaQuest Access ePPO

DentaQuest Access ePPO is a dental preferred provider program providing benefits for a full range of dental care. Your plan coverage is based on a schedule of benefits. You'll enjoy great benefits when you receive your dental care from one of the PPO network dentists including:

- Lower out-of-pocket costs: Participating dentists agree to accept reduced fees for their services. Since your co-payments are based on these fees, you pay lower out-of-pocket costs than you would if you went to an out-of-network dentist.
- No claims processing: Participating dentists will prepare and submit claims for you.
- Access to approximately 2,200 Access dentists; Family members may choose different dentists
- No referrals to see specialists

DentaQuest Access ePPO Plan Benefits In-Network Only	
Deductible (Calendar Year)	$25 deductible per person; $75 deductible per family on basic and major services
Annual Maximum (Calendar Year)	$2,000
Preventive Diagnostic; Preventive	See Fee Schedule located on *my*HCC
Basic Basic restorative Simple tooth extractions Prosthetic maintenance General anesthesia for covered surgical procedures Palliative emergency dental care	See Fee Schedule located on *my*HCC
Major Major restorative Prosthodontics Periodontic Endodontic Oral Surgery Endosteal Implants (in lieu of 3-unit bridge)	See Fee Schedule located on *my*HCC
Orthodontia	Must enroll in Ortho Select*. No separate fee.

**Please refer to the brochure for more details*

Flexible Spending Accounts

<u>All Position Control/Budgeted Employees</u>

There are two types of flexible spending accounts: one for health care expenses, and one for dependent care expenses. Both types of accounts let you pay certain expenses with money that is not taxed. You may enroll in both FSAs or just one.

If you set up an account, you pay the cost with pre-tax dollars deducted from your paycheck in equal installments 24 or 20 times a year depending upon your pay cycle.

Important Information for Flexible Spending Accounts

- *You can only be reimbursed for expenses you incur during the plan year as allowed under Section 125 of the IRS. The plan year is January 1 – December 31.*
- *The money you contribute to your account may only be used for eligible expenses. If you enroll in a health care spending account, you can carry over a balance of $500 or less of unused money into the next plan year. If you enroll in a dependent care spending account and do not use all the money by the end of the plan year, it cannot be returned to you or carried over to the next year.*
- *You have 90 days after the close of the plan year to submit receipts for reimbursement. At the end of the 90-day period of the plan year, any money that remains in the account will be forfeited.*
- *You cannot change the amount you decide to contribute to an account until the next open enrollment period, unless you have a change in life status.*
- *You may not transfer money from one account to the other.*
- *If you use BeneFlex Credits to fund a spending account, your salary remains the same. If you use pre-tax salary to fund an account, your salary will be reduced, pre-tax, to pay for the benefits.*

Health Care Spending Account

You can set aside any amount from $180 - $2,500 per year in a health care spending account. You can use your health care account to pay for medical and dental expenses that are not fully covered by your medical and dental plans. These include deductibles and copayments, expenses not reimbursed for orthodontics, vision, hearing and other services, and any other health care service which would qualify as a medical deduction under IRS rules. (See IRS publication 502 for information regarding eligible expenses, www.irs.gov.) Effective January 1, 2011, you may no longer use a health care spending account for reimbursements for over the counter medications unless a doctor provides you with a written prescription for the over the counter medication(s).

Eligible health care expenses may be for you, your spouse, or your eligible dependents -- even though they may not be eligible for coverage under BeneFlex -- as long as you claim them as dependents on your federal tax return.

You pay for your health care expenses by using a flex spending debit card. Make sure to get a receipt for each payment, as well as an Explanation of Benefits (EOB) then, submit to TASC. All valid health care claims are paid in full, up to your total annual contribution, regardless of the current balance in your health care spending account.

Health care expenses that you pay with money from your health care account may not be deducted on your federal income tax return. This affects individuals whose medical expenses are more than 7.5% of their adjusted gross income.

