2019 BENEFITS GUIDE

BAY MILLS COMMUNITY COLLEGE

BENEFITS OVERVIEW

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Bay Mills Community College is proud to offer a comprehensive benefits package to eligible, full-time employees! Enclosed within this benefit guide is a summary of the benefits offered. Please carefully review the materials to help you make the best choice for you and your family.

Benefits Offered

- Medical & Prescription Drug
- Dental
- Vision
- Life & Accidental Death & Dismemberment (AD&D)
- Disability Insurance
- Supplemental Insurance

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 30 days. Otherwise you will be required to wait until the next annual open enrollment period to make changes to your benefits or elections.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by Bay Mills Community College. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Medicare Part D Prescription Drug Information

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 16 for more details.

Important News *and* Open Enrollment

Bay Mills Community College is pleased to continue to offer a comprehensive benefits package to employees and their families. Our organization is not alone in its attempt to mitigate ever-increasing health care costs. Effective January 1, 2019, the following modifications are being made to our benefits program:

⇒ No changes to MEDICAL/Rx/Dental/Vison/Life and Disability plans.

⇒ Employee Contributions for Medical/Rx/Dental and Vision are decreasing

Welcome to Open Enrollment for your Benefits!

During our open enrollment period - **October 22 - November 2, 2018** - you are required to make decisions which will remain in effect for the 2019 plan year. For example, you may add or delete dependents, switch to a different medical plan, choose additional life coverage, etc. Elections you make during open enrollment will become effective January 1, 2019. **Please carefully review this Benefit Highlight Booklet in its entirety**. It provides important information about your benefits to help you make informed decisions regarding your participation for the 2019 plan year.

Once your benefit elections have been made, you will not be permitted to make any changes during the year unless you experience a qualified change in status. To modify your elections, **you must notify Human Resources within 30 days of the event**. If notification is not provided within 30 days, you must wait until the following open enrollment period to make changes to your election. Examples of permitted changes include:

- Acquiring a new dependent through marriage or the birth or adoption of a child
- Employment change of a spouse that affects eligibility for benefits
- Divorce
- Dependent child who meets the limiting age under the plan

What You Need to Do

1. Read this guide carefully. Familiarize yourself with your benefit plan options for 2019.
2. Consider your health care needs. Think about the health care needs that you can anticipate for yourself and your covered family members in the coming year.
3. Make sure your personal contact information (including SSN, birth date, spelling of name) is correct on your enrollment forms to avoid potential IRS penalties.
4. **Return your Open Enrollment Forms into Human Resources by November 2nd.**

Eligibility and Enrollment Information

Eligibility

You and your dependents are eligible to participate in the plans described in this guide if you are an active full-time employee who works at least 30 hours per week. As a new employee, benefits coverage will become effective on the 1st of the month following 30 days of full-time employment.

Your Dependents

The following dependents are typically eligible for medical, Rx, dental, and vision insurance coverage:

- Spouse. If you are legally separated or divorced, your spouse is **not** an eligible dependent unless mandated by state law.
- Dependent child who is up to age 26. Dependent children will remain covered through December 31 of the calendar year in which they reach the applicable age maximum.
- Child over age 26 who, because of a mental or physical disability, remains wholly dependent on you. In this case, your child's coverage continues as long as your own coverage continues. Please see the Human Resources Office for additional information about the criteria and documentation required.

Making Changes to Your Coverage

The coverage you elect will be effective January 1, 2019 through December 31, 2019. Under federal tax regulations, you may change your benefit elections only when you have a qualified family status change and you must notify the Bay Mills Community College Human Resources Office within 30 days of the event. Samples of qualified family status changes appear in the box at the right. Changes made as the result of a qualified family status change will be made effective on the date of the event.

In addition, if you decline coverage for yourself and/or your dependents (including your spouse) now because you are covered by another health insurance plan, you may be able to enroll yourself or your dependents in this plan in the future.

