The 2016/17 Benefits Guide and related materials are being provided to help familiarize you with the benefits programs at Chesapeake College. We encourage you to review these materials so that you and your family can make the best decisions regarding available benefits plan options.

NOTE: This employee benefits booklet contains a general overview of benefits available. Employees should refer to each provider’s current policy handbook and/or the Faculty Staff Manual for exact details, restrictions, and eligibility requirements.
OVERVIEW
Chesapeake College is committed to providing a comprehensive benefits package for you and your eligible dependents. Please see below for a summary of changes to our plan offerings for 2016-2017.

MEDICAL
- Medical coverage will remain with CareFirst Administrators with no change to the rates.
- The PPO plan option has been eliminated.
- The EPO will remain with the following changes to the prescription drug coverage:
  - Generic copay increase to $5
  - Move to Maintenance Choice - Mandatory mail order program
  - Mandatory generic drugs
  - See page 5 of the benefit guide for more details.

LIFE & DISABILITY
- Life & Disability carrier is changing from Aetna to Reliance.
- Life & disability benefits will remain the same.

FLEXIBLE SPENDING ACCOUNTS
- FSA carrier will be moving from TASC to Optum.
- See page 10-11 of the guide for more details.

2016: UPDATES UNDER HEALTH CARE REFORM

Individuals Required to have health coverage
On January 1, 2014, a law went into effect that required most U.S. citizens to obtain health insurance coverage or they will be subject to penalties with exceptions for low income individuals and those unable to maintain affordable coverage. The penalty for not having medical coverage in 2014 was $95 annually per person or up to 1 percent of income in 2014. In 2015 the penalty increased to $325 or 2% of an individual’s taxable income. New hires have 30 days to make their benefit elections. If you do not enroll in coverage during this period & do not experience a qualifying event during Chesapeake College’s plan year 7/1/16 - 6/30/17, you will not be able to enroll into Chesapeake College health plan again until the next open enrollment period. Remember, an alternative to Chesapeake College health plan is to visit your state exchange for a government provided health plan.

EXAMPLES OF A QUALIFYING EVENT INCLUDE
- Change in Legal Marital Status
- Change in Employment Status
- Birth, Death, or Adoption

WHO IS EXEMPT FROM THE INDIVIDUAL MANDATE?
Certain individuals are exempt from the individual mandate. For example, you may be exempt from the penalty for not maintaining acceptable health coverage if you:
- Cannot afford coverage (that is, the required contribution for coverage would cost more than 9.56% percent of your household income)
- Have income below the federal income tax filing threshold
- Are not a citizen, national or lawfully present in the United States

DOMA—defense of marriage act
Recently, the US Supreme Court announced a decision in a significant case regarding laws affecting same-sex marriage; the federal defense of marriage act of 1996 (DOMA), which limited marriage to opposite-sex couples for purposes of federal law.

The court’s ruling stated that same-sex couples who are legally married under state law will be entitled to equal treatment under federal law with respect to federal benefits. Please note that for federal tax purposes, the term “marriage” does not include registered domestic partnerships, civil unions or similar formal relationships recognized under state law that are not actually designated as a marriage.

As a result, employees with same-sex spouses who are receiving benefits (for example medical, dental, vision) through Chesapeake College benefit plan will no longer have post-tax benefit deductions and imputed income added to their wages for federal tax purposes. If you are married to your same-sex spouse, your medical and dental deductions will be pre-tax and you will be eligible for federal benefits in the same manner as opposite sex spouses.

You must make an active election to enroll your same sex spouse to receive these benefits.
FY17 MEDICAL / DENTAL RATES

Chesapeake College offers its employees the opportunity to participate in the EPO plan through CareFirst Administrators (CFA). A traditional dental plan will continue to offered through Dental Dental and we will also continue our vision plan through Avesis.

For Plan Year July 1, 2016 to June 30, 2017, the College will offer each employee the opportunity to select a medical/dental combination or elect to opt out of coverage and receive $2,000 in taxable income. These benefits are available for full-time employees working 30.0 hours per week. Employees in budgeted part-time positions working 17.5 hours per week will receive 50% of the full-time allowance for benefits.

For new hires and employees starting in a budgeted position, the benefit begins the first of the month following your date of hire.

The payroll deduction for medical, dental, and vision will be:

<table>
<thead>
<tr>
<th>Medical: CareFirst Administrators (CFA) EPO Plan</th>
<th>(24 pays)</th>
<th>(18 pays)</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual with annual income below $36,000</td>
<td>$7.50</td>
<td>$10</td>
<td>$161.96</td>
</tr>
<tr>
<td>Individual with annual income above $36,000</td>
<td>$15</td>
<td>$20</td>
<td>$161.96</td>
</tr>
<tr>
<td>Parent / Child(ren)</td>
<td>$86.51</td>
<td>$115.34</td>
<td>$238.05</td>
</tr>
<tr>
<td>EE + Spouse</td>
<td>$159.91</td>
<td>$213.21</td>
<td>$343.69</td>
</tr>
<tr>
<td>Family</td>
<td>$220.20</td>
<td>$293.60</td>
<td>$391.72</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Coverage: Delta Dental</th>
<th>(24 pays)</th>
<th>(18 pays)</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$0</td>
<td>$8.33</td>
</tr>
<tr>
<td>Double</td>
<td>$4.60</td>
<td>$6.14</td>
<td>$17.21</td>
</tr>
<tr>
<td>Family</td>
<td>$10.82</td>
<td>$14.43</td>
<td>$29.21</td>
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</table>

<table>
<thead>
<tr>
<th>Vision Coverage: Avesis</th>
<th>(24 pays)</th>
<th>(18 pays)</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$2.90</td>
<td>$3.87</td>
<td>$2.90</td>
</tr>
<tr>
<td>Double</td>
<td>$5.08</td>
<td>$6.77</td>
<td>$5.08</td>
</tr>
<tr>
<td>Family</td>
<td>$7.55</td>
<td>$10.07</td>
<td>$7.55</td>
</tr>
</tbody>
</table>

ELIGIBLE DEPENDENTS

The subscriber’s legal spouse or an unmarried child of the subscriber or the subscriber’s spouse. The term child includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A Dependent includes any dependent child under 26 years of age.
Chesapeake College offers you medical benefits with a prescription drug plan. Under the CFA EPO, you are NOT required to select a Primary Care Physician (PCP). Visit www.cfablue.com to locate a provider.