Please Note: *Health premiums may not be counted as out-of-pocket expenses since they are already pretaxed.*

Dependent Care Spending Account

A dependent care account lets you set aside part of your salary to pay for day care while you work. You can set aside any amount from $180 to $5,000 per year in a dependent care spending account and t*he amount you set aside is not taxed.* These expenses include day care centers, preschool tuition, after school care, summer day camp and care provided inside or outside your home by someone age 19 or older who is not your dependent. A qualified dependent is anyone under age 13 whom you claim on your federal tax return. Other dependents, such as your parents, your spouse, or an older child, may qualify if they are unable to care for themselves, require full-time care, and you claim them as dependents on your tax return.

To determine how much to set aside in your account, begin by anticipating the eligible dependent care expenses you will have during the coming plan year. You can use the dependent care account to pay for child care and adult day care.

You pay your dependent care provider as usual. Make sure to get a receipt for each payment. You will be required to furnish the name, address, social security number or the taxpayer identification number of the dependent care provider. Submit your claims with receipts to TASC. You will be reimbursed in full for all eligible expenses, up to the current balance in your dependent care account.

Important Note: If you want to determine whether a dependent care spending account would provide better tax savings than using the dependent care credit on your federal tax return, you may wish to consult a tax advisor. You may also visit the IRS site at www.irs.gov.

II. OTHER INSURANCE

Workers' Compensation

All Employees

Workers' Compensation is underwritten by the Howard County Risk Management Program and covers documented on-the-job injuries and illnesses 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. *For more details, see Procedure #63.07.24.*

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)

All Position Control/Budgeted Employees

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) – *For more details, see Procedure #67.07.04.*

Retiree Health Benefits

Full-time Position Control/Budget Employees

Employees may continue health coverage with the college after retirement by paying the cost of the premium in full if they were enrolled in a health and/or dental plan immediately preceding retirement and have at least 5 years of full-time service. If the retiree was employed full-time at HCC for 10 years or more, the college pays a portion of the premium - *For more details, see Procedure #63.07.04.*

Life Insurance

Full-time Position Control/Budgeted Employees

HCC provides a group life insurance plan to full-time position control/budgeted employees through The Standard amounting to two times the employee's annual salary, not to exceed $450,000. It is important to be aware that any life insurance valued in excess of $50,000 will be included as taxable income. The cost of the plan is paid for in full by the college. The group basic life insurance plan provides a waiver of premium provision if you are disabled prior to age 70. Life insurance benefits are described in the Group Life Insurance Certificate. Upon resignation, an employee will be offered the opportunity to convert the life insurance policy from a group policy to an individual policy.

Note: All position control/budgeted employees are eligible to purchase additional life insurance. See Supplemental Group Term Life and AD&D.

Accidental Death and Dismemberment Insurance (AD&D)

Full-time Position Control/Budgeted Employees

AD&D is provided to all full-time position control/budgeted employees and will be paid if an employee sustains body injuries or loss of life as a result of an accident, with certain exceptions which are listed in the Certificate. AD&D benefits are described in the Certificate.

Supplemental/Portable Group Term Life and AD&D

All Position Control/Budgeted Employees

If you are a position control/budgeted employee, you can elect to purchase portable Supplemental Life and AD&D insurance. You can buy coverage in units of $10,000 up to $500,000 for Life and $250,000 for AD&D. You may also purchase coverage for spouses in units of $10,000, up to $500,000 for Life and $250,000 for AD&D.

Dependent children (6 months through 26) may also be eligible for $5,000 or $10,000 of coverage if you or your spouse participates in the Plan.

To enroll in Supplemental Life and AD&D, you must enroll online in Benelogic and complete the Evidence of Insurability process, if required. You may elect Supplemental Life only or Supplemental Life and AD&D. If you elect Supplemental Life and AD&D, the coverage amount of AD&D must equal the amount of Supplemental Life elected (up to $250,000).

