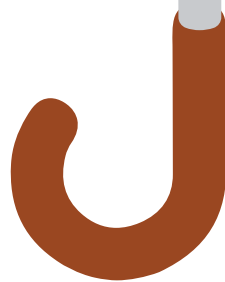


We've got you covered
Benefits Guide



2023

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Important Note: This enrollment guide is neither a contract nor a summary description of your health plan choices. Summary Plan Descriptions or a Certificate of Coverage is available on SharePoint. From the Daily Post page, select Administrative Services/Human Resources/Benefits. If you have specific questions about a particular plan, call the CCBC Benefits Helpline: **443-840-4398** or email CCBC Benefits: **benefits@cCBCmd.edu**

Non-Assignment of Benefits: No participant or beneficiary may transfer, assign or pledge any plan benefits.

Active Employees and Non-Medicare Retirees Contact List for Benefits Information

Medical and Prescription		
Cigna		
OAP/OAPIN	1 800-896-0948	www.myCigna.com
Kaiser Permanente HMO		
Prescription & Mental Health	1 800-777-7902	www.kaiserpermanente.org
Dental		
CareFirst BCBCS		
Traditional Dental & Regional Preferred	1 866-891-2802	www.carefirst.com
Cigna Dental Care Access		
Dental Care	1 800-367-1037	www.myCigna.com
Vision		
National Vision Administrators		
NVA	1 800-672-7723	www.e-nva.com
Cigna Employee Assistance Plan		
Cigna Behavioral Health	1 888-431-4334	www.myCigna.com Employer ID: baltimore
Flexible Spending Accounts		
Voya Previous Name Benefit Strategies		
Health	1 888-401-3539	www.benstrat.com
Dependent Child & Eldercare		
Life Insurance		
UNUM	1 866-752-7432	www.enrollvb.com/ccbc
MetLife	1 800-638-6420	www.metlife.com
Hartford AD&D	1 800-678-6702	www.thehartfordatwork.com
Long Term Disability		
New York Life	888-842-4462	www.myNYLGBS.com
AFLAC		
AFLAC	1 920-420-8861	susan_mcdaniel@us.aflac.com
Legal Resources		
Legal Resources	1 800-728-5768	www.legalresources.com
First Financial Federal Credit Union		
Lisa Reynolds - lreynolds@firstfinancial.org	410-427-9023	www.firstfinancial.org

The most up-to-date benefit enrollment booklet can be found online. This benefit enrollment booklet is a guide to summarize and highlight the numerous benefits afforded you as a full-time CCBC employee. Complete details of benefit programs are contained in the official plan summary documents which may be reviewed on **SharePoint: Administrative Services/ Human Resources/Benefits**. In the event of a conflict between this guide and the official plan documents, the plan documents will govern. CCBC reserves the right to modify the plan provisions at will subject to applicable laws and regulations.

Active Employees and Non-Medicare Retirees Contact List for Benefits Information

Retirement		
MSP/ORP/BC		
Maryland State Teachers Pension Plan	410-625-5555	www.sra.state.md.us/
Optional Retirement Plan (ORP)	1 800-492-5909	
Baltimore County Retirement Plan	1 877-222-3741 or 410-887-8246	www.baltimorecountymd.gov
457 (b)		
Deferred Compensation Plan	703-577-9692	www.voya.com
Voya Financial		
403 (b)		
VOYA Financial	703-577-9692	www.voya.com
Tax Sheltered Annuities		
Fidelity Investments	1 800-343-0860	www.fidelity.com/atwork
Lincoln Financial Group	1 800-454-6265 or 410-316-9300 X119	www.lfg.com
TIAA	1 800-842-2252	www.tiaa.org/marylandcc
T. Rowe Price	1 800-492-7670	www.troweprice.com
VALIC Client Care Center	1 800-448-2542	www.valic.com
Benefits Helpline		
CCBC Benefits Helpline	443-840-4398	benefits@ccbcmd.edu
Medicare Retirees		
Labor First	443-290-3113 (TTY 711)	www.laborfirst.com/baltimorecounty

Who is Eligible for Benefits?

Employees

All full time employees can choose any combination of benefits.

Part time employees are eligible for our Sick and Safe Leave, 403b plans, and Whole Life Insurance.

Dependents

In addition to enrolling yourself, you may also enroll eligible dependents in any combination under Medical/ Prescription, Dental, Vision, Supplemental Life, Accidental, Death, and Dismemberment.

Spouse: a person to whom you are legally married by ceremony.

Domestic partner: a person with whom you share a committed relationship, residence and personal finances over a period of a year. This person may be same-sex or opposite-sex and must be at least 18 years of age. All documentation must be completed and submitted within 30 days of enrollment.

It is important to understand that Maryland State does not recognize domestic partners. A domestic partner who turns age 65 must apply for Medicare A and B. CCBC will be secondary.

Dependent Children: You, or your spouse, or domestic partners biological, adopted, legal guardianship and legal dependents up to age 26 regardless of student, financial, residential or marital status. Dependent coverage terminates at the end of the month in which they turn 26.

Making Changes

Our core benefit plans run on a calendar year from January to December. You will not be able to make changes to your elections outside of the New Hire process, or Open Enrollment unless you, your spouse, your domestic partner, or your dependent children experience an IRS defined qualified life event. Logging into Benelogic to “make a change” along with supporting documentation must be completed within 31 days of the qualifying life event.

Qualifying Life Events include:

- Marriage, divorce, death of a spouse, or termination of domestic partnership.
- Birth, adoption, or gain of legal custody of a new child
- Loss or gain of non-CCBC coverage by your spouse, domestic partner, or dependent children
- Loss or gain of coverage due to a change in employment status

- Loss of dependent child status (dependent is now 26 and ages off your plan)
- Eligibility for Medicaid or Medicare

Open Enrollment

Open Enrollment is an annual event usually held in the Fall in which benefit eligible employees can make changes to benefit elections for any reason.

Annual Fall Enrollment –
No Changes?

Employees who are not participating in a Flexible Savings Plan (FSA) (Health or Dependent Account) and are not making any changes to your elections DO NOT NEED TO TAKE ANY ACTION. However, if you have an FSA plan, YOU MUST CHANGE AND ELECT AN AMOUNT each year. Otherwise, all other changes will roll over each year. This is your annual opportunity to review your benefit choices and make changes that best suit your family's needs. You can add, change, or waive your plan options, add or delete eligible dependents, and change some insurance levels. It is always a good idea to review all your benefits annually, and check beneficiaries.