It is your responsibility to notify the Human Resources Office within 30 days if you have a dependent who is no longer eligible under the terms of the plan (for example, a child reaches age 26 and no longer meets the definition of a dependent, or you become divorced). Those dependents may have continuation rights for medical, dental and vision coverage under the federal law known as COBRA.

Qualified Family Status Changes

- Marriage, divorce, legal separation, or annulment;
- Birth, adoption or placement for adoption of a child;
- Change in your employment status or the employment status of your spouse or dependent that results in gaining or losing eligibility for coverage;
- Loss of coverage under any group health coverage sponsored by a governmental or educational institution, including the State's Children's Health Insurance Program (SCHIP)
- Dependent satisfying or ceasing to satisfy the dependent eligibility requirements;
- Death of a spouse or covered dependent;
- Significant increase in contributions or a significant reduction in coverage under your spouses' health care plan;
- Change to comply with state Qualified Domestic Relation Order (QDRO);
- Change in your spouse's or covered dependent's coverage during another employer's annual enrollment period when the other plan has a different coverage period;
- Entitlement to Medicare or Medicaid (applies to the eligible person).

As a result of a status change, you may choose to:

- Enroll for coverage (if you previously declined benefits coverage);
- Drop your benefits coverage;
- Add or remove covered dependents;
- Change your coverage level (for example changing from single to family coverage or increasing/ decreasing medical/dependent spending account election);
- Change FSA allocations;
- Changes must be consistent with the qualifying event type.

MEDICAL BENEFITS

Bay Mills Community College offers its full-time employees a choice of 2 PPO medical plans through Blue Cross Blue Shield of Michigan (BCBSM)

*The Simply Blue PPO $1500 plan requires an employee payroll contribution while the Simply Blue $2500 plan does not.

	Simply Blue PPO $1500
Annual Deductible	
In-Network	$1,500 / $3,000
Out-of-Network	$3,000 / $6,000
Coinsurance	
In-Network	80%
Out-of-Network	60%
Coinsurance Maximum	
In-Network	$2,500 / $5,000
Out-of-Network	$5,000 / $10,000
Annual out-of-pocket maximums *Member continues to pay copays until they reach **$6,350** for an individual or **$12,700** for a family	
Office Visits	$30 copay
Emergency Room - Emergency	$150 copay (waived if admitted)
Urgent Care Center	$30 copay
Wellness Visits • **Routine Physical Exams** • **Well Baby / Child Care** • **Child Immunizations**	Covered 100% - No annual maximum * see detailed benefit summary for more information
Routine Mammograms	Covered 100%
Specialist Office Visits	$30 copay
Diagnostic X-ray & Lab	Covered 80% after deductible
Chiropractic	$30 copay - 12 visit max
Prescription Drugs	
Generic	**$15 copay**
Formulary Brand	**$30 copay**
Non-Formulary Brand	**$60 copay**
Mail Order	**2x copay for a 90 day supply**

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In-Network	$2,500 / $5,000
Out-of-Network	$5,000 / $10,000
Coinsurance	
In-Network	80%
Out-of-Network	60%
Coinsurance Maximum	
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Prescription Drug Coverage

When you enroll in the medical plan available to you, you automatically receive prescription drug benefits through BCBS of Michigan.

Retail Pharmacy: You receive up to a 30-day supply. Note that the copays for Brand-Name drugs differ depending on whether the drug is classified as Preferred or Non-Preferred.

Mail Order: If you have a medical condition that requires ongoing use of medications (for example, for conditions such as high blood pressure, diabetes, etc.) you may use the mail-order prescription service and save money on your prescription drug cost. You receive a 90-day supply for the same copayment amount that you would pay at retail pharmacies for a 60-day supply of the same drug. Your medication will be shipped directly to your home address.

Prior Authorization/Step Therapy

- *To ensure that you always receive the most appropriate drugs for treating your individual medical conditions, your prescription drug coverage includes a benefit called prior authorization/step therapy. Prior authorization is a process that requires your pharmacy to obtain approval from BCBSM before select prescriptions can be dispensed. Step Therapy is an automated process that applies criteria to select prior authorizations to determine if a less costly medication can be used for the same therapy.*

Mandatory Maximum Allowable Cost

- *If you obtain a formulary brand name drug when*

Below is some additional information as it relates to the prescription drug benefit for each medical plan. For a more detailed benefit summary of your prescription drug plan, please contact the Benefits Department.