### Summary of Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Only (member pays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visit</td>
<td>$20</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>$30</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$35</td>
</tr>
<tr>
<td>Emergency Room (waived if admitted)</td>
<td>$100</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing (60 days per calendar year)</td>
<td>Plan pays 100% after $150 copay</td>
</tr>
<tr>
<td>Deductible</td>
<td>$150 individual / $450 family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% (plan pays 90%)</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$1,000 Individual / $3,000 Family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Rx Retail (Tier I, Tier II, Tier III)</td>
<td>$5 / $25 / $50</td>
</tr>
<tr>
<td>Retail Mail Order (Tier I, Tier II, Tier III)</td>
<td>$10 / $50 / $100</td>
</tr>
</tbody>
</table>
DENTAL PLAN OPTION

The following benefits are provided and administered by Delta Dental of Pennsylvania.

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. Chesapeake College’s dental plan covers routine checkups and many other types of dental work you might need. The plan covers your unmarried children to age 26 regardless of student status as long as they are a qualified dependent.

Services can be provided by PPO or Non-PPO providers; choosing a PPO dentist will result in lower out-of-pocket costs due to negotiated savings. PPO Network providers accept the insurance payment as payment in full so that you will have no additional charge (except for your copay, deductible, and coinsurance as noted in the chart). Non-PPO providers may bill you for the balance of the bill after the insurance has paid the reasonable and customary amount.

To identify a PPO provider in your area, please call Delta Dental Member Services at 1-800-932-0783 or locate a provider on the web at www.midatlanticdeltadental.com.

<table>
<thead>
<tr>
<th>Summary of Benefits</th>
<th>PPO In-Network Only (member pays)</th>
<th>Non-PPO Out-of-Network (member pays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Maximum</td>
<td>$1,200</td>
<td>$1,000</td>
</tr>
<tr>
<td>Plan Year Deductible</td>
<td>Individual $25 / Family $75</td>
<td>Individual $25 / Family $75</td>
</tr>
<tr>
<td>Class I Preventive</td>
<td>100% no deductible</td>
<td>100% of R&amp;C* no deductible</td>
</tr>
<tr>
<td>Oral Exams, Prophylaxis/Cleanings, Bitewing X-rays, Full Mouth X-rays, Periapicals/other X-rays, Palliative Care, Flouride Treatments, Sealants (up to age 19), Space Maintainers, Labs and other tests</td>
<td>100% no deductible</td>
<td>100% of R&amp;C* no deductible</td>
</tr>
<tr>
<td>Class II Basic Restorative</td>
<td>80% after deductible</td>
<td>80% of R&amp;C* after deductible</td>
</tr>
<tr>
<td>Fillings, Pulp Capping/Pulpal Therapy, Periodontics, Periodontal Maintenance, Root Canal/Endodontics, Rebases/Relines, Extractions, Oral Surgery, General Anesthesia, Consultations, Prefabricated Stainless Steel and Resin Crowns</td>
<td>80% after deductible</td>
<td>80% of R&amp;C* after deductible</td>
</tr>
<tr>
<td>Class III Major Restorative</td>
<td>50% after deductible</td>
<td>50% of R&amp;C* after deductible</td>
</tr>
<tr>
<td>All other Crowns, Dentures, Bridges, Inlays/Onlays, Harmful Habit appliance</td>
<td>50% after deductible</td>
<td>50% of R&amp;C* after deductible</td>
</tr>
<tr>
<td>Class IV Orthodontia</td>
<td>50% no separate deductible</td>
<td>50% of R&amp;C*</td>
</tr>
<tr>
<td>Coverage for eligible children under age 19</td>
<td>50% no separate deductible</td>
<td>50% of R&amp;C*</td>
</tr>
<tr>
<td></td>
<td>$1,200 lifetime maximum</td>
<td>$1,200 lifetime maximum</td>
</tr>
<tr>
<td></td>
<td>50% of R&amp;C* after deductible</td>
<td>50% of R&amp;C* after deductible</td>
</tr>
<tr>
<td></td>
<td>No separate deductible</td>
<td>No separate deductible</td>
</tr>
<tr>
<td></td>
<td>$1,200 lifetime maximum</td>
<td>$1,200 lifetime maximum</td>
</tr>
</tbody>
</table>

Pretreatment estimate available on a voluntary basis when extensive work in excess of $300
Limitations and exclusions apply. Please refer to the plan document for plan details.

*R&C = Reasonable and customary charges
Dental claims office: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055 / (800) 932-0783
VISION INSURANCE
Avesis Advantage Enhanced Vision Care

This is a brief description of the program. Actual benefit payments made in accordance with the master contract. To locate a provider or obtain more information on the program, visit www.avesis.com or call 1-800-828-

<table>
<thead>
<tr>
<th>Summary of Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exams</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spectacle Exam</strong></td>
<td>$0</td>
<td>$35</td>
</tr>
<tr>
<td>No copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lens Exam</strong></td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x every 12 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Single Vision</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Standard Bifocal</td>
<td>$10</td>
<td>$40</td>
</tr>
<tr>
<td>Standard Trifocal</td>
<td>$10</td>
<td>$50</td>
</tr>
<tr>
<td>Standard Lenticular</td>
<td>$10</td>
<td>$80</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>Up to 20% off retail, plus a $50 allowance</td>
<td>$40</td>
</tr>
<tr>
<td>Specialty Lenses</td>
<td>Up to 20% off retail, plus corresponding lens payment</td>
<td>Corresponding Standard Lens Reimbursement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (in lieu of frame and spectacle lenses)</td>
<td>Up to $110</td>
<td></td>
</tr>
<tr>
<td>Can be uses for materials and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically necessary</td>
<td>Up to $250</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x every 24 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>$35 Wholesale Allowance</td>
<td>$45</td>
</tr>
</tbody>
</table>


Available to all active full-time employees who work 35 hours per week and all eligible regular part-time employees working at least 17.5 hours per week. If you are a newly hired employee, your coverage will take effect the first of the month following your date of hire.

If you did not enroll when first eligible for coverage, you must provide evidence of insurability and be approved by Reliance before your coverage becomes effective.