Life Insurance upon Initial Employment

Employees may receive supplemental coverage for themselves up to a guaranteed amount of $100,000 without going through the underwriting process. If you want supplemental coverage in excess of $100,000, you must complete an evidence of insurability form. Coverage for spouses is also guaranteed at this time for a policy amount of $40,000 and any amount requested over $40,000 must go through an approval process by completing the evidence of insurability form. Payroll deductions for supplemental life/AD&D insurance will not begin until your application for benefits has been approved. The insurance becomes effective the first day of the following month after approval (e.g. approval: 8/9 -- effective date: 9/1).

Coverage is portable. If you leave employment with the College, you can continue your supplemental coverage at group rates and will be billed directly by The Standard.

In the event of death, Supplemental Life insurance benefits are payable except when death occurs within the first 24 months of coverage due to suicide (this exclusion is not applicable to the Basic Life coverage). See your insurance certificate for exclusions applicable to the Supplemental AD&D.

Please refer to the Insurance Certificate for more details on this plan.

Supplemental Life Insurance Rates

To determine the rate of the policy you should use the following formula:

- Determine policy amount and divide by 1,000 (ex. 100,000/1,000).
- Multiply this number by the rate in the appropriate age group (ex. 100*.086).
- The number will be the monthly rate (ex. 8.60). Divide the monthly rate by 2 to see the pay period rate (ex. 4.30).

Rates Effective January 1, 2015

Employee/Spouse Age	Non-Smoker/ Smoker Rates
Up to 29	0.076
30-34	0.086
35-39	0.095
40-44	0.152
45-49	0.257
50-54	0.428
55-59	0.675
60-64	1.120
65-69	1.995
70-74	3.145
75 +	6.010

Supplemental Accidental Death & Disability Insurance

Per $1,000 per month

Coverage	Employee/Spouse Rate
Voluntary AD&D	0.025

Dependent Life Insurance

(One policy per household)

Dependent Life	Per Month
$5,000 policy	$1.00
$10,000 policy	$2.00

Long Term Care Insurance

All Employees

HCC employees, their spouses, parents, and parents-in-law, are eligible for a 10% discount in one of several long-term care insurance programs. For details, contact Greg Perl at 410-561-6761.

Aflac

All Position Control/Budgeted Employees

HCC employees may enroll in a variety of Aflac products through payroll deduction. Aflac is not additional medical insurance, but provides money to be used at the policy holder's discretion for events that occur under the policies they have. The following products are offered: Personal Accident Indemnity Plan, Personal Sickness Indemnity Plan, Maximum Difference (Cancer Indemnity Insurance), Specified Health Event Protection, and Hospital Intensive Care Protection. The rates for most plans are based on age and will never increase after initial enrollment. Plan and rate information is available on myHCC.

Capella Tax Network

All Position Control/Budgeted Employees

The Capella Tax Network provides members with access to a high quality network of Certified Public Accountants for the preparation of their tax return and 90 minutes of year-round advice from a trusted advisor. This plan allows employees to pay $13 per pay ($312 per year) spreadout over a year for their tax return preparation and consultation. Employees may only enroll in this benefit option during open enrollment and members must be enrolled for one year.

III. LEAVE

HCC 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 contained in the *PERSONNEL POLICIES AND PROCEDURES*, (#63.08 on the intranet).

ALL LEAVES REQUIRE ADVANCE APPROVAL AND AUTHORIZATION ON A LEAVE REQUEST FORM. Employees should check with their supervisors regarding the requirement for emergency sick or other leave without prior written approval.

Sabbatical Leave

Faculty members are eligible to apply for sabbatical leave after five years of full-time employment. – *For more details, see Procedure #63.08.13.*

Professional Leave

Any full-time position control, budgeted employee is eligible to apply for professional leave after completion of probationary period – *For more details, see Procedure #63.08.12*.

Administrative Leave

Administrative leave may be requested by administrative, professional/technical and support staff employees after five continuous years of full-time employment – *For more details, see Procedure #63.08.01*.