Prescription Drug Coverage:

- ***Includes:***
  - Contraceptives
  - 90-Day Retail
  - Mandatory MAC Program
  - Prior Authorization/Step Therapy

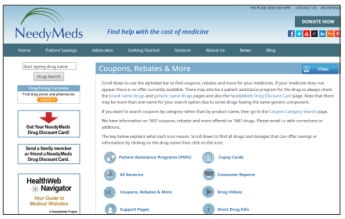
Free or Low Cost Prescription Drugs

One of the most important benefits offered to our employees and their dependents is a comprehensive prescription drug plan that includes coverage for generic and brand-name drugs. We want to make employees and their dependents aware of some alternative programs that may save you money if you purchase certain prescription drugs.

Helpful Tips:

You can use the following links as a guide to compare local pharmacy prices on many of the most commonly prescribed prescription drugs. In addition, several of the nation's largest retailers and pharmacies now offer discounted pricing on a large range of generic equivalents and brand name prescription drugs. Drug discount cards, retail drug discount programs, and other programs may offer substantial savings from retail prices.

- ww.MichiganDrugPrices.com
- www.medtipster.com
- www.goodrx.com
- www.needymeds.com



To be a better consumer, **ALWAYS** ask your physician to write you a **GENERIC** prescription or **GENERIC EQUIVALENT** to the prescribed drug. This will lower your copay and also directly affect your wallet.

Wal-Mart

Offers a $4, 30-day prescription program, and a $10, 90-day prescription program, as well an expanded list of over-the-counter (OTC) and prescription medications, including many focusing on women's health.

For additional information go to:
www.walmart.com/pharmacy

Walgreens

Whether you have insurance coverage or not, Walgreens Prescription Saving Club may provide significant savings on medications for you and your family. Includes medications in all drug classes covering most common and chronic health conditions, insulin and diabetic supplies.

For additional information go to:
www.walgreens.com/pharmacy

CVS pharmacy at Target

Target/CVS Pharmacy

Target offers a 30-day supply of more than 300 generic prescriptions for only $4, or a 90-day supply for only $10.

For additional information go to:
www.target.com/pharmacy

Sam's Club

Offers a $4, 30-day prescription program, and $10, 90 -day prescription program, as well as an expanded list of over-the-counter (OTC) and prescription medications, including many focusing on women's health.

For additional information go to:
www.samsclub.com/pharmacy

Meijer

Select antibiotic prescriptions and pre-natal vitamins are FREE with your doctor's prescription, regardless of insurance or co-pay.

For additional information go to:
www.meijer.com/pharmacy

You do not need to present your ID card to take advantage of these special pricing promotions. Only a valid prescription is necessary.

***NOTE**: We encourage you to discuss with the pharmacist any other medications you are taking as some antibiotics or other medications may cause serious drug interactions. Other retailers may begin to offer similar programs in response to these initiatives, so be sure to ask your pharmacist about available discount programs when filling a prescription – it could save you money! Programs are subject to change at any time. This is for informational purposes only.*

Blue Cross Online Visits

Receive health care at home with Blue Cross Online Visits.

Speak with a board-certified doctor about minor illnesses such as a cold or the flu 24/7. New to this offering are behavioral health services. These services are available by appointment for extended hours (7 am to 11pm) seven days a week. Therapy is available for adults and children age 10 and older. Psychiatry is available for members 18 and older.

Blue Cross Online Visits provides:

- Immediate or scheduled visits with a doctor or therapist through a secure, web-based video application;
- Diagnostic interviews and prescription management;
- Easy access to your health care claims through your bcbsm.com member account;
- Quick eligibility confirmation, collection of payment at time of service, and electronic claims submissions;
- Care for everyone on your employees' health care plan, including spouses and children.