You may elect up to the lesser of 3 times your salary of $300,000, Supplemental life insurance benefits reduce by 35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 15% of the pre-age 65 amount at age 75; terminates at retirement.

The payroll deduction for employee optional life insurance is based on 24 periods.

<table>
<thead>
<tr>
<th>Age</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$30,000</th>
<th>$40,000</th>
<th>$50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>.30</td>
<td>.60</td>
<td>.90</td>
<td>1.20</td>
<td>1.50</td>
</tr>
<tr>
<td>30-34</td>
<td>.50</td>
<td>1.00</td>
<td>1.50</td>
<td>2.00</td>
<td>2.50</td>
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<td>35-39</td>
<td>.60</td>
<td>1.20</td>
<td>1.80</td>
<td>2.40</td>
<td>3.00</td>
</tr>
<tr>
<td>40-44</td>
<td>.90</td>
<td>1.80</td>
<td>2.70</td>
<td>3.6</td>
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<tr>
<td>45-49</td>
<td>1.35</td>
<td>2.70</td>
<td>4.05</td>
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<td>6.75</td>
</tr>
<tr>
<td>50-54</td>
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<td>6.45</td>
<td>8.51</td>
<td>10.75</td>
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<td>60-64</td>
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<td>8.00</td>
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<td>12.70</td>
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<td>31.75</td>
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<tr>
<td>70-74</td>
<td>10.30</td>
<td>20.60</td>
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<td>24.40</td>
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</table>

<table>
<thead>
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<th>Age</th>
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<th>$90,000</th>
<th>$100,000</th>
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<tbody>
<tr>
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<td>40-44</td>
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<td>26.80</td>
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<tr>
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<td>32.00</td>
<td>36.00</td>
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<td>82.40</td>
<td>92.70</td>
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<tr>
<td>75+</td>
<td>73.20</td>
<td>85.40</td>
<td>97.60</td>
<td>109.80</td>
<td>122.00</td>
</tr>
</tbody>
</table>
### SUPPLEMENTAL LIFE BENEFITS FOR SPOUSE AND CHILD(REN)

Spouse coverage is available in increments of $10,000 to a maximum benefit of $100,000. The benefit cannot exceed 50% of the employee coverage amount. Employees must purchase Optional Life in order to purchase Optional Dependent and Spouse Life. Amounts over $50,000 are subject to evidence of insurability and approval by Reliance. Supplemental Spouse Life insurance benefit will reduce by 35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 15% of the pre-age 65 amount at age 75; terminates at retirement. The per pay cost for spouse coverage is based on the spouses age as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$30,000</th>
<th>$40,000</th>
<th>$50,000</th>
</tr>
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<tbody>
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<td>4.50</td>
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<td>30-34</td>
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<td>6.00</td>
<td>6.50</td>
<td>7.00</td>
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<td>134.20</td>
<td>146.40</td>
<td>158.60</td>
<td>170.80</td>
<td>183.00</td>
</tr>
</tbody>
</table>

The per pay cost for the child(ren) life insurance premium is based on the life insurance amounts as listed in the following chart. The benefit cannot exceed 50% of the employee coverage.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Per pay deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>0.34</td>
</tr>
<tr>
<td>$10,000</td>
<td>0.67</td>
</tr>
</tbody>
</table>
FLEXIBLE SPENDING ACCOUNTS (FSA)
Optum

MEDICAL FSA
A Healthcare Flexible Spending Account (FSA) is a reimbursement account available through Chesapeake College. It allows you to set aside pre-tax money from your paycheck to pay for healthcare costs.

The advantage of an FSA is the ability to pay for eligible medical expenses using pretax dollars. This lowers your taxable income, which in turn lowers the amount of taxes taken from your paycheck leaving you with more money in your pocket! Additionally you can access your entire annual contribution at the start of the plan year under a health FSA plan!

Your FSA can reimburse you for dollars spent on eligible healthcare expenses that are not paid for by your health, dental and vision plans.

In addition to increasing your spendable income, participation in the FSA plan means the convenience of The Benefits Card. It acts like a debit card to transfer money from your FSA to pay for eligible expenses at the pharmacy or doctor’s offices.

In keeping with IRS regulations, if you do not use the money by the end of the benefit plan year, the College cannot refund you. You will now be able to take up to $500 of any unused medical FSA dollars as a rollover to be used for expenses incurred in the new 2016-2017 plan year. Use the calculator that follows to determine your annual medical expenses. You can review your account activity and check your account balance at any time at www.optumhealthfinancial.com. THE MAXIMUM EMPLOYEE CONTRIBUTION FOR FSA IS $2,550 PER PLAN YEAR.

DEPENDENT CARE FSA
A Dependent Care FSA is also available through the College. Like the Healthcare FSA it allows you to set aside pre-tax money from your paycheck to pay for your dependent care expenses for your children under age 13 or for any dependent who requires custodial care while you and your spouse, if applicable, are at work.

Unlike the Health FSA, your withdrawals from your Dependent Care FSA cannot exceed the amount of your current accrued contributions. The “Use It or Lose It” rule does apply to Dependent Care FSAs. Use the calculator that follows to estimate your annual expenses.

The maximum contribution for a dependent care FSA is $5,000 per plan year or $2,500 if married but filing separately. Optum, your FSA administrator, gives you access to your account status 24 hours a day, seven days a week, through its interactive website at www.optumhealthfinancial.com or contact Flex customer service at (800) 243-5543. Expenses provided must be incurred during the year. You will have 90 days following the end of the plan year to file claims under the FSA. The deadline for filing FSA claims is September 30th.

Optum
Phone: 800-243-5543
www.optumhealthfinancial.com
## CALCULATING YOUR EXPENSES

Use this worksheet to estimate your plan year medical and dependent care expenses.

### Annual Medical Expense Estimator

Medically necessary out-of-pocket expenses include the following:

- Deductibles (Medical, Dental and/or Vision) $ 
- Copayment/Co-insurance $ 
- Routine well visits (physicals, check-ups and immunizations) $ 
- Dental expenses not covered by insurance $ 
- Cost of eye exams, contacts and supplies, laser eye surgery, etc. $ 
- Hearing exams and hearing aids $ 
- Acupuncture, if prescribed by physician $ 
- Over-the-counter drugs authorized by a written physician prescription and prescription drugs $ 
- Physical, Chiropractic, psychiatric and speech therapies $ 
- Other medically necessary unreimbursed expenses $ 

Total projected medical expenses $ 

Divide by number of pay periods in the Plan year ÷ 

Amount to deduct each pay period $ 

### Dependent Care Expense Estimator

Review the following questions to help you estimate your allowable expenses.