Leave without Pay

Any position control/budgeted employee is eligible to request a leave of absence without pay of up to six months - *For more details, see Procedure #63.08.08*.

Sick Leave

<u>All Position Control/Budgeted Employees</u>

In the event that an employee becomes ill and is unable to work, sick leave is provided through an account which accrues leave at a rate of 12 days a year for full-time, position control/budgeted employees (prorated for part-time employees). Since it may be accumulated indefinitely, it can become a substantial benefit in the event of extended disability or illness. Earned sick leave may also be used to care for sick members of the immediate family and members of the immediate household, or to care for a new child. – *For more details, see Procedure # 63.08.14*

Employees have no vested ownership in sick leave; the leave may be used only for the above stated purposes. Sick leave is not payable to employees upon retirement or resignation, except that sick leave is credited to service time at time of retirement from Howard Community College for members of the Maryland State Retirement and Pension System.

Short-Term Disability Leave

<u>All Position Control/Budgeted Employees</u>

This benefit is provided in accordance with procedure #63.08.14. Short-term disability (STD) provides approximately 60% of regular salary continuance for periods of temporary disability of more than five (5) days

for employees who have been employed a minimum of 90 days. All accrued sick leave, personal leave and annual leave must be exhausted before the short-term disability payments begin. Coverage will continue for a maximum of ninety (90) calendar days from the date of the onset of the illness/injury. No vacation or sick leave is accrued while on STD.

Long-Term Disability Leave/Absence and Insurance

All Position Control/Budgeted Employees

Long-term disability (LTD) insurance coverage is provided to an employee in the event of a disability exceeding three months. Benefits continue during a term of disability until age 65, or age 70 if disability started at 65 or older. The monthly income benefit equals approximately 60% of your monthly wage base not to exceed $12,000 per month. LTD benefits are subject to state, federal and other applicable taxes and are reduced by the amount(s) received from other sources such as social security.

Employees who are disabled and on approved long-term disability who do not meet the retiree policy requirements may continue health coverage with the college by paying 100% of the cost of the insurance until Medicare becomes available up to a maximum of two years; in order to be eligible for this coverage, employees must be in the plan at the time that the long-term disability begins.

Also, employees enrolled in the Maryland State Retirement & Pension System (MSRPS) may be eligible for disability retirement and must apply for this through the MSRPS.

Note: Part-time employees may be eligible for Long Term Disability leave, but are not eligible for LTD insurance; that is, they may be approved to be away from the job as a result of a disability, but are not eligible for any pay after sick, annual, personal leaves and short-term disability insurance are exhausted.

Annual Leave (Vacation)

Full-time, Position Control/Budgeted Faculty

Full-time, 10-month teaching faculty do not accrue vacation days. Full-time, 10-month administrative and professional/technical employees and assistant instructors, as well as non-teaching 10-month faculty accrue 16.67 vacation days per year (maximum accrual of 25 days).

Full-time, Position Control/Budgeted Administrative, Professional/Technical, 12 -month Faculty and Other Exempt Employees

Members of the Administrative, Professional/Technical Staff and 12- month Faculty earn four (4) weeks (20 working days) vacation per year.

Full-time, Position Control/Budgeted Support Staff

Support staff employees accrue vacation based on years of service. Annual leave is earned each pay period as follows:

	Support Staff 37.5-hour week		Support Staff 40-hour week	
Years of Service	**Days**	**Hours/Pay**	**Days**	**Hours/Pay**
Year One	10	3.12	10	3.33
Year Two	15	4.69	15	5.00
Year Three	20	6.25	20	6.67

Annual leave accrual will be limited to a maximum of 225 hours (240 hours for 40-hour week employees.) Accrual will stop when the maximum is reached.

Part-time, Position Control/Budgeted Employees
Employees earn vacation benefits on a prorated basis. The maximum accrual will also be pro-rated.

Personal Leave

Full-time, Position Control/Budgeted Employees
Full-time, position control/budgeted employees have four (4) days of paid personal leave when absence is necessitated by compelling personal reasons. *For details, see Procedure 63.08.11*. Unused personal leave is converted into sick leave at the end of the fiscal year (June 30).