New Hires

Enrollment in benefit plans must be completed within 30 days. If you do not enroll within this time frame you will have to wait until the annual open enrollment. Coverage will begin on the first of the next month. As a new hire, life insurances will not require an evidence of insurability (EOI) (medical questionnaire) if enrolled during new hire enrollment. Any application after 30 days is considered a late entrant and will be subject to the EOI. Beneficiaries can be changed at any time of the year by logging into Benelogic.

A new hire or rehired employee returning after one year will use the “Employees Hired On or After 1-1-15” cost sheet which includes a higher premium for dependents.

Documentation Needed

We require proof for ALL ADDITIONS for ALL plans as a new hire, qualifying event or during open enrollment. Proof includes legal documentation, copies of marriage license, social security cards, registered domestic partner documentation, a birth certificate or adoption paper.

When Coverage Ends

If your employment ends during the school year, benefits terminate on the last day of the month in which you are in active pay status. If you are contractual and your employment contract ends June 15, your coverage will terminate on July 31.

Benefits will end on July 31 for any termination in June if an employee has been enrolled for a year. If you are re-hired for the new school year, you will have a gap in coverage for the month of August. COBRA is available from CCBC or the Maryland State Marketplace, www.marylandhealthconnection.gov. You will be asked to re-enroll for the new contract term.

If you are taking a leave of absence, you may be eligible for continuation of coverage. Please contact Human Resources.

Coverage continues for a child until the end of the month in which the child turns 26.

Need Help?

Access to Benelogic:
<https://ccbcmd.benelogic.com>

Benelogic Customer Serve Line:
[1-866-383-8613](tel:1-866-383-8613)

Human Resources Benefits Help Line:
[443-840-4398](tel:443-840-4398)

Human Resources Benefits Email:
benefits@ccbcmd.edu

	When Does Coverage End?			
	Last Day	End of Month	Last Deduction	30 Days From Term
Medical, Dental, Vision		X		
Basic, Supp, Dependent Life	X			
Long Term Disability	X			
Unum	X			
FSA	X			
AD&D			X	
AFLAC				X
Legal Resources		X		

Why Have Medical Insurance?

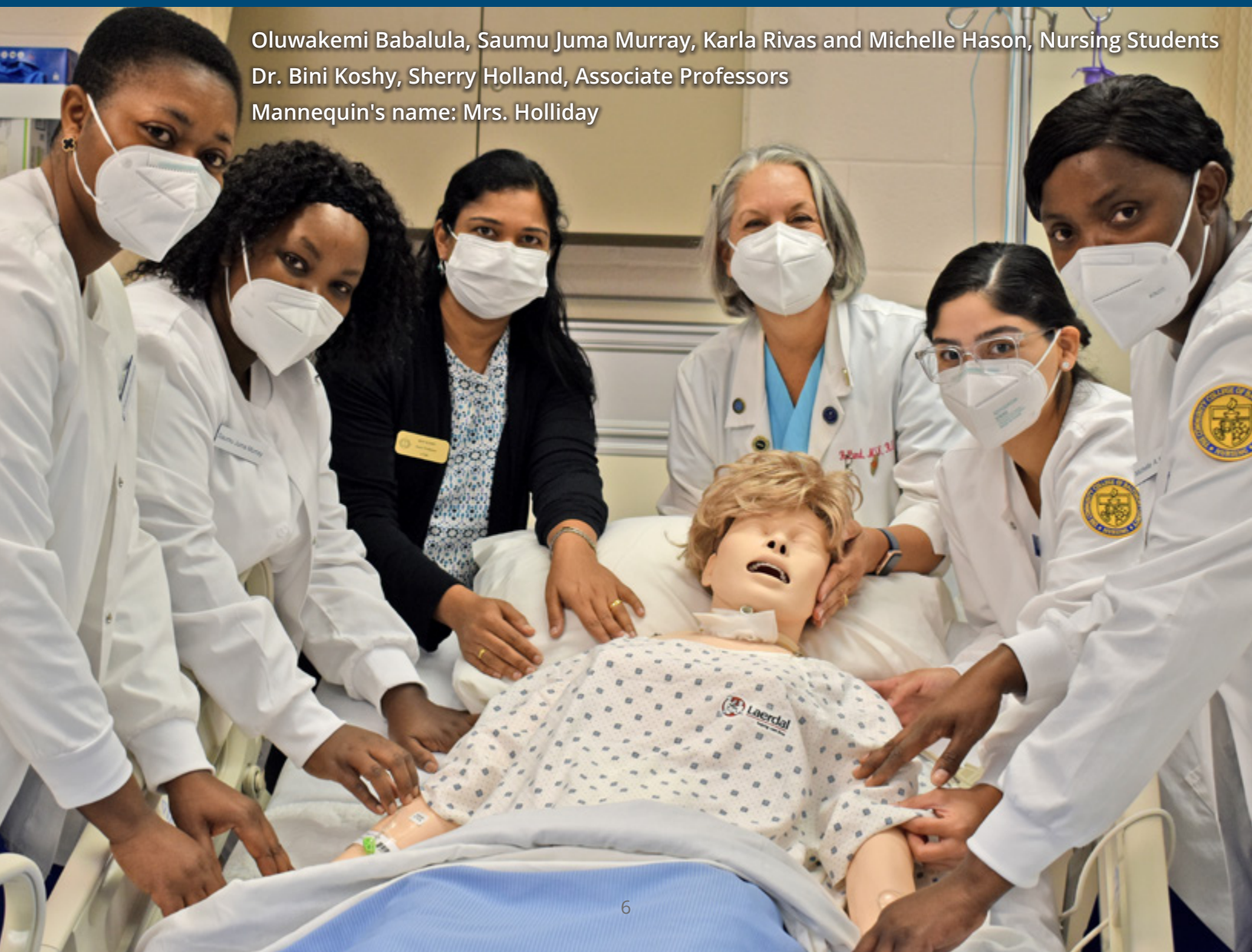
Medical insurance is important so you have preventive care and reactive care if something happens. Medical procedures and doctor's visits can be costly, so protect yourself, and stay healthy.

Want more information like:

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits

Oluwakemi Babalula, Saumu Juma Murray, Karla Rivas and Michelle Hason, Nursing Students
Dr. Bini Koshy, Sherry Holland, Associate Professors
Mannequin's name: Mrs. Holliday



Kaiser Permanente

Kaiser Permanente

This plan covers Maryland/Nirginia/Washington D.C.. You are covered for emergency and urgent care when you are traveling outside the service area.