Is daycare necessary to enable you to work? Your spouse must be either working or attending school also in order to pay for dependent care on a pre-tax basis.

Will your dependent child become age 13 before the end of the year? If yes, expenses after his/her birthday are not allowable.

Will you use a different day care source when school is not in session? Remember that overnight camps are not an allowable expense.

Can you provide the Tax ID# of your day care provider on your income tax return, as required by the IRS?

<table>
<thead>
<tr>
<th>Month</th>
<th>Dependent Care Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>$</td>
</tr>
<tr>
<td>August</td>
<td>$</td>
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<td>September</td>
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<td>March</td>
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<tr>
<td>April</td>
<td>$</td>
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<tr>
<td>June</td>
<td>$</td>
</tr>
</tbody>
</table>

Total projected medical expenses $ 

Divide by number of pay periods in the Plan year ÷ 

Amount to deduct each pay period $
COLLEGE PAID BENEFITS PROVIDED

LIFE INSURANCE
All employees, working in budgeted positions of 17.5 hours or more per week, will receive two (2) times their annual salary, rounded to the next higher $1,000, to a maximum benefit of $250,000. Accidental Death and Dismemberment (AD&D) insurance is included in amounts matching the basic life insurance benefits. Basic Life insurance benefit ad AD&D will reduce by 35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 15% of the pre-age 65 amount at age 75 and terminate at retirement. This benefit starts the first month following your date of hire. Life insurance is provided through Reliance.

SHORT TERM DISABILITY
After one year of employment, all employees working in budgeted positions if at least 17.5 hours or more per week, are entitled to receive 60% of their weekly salary amount up to a maximum of $500 per week after exhausting their accrued leave balance.

LONG TERM DISABILITY
After one year of employment, all employees working in established positions of at least 17.5 hours per week are entitled to receive 66 2/3% pf their pre-disability monthly earnings up to a maximum of $5,000 per month for qualified long term disability. Long term disability insurance is provided through Reliance.

EMPLOYEE ASSISTANCE PROGRAM
Provides professional and confidential telephone counseling and referral services to employees and their family members 24 hours a day, seven days a week to include, but not limited to, alcohol or drug dependency, marital and family problems, parenting issues, emotional disorders, stress, compulsive gambling, eating disorders, legal and/or financial problems, and survivor support counseling. Contact Optum at 1-866-248-4096 or online at www.liveandworkwell.com.
HEALTH ADVOCATE

Health advocate will help you handle the healthcare issues facing you and your family. You can turn to a Personal Health Advocate, typically a registered nurse, who, along with a team of physicians and administrative experts, will assist you in locating and obtaining the services you need. This benefit gives you a way to feel completely comfortable with the choices you make for you and your family. And, best of all, it’s free to you as an employee of Chesapeake College.

This service was developed because of all the difficulty times people have faced trying to deal with a new injury, disease or other healthcare situations. Health Advocate is a service to provide you with information, guidance, and good choices so that you can have peace of mind. Suppose you or a family member are facing:

- Some type of cancer
- Elderly parent needs
- A child’s sports injury
- An abnormal test result
- Back pain
- Diabetes
- Skin Condition
- Medicaid/Member issues
- A doctor report with news you don’t understand
- Any other situation not mentioned above

Health advocate does not replace your health insurance or your doctor’s care. It is a service you can lean on to obtain unbiased, objective information to help make choices concerning your health situation. It is designed to help you feel more comfortable with the situation you face and with the decisions that you ultimately make. Call 1-866-695-8622 (toll-free)

CONIFER

Conifer is pleased to provide personal health management services to associates covered under the Chesapeake College health insurance plan. Personal Health Management is often referred to as case or disease management. It is a process in which one nurse, dedicated to your health, works with you and your treatment team, primarily doctors, to ensure you receive the appropriate care and to help ensure your treatment team has the information they need to truly work together for your benefit.

What does personal health management mean and what does it cost?
Conifer’s Personal Health services are 00% paid for by your employer and are strictly confidential. We work with you during times of serious illness. Your personal nurse is available to help you or your family member navigate through the health care system during time of serious illness. Our goals are to help you receive appropriate care and to help ensure your treatment plan has the information they need to truly work together for your benefit.

How can I contact Conifer?
Once a personal nurse contacts you, you will be give a telephone number to communicate directly with your nurse. If you have not been contacted but would like to talk to a nurse about health care services you are receiving or feel you need, please contact us by calling 800-459-2110.
OPTIONAL BENEFITS

LONG TERM CARE INSURANCE
John Hancock
John Hancock’s long-term care insurance is available at a discount for employees and their family members. This insurance helps pay the cost of care at home, in a nursing home, assisted living facility, adult day care and hospice care. This type of insurance will help protect your assets and help you avoid being a burden on others to provide care for you. Long-term care may be needed for younger individuals as well as those nearing retirement.

For additional information on John Hancock’s long-term care insurance benefit, contact our representative: Suzanne Simpson, CLU, at 410-823-3399 x359 or ssimpson@jhnetwork.com.

STATE EMPLOYEES CREDIT UNION (SECU)
Interest rates on savings are usually higher than that which is available at local banks. Rates for loans are usually lower. The fee to join is $10.00, which goes into your savings account. For more information call 1-800-TRY-SECU or visit www.secumd.org.

- Savings Accounts
- Checking Accounts (interest bearing)
- Mortgages
- Automobile Loans
- Home Improvement Loans
- Family Member Savings Accounts
- Financial Planning Services
- Personal Loans
- VISA
- IRA’s
- Custodial Accounts

RETIREMENT SAVINGS PLAN
Tax-Deferred Annuities (403B) & (457B)
Put money aside for your retirement on a tax-deferred basis. Participating investment companies:

TIAA/CREF  www.tiaa-cref.org  1-800-842-2008
Fidelity  www.fidelity.com/atwork  1-800-343-0860

Please contact your benefits coordinator for additional information on these plans.
TUITION REMISSION (on campus)
Full-time employees in budgeted positions, their spouses and their dependent children who have reached their 23rd birthday by the semester in which they are registering are eligible, upon the approval of the Supervisor and Vice President for waiver of tuition for any program or course of study offered by Chesapeake College. Employees are required, however, to pay for all course fees, lab fees, and CES, FTW and AYC courses. Fees for Continuing Education classes will be covered if they are deemed job-related by the employee’s supervisor. An eligible dependent is an employee’s spouse, or one who is claimed as a dependent by the employee for federal/state income tax reporting purposes at the day of registration.
Employees hired and reporting for work after the start of the semester and their dependent children and spouses will become eligible for tuition waiver effective the first registration subsequent to employment.
Chesapeake College Employee may take a maximum of 6 credits per semester. A Spouse/Dependent may take a maximum of 18 credits per semester.