Personal leave is prorated during your first year of employment, depending on your start date. The prorated breakdown is as follows:

HIRE DATE	DAY(S)
July – September	4
October – December	3
January – March	2
April - June	1

Part-time, Position Control/Budgeted and Ten-Month Employees
Employees are eligible for personal leave on a prorated basis depending upon hours worked.

Holidays

Full-time, Position Control/Budgeted Employees
The college observes holidays on for the following occasions: Martin Luther King, Jr. Day in January; Spring Recess in the spring; Memorial Day in May; Independence Day in July; Labor Day in September; the Wednesday before Thanksgiving, Thanksgiving Day and the following Friday in November; and Winter Recess in December and January.

Part-time, Position Control/Budgeted Employees
Employees receive pay for those holidays that fall on days they are regularly scheduled to work.

Bereavement Leave

All Position Control/Budgeted Employees
In the event of a death in the immediate family, full-time position control/budgeted employees are eligible for up to five days of leave with pay. The immediate family is defined as: parent, step-parent, parent-in-law, child, step-child, brother, sister, step-brother or step sister, grandparent, grandchild, foster child, spouse, domestic partner, or any member of the household. In the event of the death of a friend or relative not in the categories mentioned above, the employee may request personal leave, annual leave or leave without pay.

Part-time position control/budgeted employees are eligible for bereavement leave on a prorated basis.

Family and Medical Leave Act (FMLA) Leave

All Employees

Employees may be eligible for up to 12 weeks of paid and/or unpaid job protected leave for a serious health condition or to care for a child, spouse or parent under the FMLA. *For details, see Procedure 63.08.15* "Family and Medical Leave Act (FMLA) Leave" *in the Personnel Policies and Procedures* or *speak to the Office of Human Resources*.

Emergency Leave Bank

All Position Control/Budgeted Employees

All full- and part-time position control/budgeted employees who have been employed by the college for one year and have five hours of accrued sick leave are eligible to elect to participate in the Emergency Leave Bank by contributing four non-refundable sick leave hours per year to the Bank (prorated for part-time employees). Employees may join the Emergency Leave Bank during yearly open enrollment after one full year of employment and would then remain in the Bank until they formally request to separate from it. Employees, who join during an open enrollment, after their initial eligibility to join, must contribute four hours of leave for each year during which they would have been eligible for membership. Membership in the Bank does not guarantee that each request for emergency leave will be granted.

The Emergency Leave Bank is designed to provide the possibility of added protection to employees in the event of very serious illness or disability or other crisis situations related to employee, immediate family, or domestic partner health, which are considered to be critical or emergency in nature – *For details, see Procedure 63.08.16*.

For other leave types, please consult *Personnel Policies and Procedures - Policy # 63.08* "Employee Leave" on the internet.

IV. SAVINGS AND RETIREMENT PROGRAMS

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

Retirement Plans

Full-time and Part-time, Position Control/Budgeted Faculty, Administrators and Professional/Technical Employees

This group of employees (as long as they meet MHEC requirements) can choose between the Maryland State Retirement and Pension System (MSRPS) or one of two Optional Retirement Programs (ORP's): TIAA-CREF and Fidelity.

Employees who elect the Maryland State Retirement and Pension System are required to contribute a percentage of gross wages which will be an automatic payroll deduction. The State contribution to the MSRPS is determined annually by the State Retirement Systems' actuary. There is a five-year minimum service requirement in order to be vested for employee's who started prior to July 1, 2011 and a ten-year minimum service requirement for employee's who started on or after July 1, 2011.

Employees who elect one of the Optional Retirement Plans do not make any contributions. The State of Maryland (or HCC for certain employees) contributes 7.25% of the employee's salary to their annuity account. Benefits are vested immediately under the Optional Retirement Plans.