New for 2023 Traveling while away from home

For emergency and urgent care services outside our service areas, members can:

- Get remote care from Kaiser Permanente by scheduling a phone or video visit or speaking with a licensed care provider 24/7 for medical advice.
- Visit a Cigna PPO Network* provider, a MinuteClinic (located in select CVS and Target stores) or a Concentra urgent care center in states where Kaiser Permanente does not operate.
- Go to the nearest urgent care facility or hospital – anywhere in the world.

Members are also covered for routine, urgent, and emergency care in any Kaiser Permanente region.

Here are the resources that support employees before, during, and after travel:

- Away from Home Travel Line – A single number to call about getting care away from home: 951-268-3900. Available anywhere in the world, anytime.
- kp.org/travel – The site covers many questions that may come up about getting care away from home services

You must select a Primary Care Physician (PCP). Your care will be coordinated through this doctor and they will refer you to participating specialists or for hospital admissions.

Once you have seen your doctor initially you are able to schedule a video appointment to help save time and money. Video appointments are available at \$0 cost for primary and specialty services. For urgent care, you will call the advice line at **1-800-777-7902** or **703-359-7878** or your doctor's office.

Every Kaiser facility is connected to your electronic health record and the "one shop" model allows you to obtain laboratory, radiology, and pharmacy all in the same building in most centers. Facilities can be found in Timonium, Baltimore Inner Harbor, Woodlawn, White Marsh, Halethorpe, Glen Burnie, Abingdon, Columbia and Annapolis.

Doctor visit copays are waived for children up to age 5. Pediatric vision includes one pair of single vision glasses from a select group of frames for no cost share for a child under age 19.

Visit <https://healthy.kaiserpermanente.org> or upload the Kaiser mobile app. This allows you to change appointments, order prescription refills, print ID cards and email your doctor.

Kaiser Permanente offers discounted programs for alternative medical services, for example, acupuncture, chiropractic and massage therapy.

Behavioral services are coordinated through the plan by contacting **1-866-530-8778** for assistance.

Behavioral Health Services now features Ginger for 2023

Kaiser Permanente is providing even more ways to support our members' emotional well-being. We are offering anytime, anywhere emotional support through Ginger, a leading on-demand behavioral health coaching app.

Ginger offers confidential, one-on-one support via text for many common challenges-from anxiety, stress, relationships, and more. Adult members have access to a 90-day Ginger subscription per year at no cost and without a referral, and can use Ginger to:

- Text with a highly trained emotional support coach on demand, 24/7.
- Discuss goals, share challenges, and create an action plan with their coach.
- Get personalized, interactive skill-building tools from a library of more than 200 activities.
- Track progress and work with their coach to adjust action plans.
- Members will register with Ginger via kp.org
- Ginger coaches are available anytime, 24 hours a day, 7 days a week, 365 days a year.
- The Ginger app is available on any iPhone, iPad or Android devices. Ginger is currently mobile only and cannot be accessed on desktop computers.

Kaiser maintains a 24 hour, 7 days a week Medical Advice help line where registered nurses are available to answer urgent as well as routine medical questions.



Cigna Medical Plan Options

CCBC offers two Cigna medical plans. The Open Access Plus plan (OAP) provides in-and-out-of-network coverage while the Open Access Plus IN (OAPIN) plan has coverage for Cigna OAP participating providers only.

Both plans offer the following convenience:

- Freedom of choosing a PCP to guide your care (it is recommended, not required)
- You can see specialist without referrals
- Nationwide in-network coverage for emergency care

24/7/365 service and myCigna

Customer service is available 24/7/365 and can be reached at 1-800-896-0948.

Make MYCIGNA Your Personal Health Place

Register today! Visit myCigna.com or download the myCigna® App

- Once you do, you can log in anytime to:
- Manage and track claims
- View ID card information
- Find in-network doctors and compare cost and quality ratings
- Review your coverage
- Track your account balances and deductibles
- Order your Cigna Home Delivery prescriptions online and view order history
- Connect with Wellness Resources including Cigna EAP services.



Click, call or chat. Your Personal guide is ready and waiting to help.

myCigna.com

myCigna App

800.896.0948

Cigna Virtual Care

With virtual care you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Virtual care is designed to handle:

- Minor nonemergency medical care
- Primary care for routine care, plus preventive care with a virtual wellness screening
- Dermatology, convenient treatment for more than 3,000 skin, hair and nail conditions
- Behavioral support - allows you to talk privately with a licensed counselor, psychiatrics or board-certified doctor via video or phone.

TWO NEW PROGRAMS COMING IN 2023

Cigna Healthy Pregnancies, Healthy Babies

Sign up for the Cigna Healthy Pregnancies, Healthy Babies® program, designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth. When you enroll during your first or second trimester, and complete the program, including your postpartum check-in, you'll be eligible to receive a \$150 or \$75 gift card.

MotivateMe®

Get healthy and get rewarded! As part of your employer's wellness program, you may be eligible to earn rewards for completing healthy actions. It's all part of the Cigna MotivateMe® program, offered by CCBC. When you complete certain health and wellness activities, you'll earn valuable rewards – automatically. Starting in 2023, you will be able to track your progress on myCigna.com or the myCigna® App to see qualifying activities.

Omada®, a digital lifestyle change program that can help you lose weight, feel fantastic, and develop long-term healthy habits. See if you're eligible at: <http://omadahealth.com/ccbcmd>" omadahealth.com/ccbcmd

Virtual care is **NOT** designed for medical emergencies. If you are experiencing an emergency, dial 911 immediately or visit the nearest hospital

Your Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Website Reference:	www.cigna.com			www.kp.org
COST SHARING LIFETIME LIMITS				
Calendar Year Deductible	N/A	\$200 Ind / \$400 Family	\$300 Ind / \$600 Family	N/A
Coinsurance	N/A	85% / 15%	75% / 25%	N/A
Annual Out-of-Pocket Maximum (OOPM)	\$1,100 / \$3,600	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,500 / \$9,400
PROFESSIONAL SERVICES				
Primary Care Office Visit	\$15 copay	\$10 copay	You pay 25% Plan pays 75% after deductible	\$10 copay (waived to age 5)
Gynecology Office Visit	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	\$10 copay
Specialist Office Visit	\$25 copay	\$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay
Phys/Speech/Occ Therapy Office Visit	\$25 copay; limited to 40 days each therapy per calendar year	PCP: \$10 copay; Specialist: \$20 copay 100 combined days limit per year	You pay 25% Plan pays 75% after deductible 100 combined days limit per year	\$10 copay (Speech/Occ limited to 90 days; physical limited to 30 visits)
Chiropractic Office Visit	\$25 copay; limited to 40 days per calendar year	PCP: \$10 copay; Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$15 copay; limited to 20 visits per year
Acupuncture	Primary Care Physician You pay \$15 per visit Specialist You pay \$25 per visit	Primary Care Physician You pay \$10 per visit Specialist You pay \$20 per visit	You pay 25% Plan pays 75% after deductible	\$15 per visit 20 visits per year
Allergy Shots/Other Covered Injection	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	\$10 copay
Diagnostic Services	PCP: \$15 copay Specialist: \$25 copay Independent x-ray or lab facility or Outpatient facility: 100% covered (LabCorp & Quest are participating providers)	PCP: \$10 copay Specialist: \$20 copay Independent x-ray or lab facility or Outpatient facility: You pay 5% Plan pays 95% after deductible (LabCorp & Quest are participating providers)	You pay 25% Plan pays 75% after deductible	100% covered