TUITION REIMBURSEMENT
Tuition Reimbursement is to assist all eligible College employees pursuing additional studies beyond the Associate Arts degree, certification preparation classes or pursuing courses or programs not offered by Chesapeake College. Eligible study is any course or training program offered either for credit or noncredit. An acceptable education institution is a public or private secondary vocational, trade, or business school; or a public or private college, university, professional school, technical institution, or professional institute, the educational institution should be accredited or recognized by an agency, governing body, or professional association. Education expenses are the costs for tuition. For additional information on Tuition waiver and reimbursement, please refer to the Faculty Staff Manual.
Employee may take up to 6 credits per fiscal year. The employee will be reimbursed at the lesser amount of the actual tuition or the Univ. of Maryland tuition rate.
Upon completion of approved study for which an employee paid the approved educational tuition expenses, reimbursement may be requested by submitting to the Human Resources Office a tuition receipt showing a zero balance with confirmation that the employee paid for the requested reimbursement amount out of pocket along with evidence of satisfactory completion of the approved study.

Combined Waiver and Reimbursement for employees
Employees participating in both the tuition waiver and tuition reimbursement programs are limited to a combined maximum credit load of nine credits per semester.

FLEX TIME
Flextime work schedules may be requested by an employee to meet individual employee needs. Flextime is subject to supervisory approval to ensure that the proposed schedule will not adversely affect College operations. The supervisor must also ensure that flextime schedules will provide ample employee coverage during normal business hours.
Flextime is an approved fixed work schedule that differs from the core business hours of the department I which the employee works. This may include working a four-day work week (flexday schedule). Every flextime schedule will allow at least a half hour for lunch. Non-exempt employees will still be subject to all requirements of the Fair Labor Standards Act.
Because circumstances change, flextime schedules should be reviewed periodically to ensure that they do not conflict with the needs of the department and are subject to change by the supervisor. Agreements on flexday hours must be documented annually at the beginning of each fiscal year with signatures by both the employee and the supervisor and a copy of the agreement should be filed in the employee’s human resources file in Human Resources.

ON-SITE DAYCARE
The Chesapeake College Early Childhood Development Center serves those parents of children 3 through 7 years of age who are students, staff and faculty at the college, as well as parents throughout the community. The center is licensed by the Office of Child Care and is accredited by the Maryland State Department of Education. Throughout the academic year the center is open Monday through Friday from 7:30 am to 5:30 pm. During the summer months (in coordination with the QA County school schedule) the center is open Monday through Thursday from 7:30 am to 5:30 pm.
VACATION

Staff in 12 month, full time staff grades 101-110, and IT pay bands 1-2 will receive 70.08 hours of paid annual leave per year, accruing with the first day of employment and earned at the rate of 2.92 hours each twice-monthly pay period. The number of hours of paid annual leave earned will increase with the length of service on the following scale with the rate per pay period adjusted accordingly. Changes in accruals will occur in the anniversary month of your hire date.

Security Guards in grades 101-110 who work a 40-hour work week will receive 80.16 hours of paid annual leave per year, accruing with the first day of employment and earned at the rate of 3.34 hours each twice-monthly pay period. The number of hours paid annual leave earned will increase with the length of service on the following scale with the rate per pay period adjusted accordingly. Changes in accruals will occur in the anniversary month of your hire date.

Staff in grades 111-Director, IT staff in pay bands 3-5 will receive 105.12 hours of paid annual leave per year, accruing with the date of employment and earned at the rate of 4.38 hours each twice-monthly pay period. The number of hours paid annual leave earned will increase with the length of service on the following scale with the rate per pay period adjusted accordingly. Changes in accruals will occur in the anniversary month of your hire date.

Administrators and twelve-month teaching faculty will receive 140.16 hours of paid annual leave per year, accruing with the date of employment and earned at a rate of 5.84 hours each twice-monthly pay period.

Accumulation of Annual Leave/Carryover Amounts—Annual leave in excess of 50 percent of earned leave from a prior year must be used before June 1st. Unused annual leave in excess of 50 percent of earned leave from the previous year will be deducted and not compensated.

Grant Fund Positions—Employees funded through outside agency grants must use their annual leave by the termination date of the grant. If the grant is renewed prior to the termination date, 50 percent of the annual leave benefit may be carried to the next time period. Payment will not be made for unused annual leave at the termination of employment for grant-funded positions.

Ten month and nine month - Employees do not earn annual leave

Interruption of Service - Full and part-time regular employees who terminate employment and return to the college in a full-time or part-time regular position up to one year from the date of their termination, will have their prior service credited back to their original hire date. This credited service will be applied toward calculation of anniversary increases of annual leave.
SICK LEAVE

Twelve-Month Administrators, Faculty, Exempt and Non-exempt employees are entitled to sick leave of 84 hours per year. Sick leave hours are earned at the rate of 3.5 hours each pay period.

Ten-Month Faculty, Exempt and Non-exempt employees are entitled to sick leave of 63 hours per year. Sick leave hours are earned at the rate of 3.5 hours per pay period over 18 pay periods.

Accumulation of Sick Leave - Beginning with the first year of employment, any earned but unused sick leave hours may be accumulated; and service credit will be granted at retirement for unused sick leave for those employees participation in the Teacher’s Retirement System.

Personal Leave - Twelve-month employees may use a maximum of 35 hours of sick leave for special purposes during any one fiscal year as Personal Leave. Ten-month employees may tax a maximum of 28 hours of sick leave as personal leave during any one fiscal year. Requests for use of personal leave must be approved by the immediate supervisor in advance if possible no later than 1 hour after the employee reports to work. These personal leave days may be used for the following special purposes:

- Transaction of urgent personal business
- Observance of special religious holiday
- Hazardous weather conditions
- In addition to the purposes stated above, Teaching Faculty may elect to use their personal leave for any purpose provided the appropriate academic division chair has determined the leave will not interfere with the academic program.