Full and Part-time, Position Control/Budgeted Support Staff

Support staff employees are automatically enrolled as members of either the Maryland Teachers' Pension System or the Maryland Employees' Pension System according to state regulations.

Tax Deferred Annuity Plans (Supplemental Retirement Plans)

All Employees

All employees are eligible to participate in setting aside tax-deferred contributions to a supplemental retirement plan. Fidelity Investments, Vanguard, VALIC and TIAA-CREF all offer a variety of investment options which may include annuities, mutual funds, and/or money market funds. These programs offer significant tax savings while planning for retirement and the convenience of making contributions through salary reduction. The Office of Human Resources has the necessary forms, and plan representatives will be pleased to discuss these programs in detail. Representative's names and their contact information are available on the intranet.

College Savings Plans (529s)

All Employees

Information on the Maryland college savings plans and others is available in the Office of Human Resources or on the website at www.collegesavingsmd.org or call 888-4MD-GRAD.

State Employee's Credit Union (SECU)

All Employees

Employees of HCC are eligible to join the State Employees' Credit Union of Maryland, Inc. (SECU). The college cooperates in this relationship by providing payroll deduction services with respect to both savings remittances and loan repayment for full and part-time position control/budgeted employees. Part-time faculty and hourly/temporary employees may join, but payroll deduction is not available. Description booklets are available in the Human Resources Office. The credit union can be reached at 1-800-879-7328 or www.secu.com.

FICA

All Employees

Employers are required to withhold Social Security and Medicare taxes on all employees except when the employee is exempt by law. Social Security tax of 7.65% is withheld on taxable wages earned in a calendar year. Medicare tax of 1.45% is withheld on all taxable wages earned in a calendar year. The employer matches the amount of tax withheld from each employee's wages.

V. EDUCATIONAL PROGRAMS

Professional/Staff Development

All Employees

The college provides various professional/staff development programs. Classes range from computer training to balancing work and family. Employees are encouraged to take advantage of these classes and offer any suggestions for future class topics.

Tuition Waiver and Reimbursement

Tuition Waiver for HCC Courses (All Position Control/Budgeted Employees)

In accordance with Maryland State law, tuition is waived for all position control/budgeted employees at the time of enrollment for Howard Community College courses approved in advance under this policy and taken during non-working hours. Tuition waiver is limited to a space available basis. *For details, see Procedure 63.07.14 "Tuition Waiver".*

Tuition Reimbursement (Employees)
Within the available budget, budgeted employees are eligible for reimbursement of tuition for courses taken at accredited colleges other than Howard Community College. Such reimbursement is limited to $3,000 per fiscal year ($1,500 for part-time employees), and reimbursement is only granted if the course is approved in advance and completed successfully.

Tuition Reimbursement (Family)
A budgeted employee's family members, including spouse and dependent children, may take up to 15 credits at HCC (8 credits for part-time employees) per family member, per fiscal year, with tuition costs reimbursed and no reduction in the employee's $3,000 ($1,500 for part-time employees) tuition reimbursement allotment. After 15 credits have been taken by a family member in a fiscal year, any remaining tuition charges for that family member during that year must be taken from the employee's $3,000 ($1,500 for part-time employees) allotment.

There is also a limited tuition reimbursement program for adjunct faculty. Details are available in the division offices.

Fee Reimbursement (Employee only)
All fees for courses taken at HCC that are job-, career-, or degree- related, or taken as part of the Wellness Program, would also be eligible for 100% reimbursement. Course fees, for courses taken at another college which are job-, career-, or degree- related, would also be reimbursed.

Budget Limitations and Process
Reimbursement is provided within budgetary provisions; priorities are set by College Procedure # 63.07.13 "Tuition/Fee Reimbursement."