Your Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Advanced Radiological Imaging	100% covered	You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	100% covered
Annual Adult Physical	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	100% covered
Well Child Visit/ Immunizations	100% covered	100% covered	You pay 25% Plan pays 75% after deductible	100% covered
Mammography Screening (Preventive)	100% covered	100% covered	100% covered	100% covered
PSA Testing (Preventive)	100% covered	100% covered	100% covered	100% covered
INPATIENT HOSPITAL CARE				
Room and Board Pre-auth REQUIRED if elective	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
Physician / Surgical Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
Anesthesia Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
ICU/CCU	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
OUTPATIENT CARE				
Surgical/Anesthesia Services	100% covered	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay
Dialysis/Radiation/ Chemotherapy	100% covered	You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay
Hospice	100% covered	You pay 5% Plan pays 95% after deductible	You pay 5% Plan pays 95% after deductible	\$10 copay
Phys/Speech/Occ Therapy	\$25 copay Limited to 40 days each therapy per calendar year	PCP: \$10 copay; Specialist: \$20 copay 100 combined days limit per year	You pay 25% Plan pays 75% after deductible 100 combined days limit per year	\$10 copay (Speech/Occ limited to 90 days; Physical limited to 30 visits)
MATERNITY/INFERTILITY SERVICES				
1st Prenatal Visit	PCP: \$15 copay Specialist: \$25 copay	PCP: \$10 copay Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay

Your Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
Pre- and Post-natal Care & Delivery	Global Maternity Professional Fees: 100% covered Inpatient Facility: 100% covered after \$100 copay	Global Maternity Professional Fees: You pay 5% Plan pays 95% after deductible Inpatient Facility: You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Covered in full when authorized
MEDICAL EMERGENCIES				
Emergency Room	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$50 copay
Urgent Care	\$25 copay, waived if admitted	\$20 copay	\$20 copay	\$20 copay
Follow-up Visits	Copay	Copay	Copay	\$10 copay
Ambulance	100% covered (Air Ambulance Included)	You pay 5% Plan pays 95% after deductible (Air Ambulance Included)	You pay 5% Plan pays 95% after deductible (Air Ambulance Included)	Covered in full when authorized (Ground only)
MED EQUIPMENT/SUPPLIES				
Durable Medical Equipment	100% covered	You pay 5% Plan pays 95% after deductible	You pay 5% Plan pays 95% after deductible	80% covered
Diabetic Supplies	100% covered	100% covered	100% covered	80% covered
MENTAL HEALTH / SUBSTANCE ABUSE				
Inpatient	100% covered after \$100 copay	You pay 15% Plan pays 85% after deductible	You pay 25% Plan pays 75% after deductible	Preauthorization required; must contact MHSA provider 100% covered
Outpatient	Office visit: \$25 copay Outpatient Facility: 100% covered	Office visit: \$20 copay Outpatient Facility: You pay 5% Plan pays 95% after deductible	You pay 25% Plan pays 75% after deductible	\$10 copay individual and \$5 group therapy

Your Medical Options at a Glance Chart

Benefit Description	Cigna OAPIN #3333727	Cigna OAP #3333727		Kaiser Select HMO #2497-5
		In-Network	Out-of-Network	
OTHER SERVICES				
Heart, Heart-Lung, Lung, Pancreas, Liver Transplants — Precert required	PCP: \$15 copay Specialist: \$25 copay Inpatient Facility: 100% covered after \$100 copay Outpatient Facility: 100% covered Travel maximum \$10,000 per transplant (only available if using Lifesource facility)	PCP: \$10 copay Specialist: \$20 copay Inpatient facility, Outpatient facility, Physician's services: 85% after deductible Travel maximum \$10,000 per transplant (only available if using Lifesource facility)	You pay 25% Plan pays 75% after deductible	PCP: \$10 copay Specialist: \$10 copay Inpatient Facility: 100% covered Outpatient Facility: 100% covered
Cardiac Rehabilitation	\$25 copay Limited to 40 days per calendar year	PCP: \$10 copay Specialist: \$20 copay	You pay 25% Plan pays 75% after deductible	\$10 copay
Hearing Aids	100% covered Unlimited dollar maximum, 2 hearing aids every three years	100% covered Unlimited dollar maximum, 2 hearing aids every three years	100% covered Unlimited dollar maximum, 2 hearing aids every three years	Covered up to age 18. Limited to \$1,400 per hearing aid per three years; must be prescribed, filled and dispensed by a licensed audiologist. Pre-cert required.
Call Ampliphon at 1-877-806-7062 to schedule your appointment. Note: Customers are not limited to using Ampliphon for digital hearing aids. Call Cigna at 1-800-896-0948 for assistance in finding a provider near you.				

Prescription premiums are included in your medical premium.

Express Scripts Home Delivery

Express Scripts Pharmacy is Cigna's home delivery pharmacy which delivers your 90-day supply of medications directly to your preferred physical address. This also saves you money; for a 3 month supply you will pay a 2 month co-pay. As part of the first fill of a prescription through Express Scripts Pharmacy, members will need to provide payment information by phone with a Cigna representative or via the myCigna app or website.

SaveonSP Program

Enroll in SaveonSP and pay \$0 copay for select specialty medications and there's no cost to participate.

Certain specialty medications are eligible for the SaveonSP program. If you're filling an eligible

medication, a representative from SaveonSP will call you to talk about enrolling in the program.

If you choose to participate, you'll pay \$0 for your medication. If you choose not to participate in SaveonSP, you'll pay a higher copay when you fill your medication.

Conditions supported by SaveonSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Oncology

For additional information call Cigna pharmacy customer service.