THE MARYLAND FLEXIBLE LEAVE ACT

Effective October 1, 2008. Provides employees who are primarily employed in the State of Maryland with the ability to use earned leave with pay provided under an employer’s employment policy for the illness of the employee’s immediate family—children, spouses, and parents.

- A “child” is an adopted, biological, or foster child, a stepchild, or legal ward who is: (1) under the age of 18, or (2) over 18 ad incapable of self-care due to a mental or physical disability.
- A “parent” is an adoptive, biological, or foster parent, a stepparent, a legal guardian, or a person fulfilling a parenting role (“standing in loco parentis”)

Employees may designate and use earned sick, vacation and compensatory time for the illness of immediate family members.

FMLA

The Family and Medical Leave Act (FMLA) provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period to eligible, covered employees for the following reasons: 1) birth and care of the eligible employees child, or placement for adoption or foster care of a child with the employee; 2) care of an immediate family member (spouse, child, parent) who has a serious health condition; or 3) care of the employee’s own serious health condition. It also requires that employee’s group health benefits be maintained during the leave. The FMLA is administered by the Employment Standards Administration’s Wage and Hour Division within the U.S. Department of Labor. The college requires that employees who are out for more than five days complete FMLA paperwork so FMLA eligibility can be determined. Please contact Human Resources for the documentation.
PAID HOLIDAYS

- New Year’s Holiday
- Martin Luther King’s Birthday
- Monday and Tuesday of Spring Break (March 13 & 14, 2017)
- Memorial Day
- July 4
- Labor Day
- Wednesday Before Thanksgiving
- Thanksgiving Day and Friday after Thanksgiving
- Winter Break - December 19, 2016 - January 3, 2017

*Additional holidays may be granted at the discretion of the Board of Trustees upon recommendation by the President.

WELLNESS POLICY

The college offers a Wellness Program to all employees and includes counseling, goal setting, as well as structured and free activities. Free time activities include the use of special facilities or equipment (i.e., fitness trail, tennis courts, or weight room), jogging or walking.

The college provides up to three hours of wellness time each week to full-time employees enrolled in the “Matching Time” Wellness Program. Of the amount of normal working hours time the employee uses in the Wellness Program each week, they have to make up (or “pay back”) only half of the work time spent on wellness. This “pay back” time may be accomplished in several different ways.

Example: I use one and a half hours of College time in wellness each week; therefore, I owe the College 45 minutes. My schedule, approved by my supervisor, allows me to work 45 minutes later than my normal work hours one day this week.
The following are federally required notices related to your Chesapeake College Benefits Program.

Women’s Health and Cancer Rights Act Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:
- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. 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.

Maternity and Newborn Length of Stay Under federal law, group health plans and health coverage issuers offering group coverage generally may not 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.

They may also not require that a provider obtain authorization from the plan or coverage issuer for prescribing a length of stay not in excess of those periods. The law generally does not prohibit an attending provider of the mother or newborn (in consultation with the mother) from discharging the mother or newborn earlier than 48 hours or 96 hours, as applicable.

Special Enrollment Rights Under HIPAA The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll for medical coverage for yourself and your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan, as long as you request enrollment within 31 days after your other coverage ends. You will need to provide proof that your other coverage has ended. In addition, if you have a new dependent as the result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents as long as you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Notice of Health Information Privacy Practices (HIPAA) The privacy of your medical information is important to us. As a participant in a medical plan sponsored by Chesapeake College you may receive a HIPAA Privacy Notice. The HIPAA Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

For more information about our privacy practices or for additional copies of the HIPAA Privacy Notice, please contact us using the information provided.

Contact: Human Resources
Address: P.O. Box Wye Mills, MD 21679
Phone: 410.827.5848

Consolidated Omnibus Budget Reconciliation Act (COBRA) The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the plan and under federal law, you should review the plan’s summary plan description or contact the plan administrator.

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a qualifying event, as listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the plan because your hours of employment are reduced or your employment ends for any reason other than your gross misconduct. If you are the spouse or dependent child of an employee, you will become a qualified beneficiary if you lose your coverage under the plan because any of the following qualifying events happens:
- The employee dies;
- The employee’s hours of employment are reduced;
- The employee’s employment ends for any reason other than his or her gross misconduct;
- The employee becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The employee becomes divorced or legally separated; or
- If you are a dependent child, you stop being eligible for coverage under the plan as a “dependent child.”

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the plan administrator of the qualifying event.

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the plan administrator within 60 days after the qualifying event occurs. You must provide this notice to the benefits staff.

Once the plan administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is death of the employee, the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child’s losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. Otherwise, when the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.
If you or anyone in your family covered under the plan is determined by the Social Security Administration to be disabled and you notify the plan administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of continuation coverage, your spouse and dependent children can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the plan. This extension may be available to your spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the plan had the first qualifying event not occurred.

If you have questions about your plan or your COBRA continuation coverage rights, refer to the contact listed below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.)

In order to protect your family’s rights, you should keep the plan administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the plan administrator.

For more information about Medicare prescription drug plans, visit www.medicare.gov. Call your State Health Insurance Assistance Program (see 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. For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Notice of Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Chesapeake College medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan during open enrollment. For more information contact Benefits, HR at 410.827.5848

Preventive Services and the Affordable Care Act

Under the affordable care act, you and your family may be eligible for some important preventive services which can help you avoid illness and improve your health—at no additional cost to you. What this means for you: If your plan is subject to these new requirements, you would not have to pay a co-payment, co-insurance, or any deductible to receive preventive health services, such as recommended screenings, vaccinations, and counseling.

For example, depending on your age, you may have free access to such preventive services as:

- Blood pressure, diabetes, and cholesterol tests;
- Many cancer screenings, including mammograms and colonoscopies;
- Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use;
- Routine vaccinations against diseases such as measles, polio, or meningitis;
- Flu and pneumonia shots;
- Counseling screening, and vaccines to ensure healthy pregnancies;
- Regular well-baby and well-child visits, from birth to age 21

Some Important Details:

- If your health plan uses a network of providers, be aware that health plans are only required to provide these preventive services through an in-network provider.
- Your health plan may allow you to receive these services from an out-of-network provider, but may charge you a fee.
- Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills your for the preventive services separately from the office visit.