- Sinus infections
- Respiratory infections
- Colds and flu
- Seasonal allergies
- Urinary tract infections
- Strains and sprains

- Vomiting
- Diarrhea
- Headache
- Pinkeye
- Rashes

- Anxiety
- Depression
- Grief
- Insomnia
- Therapy

Blue Cross Online Visits℠

Easy to use:

1. Sign up at **bcbsmonlinevisits.com**
2. Launch the app or website and log in
3. Choose a service: Medical, Therapy, or Psychiatry
4. Meet with the doctor or therapist online
5. Get a prescription, if appropriate, sent to a local pharmacy
6. Send a visit summary to your primary care doctor or other health care provider at the end of your online visit

You can use BCBSM Online Visits for some behavioral health services. The physicians are all masters and doctoral level behavioral health clinicians. There are psychologists, social workers, and family therapists available.

What Will This Cost?

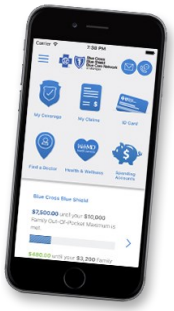
Medical Services—If you are enrolled in one of the HDHP plans you are required by IRS law to pay the full cost of the visit ($49) if you HAVE NOT MET YOUR DEDUCTIBLE. This cost is significantly less expensive than the cost of a regular office visit or an urgent care visit. Once you have met your deductible, this cost is subject to coinsurance.

Therapy or Psychiatry Services— Costs for these services will vary depending on the type of provider and the service received. You will be charged the appropriate cost of the service obtained based on your plans outpatient behavioral health benefits. The HDHP plans covers services with deductible and coinsurance.

BCBSM Value-Added Features

BCBSM Programs to Help you Live Easier

SECURE MEMBER PORTAL



Get the app.
It gives you more.

You can access your medical plan information online or through the BCBSM app, available on the App Store and Google Play. The easy to navigate app is available for download on your phone or tablet. It's the most convenient way to stay informed about your health care plan. The following list details some useful features.

- Fingerprint login for Android™ devices
- Virtual member ID card-sharing by email or text message
- Primary care physician search and selection with *Find a Doctor* — for employees with plans that require a PCP
- Blue365® exclusive member discounts — like 20 to 36 percent off Garmin fitness products
- The app also provides you an instant snapshot of your health plan deductible and out-of-pocket-maximum balances
- *My Coverage*, where you can quickly find out what's covered including referrals and prior authorization requests active from June 2017 and after
- *My Claims* and your explanation of benefits statements anytime, anywhere
- *Find a Doctor* to find providers and compare costs of certain procedures and services
- *Health & Wellness* for online tools such as the personal *Health Record*, *My Health Assistant* and *Health Trackers*

Save money and live healthier with Blue365

Blue365 provides members with access to a wide range of savings from top health and wellness brands around the country plus some of your favorite local companies. You'll see weekly "Featured Deals" and long term "Ongoing Deals" on healthy products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences and so much more. The Blue365 program is always expanding, so log in or register at blue365deals.com. Blue365 is free to you—just show your BCBSM member ID card at participating retailers or use the online offer code to take advantage of the savings on things like:

Personal Care: Lasik and eye care services, dental care and hearing aids

Lifestyle: Travel and recreation

Fitness and wellness: Health magazines, fitness gear and gym memberships

Healthy Eating: Cookbooks, cooking classes and weight-loss programs

BCBSM Value-Added Features

BCBSM Programs to Help you Live Easier

As a valued Blue Cross Blue Shield of Michigan member, you're already on your way to enhancing the health of you and your family. That is because all our members automatically receive Healthy Basics with their health coverage at no additional cost. This option provides a foundation of wellness and care management programs to improve outcomes and costs. It includes Blue Cross Health & Wellness programs, powered by WebMD® Health Services, and BlueHealthConnection ® care management programs.