Day Supply		In Network Retail	Mail Service	Specialty
30	Generic	\$10	\$10	\$10
	Brand Formulary	\$30	\$30	\$30
	Brand Non Formulary	\$45	\$45	\$45
60	Generic	\$20	\$20	\$20
	Brand Formulary	\$60	\$60	\$60
	Brand Non Formulary	\$90	\$90	\$90
90-120	Generic	\$30	\$20	\$20
	Brand Formulary	\$90	\$60	\$60
	Brand Non Formulary	\$135	\$90	\$90

SAVE!

* Brand Name Drugs that have a generic equivalent require the co-pay plus the cost difference between the brand name drug and its generic equivalent regardless of physician instructions.

* Diabetic Supplies and Tablets (excluding insulin) are a \$0 copayment.

Kaiser Prescriptions

You save the most money by taking your prescriptions to a Kaiser Medical Center Pharmacy. Prescriptions can also be filled at community pharmacies, such as Giant, Safeway, Rite Aid, Target, and Walmart but you will have higher co-pays.

	30-Day		90-Day
	Kaiser Pharmacy	Kaiser Community	Mail
Generic	\$10	\$20	\$20
Brand Formulary	\$30	\$40	\$60
Brand Non Formulary	\$45	\$55	\$90

Why Have Dental Insurance?

Dental insurance helps to pay for regular teeth cleanings and checkups but the real benefit is the savings on bigger ticket procedures such as fillings, root canals and crowns. Having insurance can be a good incentive to make twice a year preventive cleanings.

Want more information like:

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits



Woodrow Powell, Community Relations Director and
Ann-Marie Thornton, Institutional Advancement Director

Your Dental Options

CareFirst Preferred Dental

This program offers in-network benefits and out-of-network benefits.

When you use an **in-network dentist**, you receive the highest level of coverage with the least amount of out-of-pocket expense.

When you choose an **out-of-network dentist**, your costs may be higher. **Participating** dentists have agreed to bill only up to the allowed benefit amount by CareFirst, limiting your out-of-pocket expense.

Non-participating dentists have no agreement with CareFirst and may bill you up to their normal charges. This will increase your out-of-pocket expense and you must pay for services and then file a claim for reimbursement.

CareFirst Traditional Dental

The Traditional program allows you to choose any dentist. If they are a participating dentist, they will file claims and you cannot be balanced billed.

A non-participating dentist will bill for any amount over the CareFirst allowed amount.

Cigna Dental Care Access

This dental plan is a health maintenance organization (DHMO). Your dentist must be in the network or no benefits are available. The Patient Charge Schedule can be found in the SharePoint Benefits section.

Find a provider

CareFirst

Visit <https://individual.carefirst.com/individuals-families/home.page>. Scroll down and click on "Find a Doctor". You can then continue as a guest, sign in as a member, or select not registered to create an account.

To search for a dentist on www.Cigna.com, visit the site and click "**Find a Doctor, Dentist or Facility.**"

› Follow the prompts on screen and when asked to choose your plan, select "CIGNA DENTAL CARE DHMO > Cigna Dental Care Access."

	CareFirst Traditional Dental	CareFirst Preferred Dental PPO		Cigna Dental DHMO
Covered Service	Participating or Non-Participating	In-Network (Preferred)	Out-of-Network	In-Network Only
Deductible per Calendar Year	\$25 Per person \$75 Per family	\$10 Per person \$25 Per family	\$20 Per person \$50 Per family	no deductible; \$5 Office Visit fee
Maximum Benefit per Calendar Year	\$1250 Per person	\$1500 Per person		unlimited
Plan Pays		Plan Pays		Charge Schedule
Preventative Care, Exams, Cleanings, X-Rays, Fluoride	80% of allowed benefit when using participating provider	100% AB	80% AB	\$5
Restorative Care, Fillings, Crowns, Root Canals	80% after deductible	80% after deductible	60% after deductible	\$5 to \$230
Periodontal Services	80% AB for limited services after deductible	80% AB for limited services after deductible	60% AB for limited services after deductible	\$5 to \$255
Prosthetic Services, Dentures, Bridgework	50% AB after deductible	50% after deductible	30% AB after deductible	\$25 to \$625 per treatment code (upgrades may result in additional charges)
Orthodontia Services	50% AB for dependent children up to age 19	50% AB (\$1000 lifetime maximum for dependent children up to age 19)	30% AB (\$1000 lifetime maximum for dependent children up to age 19)	See "Patient Charge Schedule" for details
Crowns, Inlays, and Onlays	50% of allowed benefit subject to deductible	80% of allowed benefit subject to deductible	60% of allowed benefit subject to deductible	See "Patient Charge Schedule" for details
Dental Implants	50% after deductible	50% after deductible	50% after deductible	See "Patient Charge Schedule" for details

Why Have Vision Insurance?

Vision insurance helps offset the cost of vision exams and eyewear. Vision insurance is also important not just because of the money it saves you but your overall health. Doctors often can detect serious medical problems, such as high blood pressure, diabetes, some cancers and diseases. Just like a regular fitness program, vision promotes good health with regular eye exams.

Want more information like:

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits



Denine Beckman, Nakia Allen, Mary Battaglia, Grace Dang and Inicia Braxton: Payroll

Vision: National Administrators (NVA) Vision

Beginning January 1, 2023, vision coverage will be administered by National Vision Administrators (NVA), a leading administrator of vision benefit programs throughout the United States and Puerto Rico. NVA has a provider network of over 100,000 ophthalmologists, optometrists, opticians, and retail stores including Walmart, Lenscrafters, Visionworks, My Eye Dr, America's Best, and many others.

You will receive two NVA vision ID cards along with participating providers near your home ZIP code. At the time of your appointment, present your NVA ID card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

Your vision plan is a PPO, meaning that there is a large network of vision providers to choose from. You will have lower out-of-pocket costs when you have services at an NVA-

participating provider, but you are free to have services at an out-of-network provider if you so choose. When services are provided at an NVA-participating provider, the provider will file the claim to NVA, and you will be responsible for the costs of any copays, amounts exceeding allowances, and non-covered items. When services are provided at an out-of-network provider, you are responsible for the total cost of all services/items, and you must then submit your itemized receipt to **NVA Claims Department; PO Box 2187; Clifton, NJ 07013** for reimbursement.

You have several options to find an NVA-participating Eye Care Professional. You can:

- Visit www.e-nva.com, click "Find A Provider", then enter the group number on your NVA vision ID card, as well as a ZIP code and mileage radius;
- Download the **NVA Vision app** from the App Store or Google Play to search for providers; or
- Call NVA Customer Service at **800-672-7723**.