VI. WELLNESS PROGRAM

All Employees
A wellness program is offered to employees to foster wellness in our lives. Exercise and education classes are offered at no cost to employees at varying times of the workday. A waiver form is required for participation in exercise programs. Employees may extend their lunch hour for thirty minutes, three times a week in order to allow for them to change/shower, etc. The employee's supervisor must approve the additional thirty minutes added onto the lunch hour. A completed log documenting a minimum of three hours of exercise per week and two wellness education programs per semester is required in order to be eligible for an incentive award at the end of the academic year. Exercise and education classes are scheduled at convenient times for employees; however, exercise done outside the college also qualifies as long as it is recorded and verified. *Incentive awards are for budgeted employees only.* **Please see the Wellness Flier for details**.

IMPORTANT

When starting any new exercise program, it is very important for you to discuss your fitness level with your physician in order to determine the most appropriate exercise program for you. For that reason, you will be asked to sign a statement (enrollment waiver form) certifying that you have your doctor's permission in order to participate in the exercise component of HCC's Wellness Program.

VII. EMPLOYEE ASSISTANCE PROGRAM (EAP)

All Position Control/Budgeted Employees

An Employee Assistance Program (EAP) is a benefit that provides confidential and professional assistance to faculty and staff experiencing personal problems that may be affecting work performance, job satisfaction, or overall quality of life. There is no cost to faculty and staff for the services provided by the EAP. All full- and part-time position control/budgeted faculty and staff of Howard Community College and members of their household, including domestic partners, may use the EAP. Call 1-800-327-2251 or contact the Human Resources Office for more information. Please visit Business Health Services (BHS) at www.bhsonline.com.

VIII. HELPING HANDS FUND

All Employees

Established to provide emergency financial assistance for eligible employees – *For more details, see Procedure #63.07.25.*

IX. LEGAL PLAN

All Employees

All employees are eligible to enroll in legal plan services during open enrollment or when hired. New hires are eligible the first day of the month following the month of hire. With this plan, you are entitled to unlimited legal consultation and telephone advice, preparation of wills plus numerous other legal services. Budgeted and non-budgeted employees can enroll any other time of year through a credit card. More information is available in the Office of Human Resources. You can also go to www.unitedlegalbenefits.com.

X. FLEXTIME

All Position Control/Budgeted Employees

Flextime arrangements can be made when they are consistent with the needs of the College and department, which must of course take priority. All offices need to be covered during the standard operating hours of the college - 8:30 a.m. to 5:00 p.m., and any flextime arrangements must be made taking this into consideration.

XI. FACILITIES AND SERVICES

Athletic and Fitness Center

The fitness center, pool, tennis courts, and track are available at no cost to full-time and part-time employees. Visit the website for available hours each semester.

Library

Employees are able to use any of the resources offered by the library. In addition to research information, the library maintains a large number of popular books including many of those on the current bestseller list.

Bookstore

The bookstore offers a number of services to the college community. In addition, the bookstore will special order any book(s).

Café on the Quad

The Café on the Quad offers a wide variety of food choices at convenient hours and is located in the Rouse Company Foundation (RCF) Student Services Building. There is also a Simply To Go kiosk on the second floor of the Science & Technology (ST) Building serving quick sandwiches, drinks, etc.

Automatic Teller Machine (ATM)

There are three ATM's located on campus in various locations. A SECU ATM is located in the lobby of Duncan Hall. A Higher One ATM is located on the second floor of the Rouse Company Foundation Student Services Building and another Higher One ATM is located in the first floor of the Nursing Building near the Welcome Center.

Paydays

Paydays are the 15th and the last day of each month. Pay Advices are available online through HCC Express. Position control/budgeted employees are paid to date. Adjustment is made for leave taken in current time period in the following pay period or month. Paydays for hourly/temporary employees will be in the pay period following the pay period when the employee began work, providing all necessary paperwork is completed. When a designated payday falls on a weekend or holiday, paychecks will be available to employees on the closest workday preceding the designated date.

Direct Deposit

The college requires electronic payment of wages. Direct deposit is the preferred method of payment which can be sent to any participating bank or savings institution. Deposits may be assigned to as many as five different savings or checking accounts. Bank of America CashPay cards are available for those for whom direct deposit is not an option. Information on authorizing electronic payment of wages is available in the office of human resources or payroll.