PLAN FEATURES	HOW IT WORKS
Health Assessment	Easy-to-read content and engaging graphics help guide you through a series of lifestyle and health questions to provide you with a picture of your current health, as well as health risks. Results include: a health score developed from an analysis of modifiable health risks, a list of highest-risk areas, a modifiable risk report and a condition risk report and next steps!
Digital Health Assistant	Based on health assessment results, you will receive recommendations for digital coaching programs available through WebMD Health Services. These self-guided programs help you set easy-to-achieve goals that address their risk factors. You will receive positive feedback and congratulatory messages for completing activities!
Helpful Online Resources	Blue Cross Health & Wellness online resources provide helpful information from WebMD Health Services. You can: read health articles and watch videos on hundreds of topics, take interactive quizzes, check symptoms and learn about medications, use online tracking monitors, access and use your personal health record, sync fitness and medical devices and apps to keep information in one convenient place and ask questions on a professionally-monitored message board!
Case Management	Registered nurse case managers help coordinate care and provide information to help employees deal with complex health issues!
Complex Chronic Condition Management	This program helps you with the highest needs when managing your chronic conditions!
Engagement Center	Knowledgeable specialists help you locate resources you need and enroll in Blue Cross Health & Wellness and BlueHealthConnection programs!
24-Hour Nurse Line	Registered nurses are available to answer your health care questions 24 hours a day, 7 days a week!

DENTAL / VISION

Dental Benefits

Bay Mills Community College will continue to offer comprehensive coverage for your Preventive, Basic and Major dental services while maintaining the high level of annual benefit maximum.

Your dental plan is administered through Dental Network of America. Members can find a DNoA network dentist at www.BCBSM.com/bluedental.

Blue Dental PPO Plus Dental Coverage	
Services	**Benefits**
Type 1—Preventive Oral Examination X-Rays Teeth Cleaning Fluoride Treatments for Children - once per CY to age 19	**100%**
Type 2—Basic Fillings Repairs of dentures, bridgework, etc Endodontic Services/Root Canal Therapy Periodontal Services Oral Surgery	**75%**
Type 3—Major Bridges Installation-fixed and removable Dentures- Full and Partial Crowns: Acrylic Metal, Porcelain Inlays, Onlays	**50%**
Type 4—Orthodontia (to age 19) Orthodontia	50%/$1,500 Separate lifetime max.
Annual Maximum per person	**$1,500**

Vision Benefits

Your vision coverage is with VSP. As a member in this plan, you can use the vision care providers of your choice. However, you receive a higher level of benefits when you use VSP providers. Members can receive services from one of VSP's many member doctor locations or a non-participating doctor.

- **Examinations** – every 12 **consecutive** months, after a $5 co-pay.
- **Eyeglass Lenses** – every 12 **consecutive** months, after a $10 co-pay
- **Eyeglass Frames** – every 12 **consecutive** months, covered at 100% up to $130 allowance (member responsible for any costs over allowance) less $10 copay (one copay applies to both frames and lenses)
- **Medically Necessary Contacts** – every 12 **consecutive** months, after a $10 co-pay.
- **Elective Contacts** – every 12 **consecutive** months, $130 allowance that is applied toward contact lens exam (fitting materials) and the contact lenses (member responsible for any costs over allowance)
- **NOTE**: You will receive maximum coverage when you utilize VSP In-Network providers. If you choose to obtain services from an Out-of-Network provider, you are responsible for the difference between the approved amount and the provider's charge, less your co-pay.

For up-to-date personal benefit information, be sure to visit www.vsp.com.

LIFE / DISABILITY INSURANCE

Bay Mills Community College offers Life Insurance and Disability Benefits through Mutual of Omaha. As a full-time eligible employee you will continue to enjoy **company-paid** Basic Employee Term Life/AD&D coverage as well as Short and Long Term Disability. Please contact the Accounting Office for the Mutual of Omaha life and disability plan booklets.

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

Basic Life/AD&D insurance is an extremely important benefit. It offers financial security for your dependents should you pass away. All eligible employees receive a Life/AD&D insurance benefit equal to $50,000. These benefits are provided **to you at no cost.** This coverage is insured through Mutual of Omaha.