To know which covered preventive services are right for you—based on your age, gender, and health status—ask your health care provider.

Medicaid and the Children’s Health Insurance Program (CHIP) offers free or low-cost health coverage to children and families if you are eligible for health coverage from your employer, but are unable to afford the premiums. Some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, Your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.
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 2015. You should contact your state for further information on eligibility.

**Alabama – Medicaid**
Website: www.myalhipp.com
Phone: 1-855-692-5447

**Alaska – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Medicaid website: www.colorado.gov/Medicaid
Arizona – CHIP
Website: http://www.azahcccs.gov/applicants
Phone: 1-877-764-5437 (outside of Maricopa Co.)

**Colorado – Medicaid**
Medicaid Website: http://www.colorado.gov/healthcare/colorado/
CHIP Website: http://www.colorado.gov/hcpf
Phone: 1-877-888-357-800

**Florida – Medicaid**
Medicaid Customer Contact Center: 1-800-657-2962
Website: http://www.flmedicaidtplrecovery.com/
Phone: 1-800-612-0964

**Georgia – Medicaid**
Website: http://dch.georgia.gov/
CHIP Phone: 1-800-992-0900

**Idaho – Medicaid and CHIP**
Medicaid website: http://dhhidaho.gov
Phone: 1-800-333-4625

**Indiana – Medicaid**
Website: http://www.in.gov/fissa
Phone: 1-800-889-9949

**Iowa – Medicaid**
Website: http://www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

**Kansas – Medicaid**
Website: http://www.kdhels.gov/hcf/
Phone: 1-800-792-4884

**Kentucky – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**Louisiana – Medicaid**
Website: http://www.dhhs.louisiana.gov/
Phone: 1-888-695-2447

**Maine – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY 1-800-977-6741

**Massachusetts – Medicaid and CHIP**
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

**Minnesota – Medicaid**
Website: www.mn.gov/dhs/
click on health care, then medical assistance
Phone: 1-800-657-3629

**Missouri – Medicaid**
Website: http://www.dss.mo.gov/mhid/participants/pages/chpp.htm
Phone: 573-751-2005
Nebraska – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

**Montana – Medicaid**
Website: http://medicaid.mt.gov/member
Phone: 1-800-694-3084

**Nebraska – Medicaid**
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

**Nevada – Medicaid**
Medicaid website: http://dwws.nv.gov/
Medicaid phone: 1-800-992-0900

**New Hampshire – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

**New Jersey – Medicaid and CHIP**
Medicaid website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
Phone: 1-800-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

**New York – Medicaid**
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

**North Carolina – Medicaid and CHIP**
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

**North Dakota – Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

**Oklahoma – Medicaid and CHIP**
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**Oregon – Medicaid and CHIP**
Medicaid & CHIP website: http://www.oregonhealthkids.gov
http://www.hijosaludablesoregon.gov
Medicaid & CHIP phone: 1-800-699-9075

**Pennsylvania – Medicaid**
Website: http://www.dhs.pa.gov
Phone: 1-800-692-7462

**Rhode Island – Medicaid**
Website: www.eohhs.ri.gov
Phone: 401-462-5300

**South Carolina – Medicaid**
Website: http://www.sfdhhs.gov
Phone: 1-888-549-0820

**South Dakota – Medicaid**
Website: http://dss.sd.gov
Phone: 1-888-828-0059

**Texas – Medicaid**
Website: http://www.aerthiptexas.com/
Phone: 1-866-435-7414

**UTAH – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid
CHIP: http://health.utah.gov/chip
Phone: 1-866-869-9920

**Vermont – Medicaid**
Website: http://www.greenmountaincare.org
Phone: 1-800-250-8427

**Virginia – Medicaid and CHIP**
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

**Washington – Medicaid**
Website: http://www.hca.wa.gov/medicaid/Pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

**West Virginia – Medicaid**
Website: http://www.dhrwv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

**Wisconsin – Medicaid and CHIP**
Website: http://www.wisconsin.gov/badgercareplus/pages/premium_assistance.cfm
Medicaid Phone: 1-800-992-8282

**Wyoming – Medicaid**
Website: http://www.health.wyo.gov/healthcarefin/medicaledibility/WYEMedicaresavingsplans.html
Phone: 307-777-7531

to see if any more states have added a premium assistance program since January 2015, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-1855 (EDS)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

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GETTING STARTED

Log on At chesapeake.benefitready.com from any computer that has internet access. If this is your first time enrolling online, follow steps 1-4 below. If you already have a login ID and password, enter the information in the appropriate fields. If you do not remember your information click on Forget your Login? An email will be sent to you with your login ID and password.

(You must allow pop-ups in your web browser to use BenefitReady. Your browser may alert you that BenefitReady is attempting to open a pop-up window. In Internet Explorer, you can go to the Tools menu and allow pop-ups for the BenefitReady site.)

If you receive a security warning when opening chesapeake.benefitready.com click yes to proceed. BenefitReady is a trusted, secure website.

SETTING UP YOUR USERID AND PASSWORD

1. Click on the Are You a New User? Button.
2. Enter your social security number, your date of birth, and your last name.
3. Then Create a Password and User Name by filling in the following:

**Password**
6 or more characters with at least one uppercase letter, one lowercase letter, one number and one of the following symbols: "~!@#$%^&*()-_=+[{]}\;:'",<.>/?.

**Confirm Password**
Type in the exact same combination in Password field.

**User Name field**
7-12 characters using letters “A” through “Z” and/or numbers “0” through “9”.

**Enter Your Email Address**
The Email field is not required, but providing an email address will allow you to retrieve your User Name and reset your Password should you forget them. Click Submit.

4. Log on with your new User Name and Password.
Once you have created your new User Name and Password, you may change it at any time, from the My Home Page menu option User ID & Password, on your home page.

YOUR HOME PAGE
Review any messages that appear in your message center. The Knowledge Base icon will always appear at the top of your screen in BenefitReady. Click on this icon for important documents, benefit information, forms and website links.