Benefits in Brief

Benefits	Frequency	In Network	Out of Network
Eye Examination			
Routine Examination	Once every 12 months	Covered 100%	Up to \$45
Contact Lens Fit/Follow-up			
Standard Daily Wear	Once every 12 months	Covered 100%	Up to \$20
Standard Extended Wear	Once every 12 months	Covered 100%	Up to \$30
Specialty Wear	Once every 12 months	Covered 100%	Up to \$50
Lenses (Standard Glass or Plastic)			
Single Vision	Once every 24 months	Covered 100%	Up to \$41.50
Bifocal	Once every 24 months	Covered 100%	Up to \$67
Trifocal	Once every 24 months	Covered 100%	Up to \$90
Lenticular	Once every 24 months	Covered 100%	Up to \$156.50
Lens Options			
Polycarbonate SV – under age 19	Once every 24 months	Covered 100%	Up to \$25
Polycarbonate BI – under age 19	Once every 24 months	Covered 100%	Up to \$30
Polycarbonate TRI – under age 19	Once every 24 months	Covered 100%	Up to \$30
Solid Tints	Once every 24 months	Covered 100%	Up to \$10
Fashion Gradient Tints	Once every 24 months	Covered 100%	Up to \$12
Standard Scratch Coating	Once every 24 months	Covered 100%	Up to \$10
Anti-Reflective Coating – Tier 1	Once every 24 months	Once every 24 months	Up to \$40
Frames			
Retail Frame Allowance	Once every 24 months	Covered up to \$100	Up to \$45
20% Discount on Frame Balance		Yes	N/A
Contact Lenses		In lieu of eyeglasses	
Elective	Once every 24 months	Covered up to \$75	Up to \$75
15% discount on Conventional/ 10% discount on Disposable on remaining balance		Yes	N/A
Medically Necessary	Once every 12 months	Covered 100%	Up to \$721

Some eyeglass lens options are not covered, however NVA does offer them to you at the following discounted prices when visiting NVA-participating providers (some exceptions apply).

Vision: National Administrators (NVA) Vision

Fixed Pricing on Lens Options			
Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV – age 19 & over	\$25	Progressives – Tier 1	\$50
Polycarbonate BI – age 19 & over	\$30	Progressives – Tier 2	\$80
Polycarbonate TRI – age 19 & over	\$30	Progressives – Tier 3	\$100
Transitions SV (Standard)	\$65	Progressives – Tier 4	\$120
Transitions BI (Standard)	\$70	Progressives – Tier 5	\$140
Transitions TRI (Standard)	\$70	Progressives – Tier 6	\$165
Glass Photogrey SV	\$20	Progressives – Tier 7	\$190
Glass Photogrey BI	\$30	Progressives – Tier 8	20% discount
Glass Photogrey TRI	\$30	Polarized	\$75
Anti-Reflective Coatings – Tier 2	\$50	Blended Bifocals (Segment)	\$30
Anti-Reflective Coatings – Tier 3	\$65	Blue Light Blocker (Standard)	\$40
Anti-Reflective Coatings – Tier 4	\$80	Blue Light Blocker (Premium)	\$60
Anti-Reflective Coatings – Tier 5	20% discount	Blue Light Blocker (Ultra)	\$150
High Index	\$55		

Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations. Fees are different at LensCrafters. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

If you need glasses and contacts, your plan will only reimburse for one or the other once every 24 months from the previous date of service. NVA has a contact lens mail order option, Contact Fill, where you can purchase contact lenses at discounted prices. Simply visit www.contactfill.com or call 866-234-1393 to get started.

Additional Discounts on Value-Added Services

EyeEssential Discount Program — your NVA vision plan has an additional discount program built in behind the scenes to lower your out-of-pocket cost on services/items purchased when you are not eligible under the regular NVA vision plan. These discounts only apply at NVA-participating providers (some exceptions apply).

Vision: National Administrators (NVA) Vision

EYEESSENTIAL® Discount Plan

After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL® Plan discount on additional purchases during the plan period.

NVA introduces the EYEESSENTIAL® Discount Plan – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.

Service or Material	Member Cost
Comprehensive Vision Examination (Including dilation as professionally indicated)	Balance after \$10 Discount
Lenses	Standard Glass or Plastic
Single Vision	\$35.00
Bifocal	\$55.00
Trifocal	\$70.00
Lenticular	\$70.00
Lens Options	
UV Coating	\$12.00
Tint (Solid & Gradient)	\$12.00
Scratch-Resistant Coating (Standard)	\$15.00
Polycarbonate (Standard)	\$35.00
Anti-Reflective Coating – Tier 1	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision – \$65.00 / Bifocal & Trifocal – \$70.00
Progressive – Tier 1 & Tier 2	\$50.00 + Bifocal / Trifocal Charge
Other Add-On Services	20% off retail
Frames	
Frames (Any eligible frame at provider's location)	35% off retail
Contact Lenses (Discount does not apply at Contact Fill)	
Conventional	15% off retail price
Disposable	10% off retail price
Fitting and Follow Up	10% off retail price

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Walmart/Sam's Club Everyday Low Prices and at Lenscrafters and Glasses.com. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Providers have locations nationwide that offer extra value, such as:

- Free LASIK exam (over \$100 value)
- All LASIK procedures are 100% bladeless
- Guaranteed financing. Call 877-295-8599 or visit www.e-nvalasik.com to schedule a free consultation.

Hearing Aid Discounts — Up to 60% savings at participating provider locations through NationsHearing® Call 877-272-9627 or visit www.nationshearing.com/NVA for more information.

NVA Customer Service

NVA's Customer Service Department is open 24 hours/day, 7 days/week, 52 weeks/year to assist you with your questions and issues. Representatives are all NVA employees, and are based in NVA's Corporate Office in Clifton NJ, or satellite office in Mechanicsburg, PA, and can be reached at **800-672-7723**.

Why Have a Flexible Spending Account?

A flexible spending account is a savings account set up for cost associated with medical, dental, orthodontia, vision, Rx and dependent care. You don't pay taxes on this money which means you will save an amount equal to the taxes you would have paid on the money you set aside. You decide how much you might use in a year for health and dependent care and CCBC will divide that by the 20 pays and deduct that amount from your paycheck. Money is taken out of your paycheck and deposited to your FSA account before payroll taxes are deducted. This is a use it or lose it program but will result in payroll tax savings.

Want more information like:

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits



Aida Audia, daughter of Teresa Audia, Admin Support

Flexible Spending Accounts (FSA)

Health FSA – \$2850 Maximum

Health FSA funds can be used for health care expenses incurred by:

You, your spouse, your children up to age 26, and others who meet the IRS definition of your tax dependent.

Eligible expenses include costs associated with medical, dental, orthodontia, vision, hearing products, prescription medications, and over the counter supplies.