Your Life Insurance Benefits will reduce to:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90

Check your life insurance beneficiary designations regularly to make sure they are still in line with your wishes.

Short Term Disability & Long Term Disability

A disability of a lengthy duration can devastate the financial and emotional status of an individual or family. To help protect you from the effects of the income loss that results from a serious disability, Bay Mills Community College will continue to provide you with Short and Long Term Disability coverage in the event of a qualified accidental injury or sickness **at no cost to you.**

Short Term Disability

Elimination Period:

- Accident - 30 days
- Sickness - 30 days

The benefit provides coverage equal to 66 2/3% of weekly earnings to a maximum benefit of $600 per week. The maximum benefit period is 22 weeks or until benefits become payable under the Long Term Disability plan.

Long Term Disability

The benefit provides coverage equal to 66 2/3% of monthly earnings to a maximum of $5,000 per month. Benefits will begin when the last of the following are satisfied: after 180 Days of Disability or the expiration of any Short-Term Disability benefits.

If you would like more information on these coverage's, please contact the Human Resources Office.

LEGAL NOTICES

Each year Bay Mills Community College provides you with important information regarding your rights and benefits while participating in the comprehensive benefits program. Please take a moment to review the following notices.

Newborn's and Mother's Health Protection Act

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

Women's Health & Cancer Rights Act

If you receive plan benefits in connection with a mastectomy, you are entitled to coverage for the following under the plan:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment for physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The plan will determine the manner of coverage in consultation with you and your attending doctor. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan. If you would like further information about the Women's Health & Cancer Rights Act, please contact BCBSM or Human Resources.

GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to a request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

LEGAL NOTICES

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The **Health Insurance Portability & Accountability Act of 1996 ("HIPAA")** is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.

Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and copy your protected health information. The right to amend your protected health information.

The right to receive an accounting of non-routine disclosures of protected health information. We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of **January 1, 2019** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Name of Entity/Sender:	**Bay Mills Community College**
Contact-Position/Office:	Stacey Walden– HR Director
Address:	12214 W. Lakeshore Drive
	Brimley, MI 49715
Phone Number:	906-248-8426

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257

LEGAL NOTICES

Important Notice From Bay Mills Community College About Your Prescription Drug Coverage and Medicare

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

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current **BMCC** coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current **BMCC** coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the **BMCC** Plan.

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

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **BMCC** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Name of Entity/Sender:	**Bay Mills Community College**
Contact-Position/Office:	Stacey Walden– HR Director
Address:	12214 W. Lakeshore Drive
	Brimley, MI 49715

LEGAL NOTICES

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW or www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866.444.EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your state for more information on eligibility.

ALABAMA – Medicaid
Website: www.myalhipp.com Phone: 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 866.251.4861 Email: CustomerService@myakhipp.com Medicaid Website: dhss.alaksa.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS - Medicaid
Website: myarhipp.com Phone: 855.MYARHIPP (855.692.7447)
COLORADO – Medicaid
Child Health Plan Plus Website: Colorado.gov/HCPF/Child-Health-Plan-Plus Phone: 800.359.1991 / State Relay 711 Health First Colorado (Medicaid Program) Website: healthfirstcolorado.com Phone: 800.221.3943 / State Relay 711
FLORIDA – Medicaid
Website: www.FLmedicaidtplrecovery.com/hipp/ Phone: 877.357.3268
GEORGIA – Medicaid
Website: dch.georgia.gov/Medicaid *Click on Health Insurance Premium Payment (HIPP)* Phone: 404.656.4507
INDIANA – Medicaid
Healthy Indiana Plan for Low-Income Adults 19-64 Website: in.gov/fssa/hip Phone: 877.438.4479 All Other Indiana Medicaid Website: indianamedicaid.com Phone: 800.403.0864