Parking

Parking for employees is provided in the designated faculty/staff parking lots and parking garage. Parking permits are available from the Public Safety Office. Employees are provided a hanging permit which goes on the rear-view mirror. Special permits are required for the spaces reserved for handicapped persons.

XII. DISCOUNTS AVAILABLE TO EMPLOYEES

Visit the Benefits intranet site for more details regarding miscellaneous benefits offered to employees. A few of these benefits include:

HCC Children's Learning Center

College employees are eligible for a 10% discount for children ages 2 – 5.

Liberty Mutual

College employees are eligible for a discount on auto or home insurance when purchasing through Liberty Mutual. Visit the site at www.libertymutual.com/hcc.

Meineke

Save 10% on all services and 5% on tires and batteries. Discount cards are available in the Office of Human Resources.

RepStage – Smith Theatre

College employees are eligible for discounts on plays and other events. Call the Theatre Box Office at 443-518-4900 for details on specific events.

Sprint

Cell phone service offered through Sprint is discounted by 18% to HCC employees. See myHCC for enrollment form.

United Buying Services

Save on buying new vehicles, furniture, and cellular service. See the UBS book on services, available for review in the Office of Human Resources, call UBS at 410-792-9070 or visit the website, www.ubs4cars.com.

Verizon

Cell phone service offered through Verizon is discounted by 17% to HCC employees. Contact Verizon for details.

Zips Dry Cleaners

Provides a 10% discount to HCC employees. Must show ID badge at time of service and pick up.

PLEASE NOTE

This booklet is designed to give you clear summaries of your benefit choices. We have made every effort to be sure the summaries are complete and accurate. However, if there is a discrepancy between the booklet and legal plan documents, the legal plan documents govern. You may review these legal documents in the Office of Human Resources.

XIII. EMPLOYEE BENEFITS CARRIERS

	PHONE NUMBER
Aetna Select Open Access	888-502-3862
Aetna Open Choice (PPO)	888-502-3862
Aetna Rx Home Delivery	866-612-3862
American Century	800-345-3533
Business Health Services (BHS)	800-765-3277
Delta Dental PPO Plus	800-932-0783
DentaQuest	800-334-6277
Fidelity Investments	800-841-3363
Hirsch Financial Services (HFS)	888-460-8805
ING Employee Benefits (Long Term Disability Insurance)	800-328-4090
ING Employee Benefits (Life Insurance)	888-238-4840
Kaiser Permanente Select HMO	301-468-6000 or 800-777-7902
Long Term Care Insurance – Greg Perl	410-561-6761
Maryland Eye Care	800-766-4393
Maryland State Retirement and Pension Systems:	
General Information	800-492-5909
Counselors	410-625-5555
MetLife Resources	800-560-5001
State Employee's Credit Union (SECU)	410-487-7328 or 800-879-7328
Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA/CREF)	800-842-2008
United Buying Services (UBS)	410-792-9070
United Legal Benefits (ULB)	800-546-1602
VALIC.	800-892-5558
Vanguard	800-662-2003
Vision Service Plan (VSP)	800-877-7195

Websites:

Aetna Open Choice (PP0)	www.aetna.com
Aetna Select Open Access	www.aetna.com
Aetna Rx Home Delivery	www.aetnarxhomedelivery.com
Delta Dental PPO Plus	www.WeKeepYouSmiling.com
DentaQuest	www.dentaquestdental.com
Hirsch Financial Services (HFS)	www.hfsbenefits.com
Kaiser Permanente Select (HMO)	www.kp.org
Vision Service Plan (VSP)	www.vsp.com
Maryland State Retirement System	www.sra.state.md.us.

* If you are a member of the Aetna Open Access or PPO plans, go to www.Aetna.com, click on members/visitors, My Account. Once you set a user name and password, you can view claims and benefits, as well as other information and services on-line.

Note: More links to websites of many of the above carriers can be found on the college intranet under Benefits.

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