You and your dependents do not have to be covered under CCBC's benefits to participate.

Dependent Care FSA – \$5,000 Maximum per household

Dependent Care FSA funds can be used for dependent care expenses you incur when someone has to take care of your eligible dependent(s) so that you can work. Please Note: If your family has a stay at home parent, as a caregiver, you would not be eligible for the Dependent Care FSA.

Dependent Care Expenses include childcare or eldercare for dependents who are tax dependents and under the age of 13 or age 13 or older if physically or mentally incapable of self care and must reside in your home at least 8 hours a day and half the year.

Eligible Providers and Settings include licensed daycare centers and nursery schools, summer day camps, before/after school programs, babysitters including nannies, adult day care centers and relatives.

Relatives must be over 19 and not able to be claimed on your federal tax return.

Ineligible expenses include kindergarten, private school tuition, educational classes, and overnight camps.

As funds accumulate in your Dependent Care account through payroll deductions, you can submit documentation for reimbursement. The FSA debit card can also be used in dependent care settings. Just remember that the card will only work for an amount that does not exceed the available balance in your Dependent Care FSA account on that day.

Please note that the IRS doesn't recognize expenses incurred by Domestic Partners as eligible expenses unless the Domestic Partners meets the definition of an IRS tax dependent.

Access your FSA funds throughout the plan year to pay for eligible expenses with your FSA debit card.



Claim Grace Period

In an effort to provide FSA participants the best value, CCBC has adopted an extended Grace Period. Participants may access their plan year funds with their FSA Card until March 15 of the following year.

Employees have until April 30, 2022 to file manual claims.

IRS Requirements

The IRS requires you to keep all original documentation for purchases associated with the FSA debit card. Benefit Strategies may also request copies of your documentation to verify a debit card purchase. To be valid, documentation must include: date the expense was incurred, patient name (if applicable), amount of the expense after any insurance adjustment, provider name, service/product description.

Electronic and Paper Reimbursement Methods

Reimbursements are made payable to you, either by paper check or direct deposit. All reimbursement methods require you to submit documentation.

Submit on-line through your secure account at www.benstrat.com.

Download the Benefit Strategies mobile application to submit through our mobile device

Complete a paper claim form to submit via fax, secure email, or mail.

Why Have Life Insurance?

Life insurance is offered to help protect your loved ones in the event of your death, to help pay for funeral expenses and other final expenses. CCBC's comprehensive benefit plans are designed to give you the peace of mind to do your job well. We offer several different plan types and an option to buy term and whole life policies.

Want more information like:

- Benefits and Coverage Summaries so you can compare plan to plan.
- Summary Plan Descriptions have the details of each plan.

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits



Sofia de Wit, daughter of Rebekah de Wit, Associate Professor

MetLife – Life Insurance

Life insurance is offered to help protect your loved ones in the event of your death, to help pay for funeral expenses and other final expenses. Basic term life and supplemental term life insurance are available to full-time benefit eligible employees.

Basic Term Life Insurance

Eligible employees receive one times their annual salary rounded up to the nearest \$1,000. The minimum benefit amount is \$50,000, for employees with a salary of \$50,000 or under. The maximum benefit amount is \$200,000. CCBC pays 90% of the premium and employees pay 10% of the annualized premium through 20 paycheck deductions per year.

Supplemental Life Insurance

In order to enroll in supplemental you are required to be enrolled in basic life insurance. You can select an amount in increments of \$10,000 to a maximum of \$200,000. You pay 100% of the premium for this coverage.

Age of Employee	Reduction Percentage
65	65%
70	50%
75	35%

Spouse and Dependent Supplemental Life Insurance

Coverage for spouse can be purchased in increments of \$10,000 to maximum of 50% of employee combined basic and supplemental amount. Employees pay 100% of the premium.

Dependent child(ren) are eligible for enrollment from 15 days old to under 26 and supported by the employee. Dependent child(ren) of domestic partner included. Coverage for dependent child(ren) is \$10,000 or \$20,000. Employees pay 100% of the premium.

Enrollment

New employees may enroll within the 30 day enrollment period without completing the statement of health form. Current employees may enroll at any time by completing the MetLife Statement Health Form. Send the completed form to CCBC's Human Resources/Benefits Department.

Changes

Employees may request a change due to a family status change (ex. Marriage, newborn, adoption, divorce, etc.) in the amount of life insurance by completing a change request online at <https://ccbcmd.benelogic.com> within 31 days of the event. You will be required to submit documentation of your status change to the Human Resources office at the time you complete the change request.

Portability and Conversion

When employees leave employment or lose coverage, the Portability and Conversion benefit offers the option to continue coverage and maintain important protection for employees and their families. For more information, call MetLife at **1-877-275-6387**. **Coverage ends on the date employment ends for both basic and supplemental life insurance.**

Accelerated Death Benefit (ABO) available for Employee and Spouse coverage

The Accelerated Benefit Option (ABO) is a part of the life insurance coverage that allows employees to receive a portion of their group life benefit before death if they have been diagnosed as having a terminal illness with a limited life expectancy. You are eligible to receive up to 80% of your combined basic and supplemental life coverage; based on a \$10,000 minimum face amount.

UNUM – Permanent Whole Life Insurance with an Optional Long Term Care Rider

Permanent Whole Life Insurance with an Optional Long Term Care rider is available through Unum.

This benefit provides additional life insurance protection for you and your family.

Eligible employees:

- Full-time employees, part-time associates, and adjunct faculty.
- Spouse and dependent children coverage is available without employee enrollment.

Issue limits:

- The Permanent Whole Life Insurance is issued up to age 80.
- The Optional Long Term Care rider is issued up to age 70.

Permanent Whole Life Insurance is available to dependent children from 14 days old to age 26. The Long Term Care rider is available to dependent child(ren) starting at age 15 (dependent child(ren) policy must be in force before age 26 and will remain in force after age 26). The long term care rider is not included on policies with a face amount less than \$10,000. The rates can be found on SharePoint.

Benefit Overview:

Permanent Whole Life Insurance with an Optional Long Term Care Rider

- Whole Life Insurance premiums won't increase with age and the policy builds cash value.
- The Long Term Care (LTC) rider benefit provides monthly cash payments to you if:
 - There is a loss of 2 of 6 Activities of Daily Living (ADLs) or Cognitive Impairment and care provided through nursing home care, assisted living facility, home health care or adult day care.
- Benefits are payable when receiving long-term care for 90 days.
- The Long Term Care rider is designed to be tax-qualified, which means the IRS will not tax your monthly payments.
- Each LTC benefit payment reduces the policy value by a proportional amount and is considered an early payout of the death benefit.