IOWA – Medicaid
Website: dhs.iowa.gov/ime/members/medicaid-a-to-z-hipp Phone: 888.346.9562
KANSAS – Medicaid
Website: kdheks.gov/hcf/ Phone: 785.296.3512
KENTUCKY – Medicaid
Website: chfs.ky.gov/dms/default.htm Phone: 800.635.2570
LOUISIANA – Medicaid
Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888.695.2447
MAINE – Medicaid
Website: maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800.442.6003 TTY Main Relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: mass.gov/eohhs/gov/departments/MassHealth Phone: 800.862.4840
MINNESOTA – Medicaid
Website: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 800.657.3739
MISSOURI – Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005

MONTANA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800.694.3084
NEBRASKA – Medicaid
Website: ACCESSNebraska.ne.gov Phone: 855.632.7633 OR LINCOLN: 402.473.7000 OMAHA: 402.595.1178
NEVADA – Medicaid
Website: dwss.nv.gov/ Phone: 800.992.0900
NEW HAMPSHIRE – Medicaid
Website: dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603.271.5218
NEW JERSEY – Medicaid and CHIP
CHIP Website: njfamilycare.org/index.html CHIP Phone: 800.701.0710 Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609.631.2392
NEW YORK – Medicaid
Website: healthNY.gov/health_care/medicaid/ Phone: 800.541.2831
NORTH CAROLINA – Medicaid
Website: dma.ncdhhs.gov/ Phone: 919.855.4100
NORTH DAKOTA – Medicaid
Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 844.854.4825
OKLAHOMA – Medicaid and CHIP
Website: insureoklahoma.org Phone: 888.365.3742
OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx OR visit: oregonhealthcare.gov/index-es.html Phone: 800.699.9075
PENNSYLVANIA – Medicaid
Website: dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800.692.7462
RHODE ISLAND – Medicaid
Website: eohhs.ri.gov Phone: 855.697.4347
SOUTH CAROLINA – Medicaid
Website: scdhhs.gov Phone: 888.549.0820
SOUTH DAKOTA – Medicaid
Website: dss.sd.gov Phone: 888.828.0059
TEXAS – Medicaid
Website: gethipptexas.com/ Phone: 800.440.0493

UTAH – Medicaid and CHIP
CHIP Website: health.utah.gov/chip CHIP Phone: 877.KIDS.NOW (877.543.7669) Medicaid Website: Medicaid.utah.gov Medicaid Phone: 866.435.7414
VERMONT – Medicaid
Website: greenmountaincare.org/ Phone: 800.250.8427
VIRGINIA – Medicaid and CHIP
CHIP Website: coverva.org/programs_premium_assistance.cfm CHIP Phone: 855.242.8282 Medicaid Website: coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800.432.5924
WASHINGTON – Medicaid
Website: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 800.562.3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: mywvhipp.com Phone: 855-MyWV.HIPP (855.699.8447)
WISCONSIN – Medicaid
Website: dhs.wisconsin.gov/health-care-coverage/index.htm Phone: 800.362.3002 *See also: https.//www.dhs.wisconsin.gov/publications/p1/p10095/pdf*
WYOMING – Medicaid
Website: wyequalitycare.acs-inc.com Phone: 307.777.7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565
OMB Control Number 1210-0137 (expires 12/31/2019)

YOUR BENEFIT RESOURCES

Medical/Rx/Dental Blue Cross Blue Shield	**Blue Cross Blue Shield of Michigan** 415 S. McClellan Ave. Marquette, MI 49855 Customer Service: (800) 562-7884
Vision Plan VSP	**VSP** P.O. Box 997105 Sacramento, CA 95899-7105 (800) 877-7195
Life & AD&D/STD/LTD Mutual of Omaha	**Mutual of Omaha—Claims** Mutual of Omaha Plaza Omaha, NE 68175-0001 (800) 775-8805
Insurance Agent/Broker Gallagher Benefit Services , Inc.	**Gallagher Benefit Services, Inc.** 2956 Ashmun Street, Suite C Sault Ste. Marie, MI 49783 Office: (906) 635-5238 Cell: (906) 630-4646 Fax: (906) 635-5096
Human Resources Director Bay Mills Community College	**Bay Mills Community College** Stacey Walden 12214 W. Lakeshore Drive Brimley, MI 49715 Phone: (906) 248-8426