TO START THE OPEN ENROLLMENT PROCESS
Click on the New Hire Enrollment under My Enrollment Options.
REVIEW YOUR ADDRESS AND PERSONAL INFORMATION
If any changes need to be made to any of the information on this screen, please contact the Human Resources Department.

DEPENDENTS
If you do not have any eligible dependents or will not be adding any new dependents, click on Continue to move to your beneficiary choices.

1. To add a dependent click on Add Dependent. A pop up window will appear. Enter all your dependent’s information and click Continue.

2. To review a dependent’s information, click on the + symbol.

When you have added all of your dependents, click on Continue.

Adding Beneficiaries
Beneficiaries are added in the same way as dependents. Enter the beneficiary information and click Save. When you have added all your beneficiaries, click on Continue.

This is the first step. The final step involves assigning your beneficiaries to your life benefits and that occurs later in the enrollment process.

Medical Plan Enrollment:
This screen will show your medical plan option(s).

1. If you wish to elect single coverage for yourself only, click on Select A Plan That Covers Only Me.

2. If you wish to elect coverage for your dependent(s), click on Select A Plan That Includes My Dependents. If you elect coverage that includes your dependents, choose each dependent to be covered by clicking on the box next to their name. Click on Continue

If you do not wish to enroll in any medical/dental coverage, click on Waive Medical Election Coverage. If you elect to waive medical coverage, you will be asked: why you are waiving coverage; if you have coverage elsewhere and if so, who is the carrier and the policyholder? Please answer the questions and Click on Continue.

Selecting a Plan
You will see all your medical election plan options. The options show your annual and per-pay-period premiums for each of your options.

You can click on Select to choose a plan.
Click on Continue to elect the plan.

Dental and Vision Plan Enrollment
The process is the same as enrolling in a medical plan. Follow steps 1-3 above.
LIFE, DISABILITY AND AD&D INSURANCE ENROLLMENT

Note:
- Employee Basic Life, Basic AD&D (Accidental Death & Dismemberment), Long Term and Short Term Disability are provided to you free of charge by Chesapeake College.

- Now you will have the opportunity to enroll in Voluntary Employee Life, Spouse Life and Child Life at an additional cost. Optional coverage may be purchased by selecting the benefit. If you elect coverage that is in excess of the Guaranteed Issue amount, an EOI form will pop up for you to complete and submit to the life insurance carrier.

1. To view more information on an optional life insurance or disability plans click on the + symbol to the left of the plan name.
   - Click on the review options to view the options available for this plan. Choose the benefit level you want in the dropdown options. When you have added all the life insurance and disability plans you want, click on Continue.

2. Designate your beneficiaries from the list shown and assign as primary or contingent, and indicate the percentage for each beneficiary. Check the box next to the beneficiary name. Fill in the percentage and designation type (Primary or Contingent). Click Save. This is the final step in the beneficiary process and assigns your beneficiary to your life benefit. You may need to repeat this process for other life benefits.

   If you do not see the beneficiary you want to assign for this benefit, click Add Beneficiary to add them. Next, a pop-up window will show your beneficiary information. Click Continue to move to the next screen.

3. Disability and Dependent Life Insurance Plans You enroll in disability and dependent life insurance plans in the same way as the life insurance plans for yourself.

FLEXIBLE SPENDING OPTIONS

1. To elect a flexible spending account plan, click on Review Options.
2. Make your selection in the I Wish to Change My Election To box. Enter the dollar amount you wish to elect in the Election Amount field.
3. When you have elected all your flexible spending plans, click on Continue.

COMPLETING THE ENROLLMENT PROCESS

Once you have all your benefits plans, you will have a chance to review your elections on the Enrollment Summary page. To change any of your elections, go to the election page by clicking on the buttons to the left. Once you have made any changes, click Finish to return to the Enrollment Summary & Accept page.

Once you agree with all your elections, click on Finish Enrollment.

A popup box will appear stating that “By accepting this, you agree to enroll in the benefits described on the Enrollment Summary screen.” Click on OK to complete the enrollment process.

In a few seconds a Benefit Statement will appear. Print or Save the Benefit Statement to serve as confirmation of your elections. Click on the “X” in the upper right-hand corner of the Benefit Statement screen to close this window. When you are finished, click on Logout to leave BenefitReady.

To review your benefits, log on to BenefitReady. Your benefit elections will appear on your Home Screen under My Benefits as of Today Are. To review benefits that have a future effective date, please go to the bottom of the Home Page and enter the effective date of your benefits (30 days from your hire date) in the box titled Run Benefit Statement as of and click Run Statement.
CONTACT INFORMATION

Chesapeake College, in partnership with the following carriers strives to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier listed below or Chesapeake College Human Resources Department.

<table>
<thead>
<tr>
<th>TYPE OF COVERAGE</th>
<th>CARRIER</th>
<th>CUSTOMER SERVICE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Rx</td>
<td>CareFirst Administrators (CFA)</td>
<td>877-889-2478</td>
<td><a href="http://www.cfablue.com">www.cfablue.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental of PA</td>
<td>800-932-0783</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td>Avesis</td>
<td>800-828-9341</td>
<td><a href="http://www.avesis.com">www.avesis.com</a></td>
</tr>
<tr>
<td>Life &amp; Disability</td>
<td>Reliance Standard</td>
<td>800-351-7500</td>
<td><a href="http://www.reliancestandard.com">www.reliancestandard.com</a></td>
</tr>
<tr>
<td>FSA</td>
<td>Optum</td>
<td>800-243-5543</td>
<td><a href="http://www.optumhealthfinancial.com">www.optumhealthfinancial.com</a></td>
</tr>
<tr>
<td>Online Enrollment</td>
<td>Cielostar</td>
<td>877-228-1463</td>
<td>chesapeake.benefitready.com</td>
</tr>
<tr>
<td>Employee Assistance</td>
<td>Optum EAP</td>
<td>888-887-4114</td>
<td><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a></td>
</tr>
<tr>
<td>Personal Health Management</td>
<td>Conifer</td>
<td>800-459-2110</td>
<td><a href="http://www.coniferhealth.com">www.coniferhealth.com</a></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td></td>
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<tr>
<td>Customer Support Line</td>
<td>Health Advocate</td>
<td>866-695-8622</td>
<td><a href="http://www.healthadvocate.com">www.healthadvocate.com</a></td>
</tr>
</tbody>
</table>