- To keep your full death benefit intact, in addition to receiving monthly payments, you may purchase the optional Restoration Benefits Rider, which can restore 100% of your death benefit and cash value.

Portability:

Benefit is portable at the same rate upon separation from employment/retirement.

Premiums:

- 12-month employees – Premiums deducted over 26 pay periods.
- 10-month faculty – Premiums deducted over 20 pay periods.
- Adjunct faculty and part-time associates – Direct monthly billing through the applicable billing vendor

Enrollment:

- Enrollment during annual open enrollment period.
- Employees must be actively at work (employees on Family Medical Leave, Leave without Pay, Personal Leave of Absence, or Medical Leave of Absence status may apply upon returning to work at next open enrollment).
- Increase of benefit amount during future annual open enrollment period.

You can receive additional information on the Permanent Whole Life with Long-Term Care Rider and get answers to your policy questions or obtain a copy of your policy by:

- Visiting our website at www.unum.com/employees and registering under "First time user,"
or
- Calling our Contact Center at the toll-free number **1-800-635-5597, pressing 1**, and a specialist will assist you.

Your policy will be available once your application is received and processed by Unum. This is not a medical benefits card.



New York Life Group Benefit Solutions – Long Term Disability (LTD) Insurance

How Does It Work?

- Employees who have been absent from work for 90 consecutive calendar days for an illness or injury may submit a claim for LTD benefits.
- If the claim is approved, 60% of your gross monthly base salary up to \$7,500 will be paid to you while you are unable to work.
- Payments come directly to you or to someone you designate and can be spent the same as you would a paycheck.
- LTD payments will be off-set by additional income that is received while receiving LTD payments.
- Long Term Disability Certificates are available on SharePoint or from the Human Resources office. The Certificates outline the terms of the plan, including age and time limits.

Who is Eligible?

- All full-time benefit eligible employees
- Participation is voluntary
- 100% employee paid premium

How Do I Enroll?

- Enroll online at <https://ccbcmd.benelogic.com> within 30 days of your hire date.

When does coverage end?

- LTD coverage ends on the last day of work. The benefit is not portable. If an LTD claim is filed and approved prior to employment ending, benefit payments will continue according to New York Life LTD policy.

Additional Resources

- <https://www.newyorklife.com/group-benefit-solutions/employees/work-wellness>. Valuable website for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.
- **My Secure Advantage** - My Secure Advantage offers a full-service financial wellness offering that includes 30-days' prepaid expert money coaching for various types of financial planning and challenges, such as identity theft and fraud resolution services, online tools for state-specific wills, and other important legal documents. Website: <https://nylgbs.mysecureadvantage.com/>

Hartford – Accidental Death & Dismemberment (AD&D) Insurance

In addition to life insurance, CCBC offers a group voluntary accident insurance plan available through Hartford. You can purchase individual or family coverage in increments of \$10,000 from \$10,000 to \$300,000. Coverage reduces to 65% at age 65 and to 50% at age 70.

A helpful online calculator is available at [www.https://enroll.thehartfordatwork.com/Enroll/Login.aspx?Path=PEBCBene](https://enroll.thehartfordatwork.com/Enroll/Login.aspx?Path=PEBCBene) website to help determine the level of insurance coverage. Click on the “Calculate your needs” link.

What is the Cost?

You pay the full cost of the premium.

Coverage Level	Individual	Family
\$10,000	\$0.19	\$0.35
\$50,000	\$0.95	\$1.75
\$100,000	\$1.90	\$3.50

The per pay rate is \$.19 per \$10,000 for individual coverage and \$.35 per \$10,000 for family coverage. For example:

\$200,000	\$3.80	\$7.00
\$300,000	\$5.70	\$10.50

How Do I Enroll or Update My Beneficiary?

You may enroll, change the level of coverage or update your beneficiary/ies at any time at <https://ccbcmd.benelogic.com>.

Education Benefit

Dependent children must be enrolled as a full time student in a university, college or trade school.

Unmarried children are covered until age 19, or until 25 if they are a student.

Hartford will pay a yearly benefit payment, for each year an eligible dependent child qualifies in an amount equal to 2% of your principal sum or \$5,000, whichever is less. If your dependent child continues to qualify each year, benefits should be paid for a total of 4 consecutive years. The benefit is payable in addition to any other benefits provided under the policy.

Safe Driving Benefit

If you are enrolled in the AD&D plan a Seatbelt and Air Bag benefit is included. The Hartford will pay an amount equal to 10% of your Principal Sum up to \$30,000 to your beneficiary/ies if you or an insured family member die as a result of a car accident, providing the driver of the vehicle is not under the influence of drugs/alcohol, and you are wearing your seat belt. An additional amount up to \$2,500 can also be paid with the deployment of the Air Bag.

Travel Assistance and ID Theft Protection Benefit

Whether you are traveling for business or pleasure, Travel Assistance services are available when you are more than 100 miles from home for 90 days or less. Coverage includes Medical Evacuation, Repatriation, Emergency Medical payments, Embassy and Consular referrals, Emergency cash and much more. It also includes ID theft assistance with detection services to three credit bureaus, resolution guidance, credit card replacement services and an identity theft resolution kit.

2023 Premiums for Life Insurance, AD&D, LTD & COBRA

Basic Term Life Insurance – MetLife

	Monthly Rate/\$1,000	Total Biweekly Rate/\$1,000	Employer Subsidy	Employer Biweekly Rate/\$1,000	Employee Biweekly Rate/\$1,000
Basic Term Life	\$0.586	\$0.352	90%	\$0.316	\$0.036

Supplement Term Life – Employee

Age	Monthly Rate/\$1,000	Total Biweekly Rate/\$1,000
30	\$0.041	\$0.025
30-34	\$0.056	\$0.034
35-39	\$0.064	\$0.038
40-44	\$0.071	\$0.043
45-49	\$0.106	\$0.064
50-54	\$0.163	\$0.098
55-59	\$0.304	\$0.182
60-64	\$0.466	\$0.280
65-69	\$0.898	\$0.539
70-74	\$1.455	\$0.873
75+	\$1.455	\$0.873

Supplement Term Life – Spouse

Age	Monthly Rate/\$1,000	Total Biweekly Rate/\$1,000
30	\$0.060	\$0.036
30-34	\$0.080	\$0.048
35-39	\$0.090	\$0.054
40-44	\$0.100	\$0.060
45-49	\$0.150	\$0.090
50-54	\$0.230	\$0.138
55-59	\$0.430	\$0.258
60-64	\$0.660	\$0.396
65-69	\$1.270	\$0.762
70-74	\$2.060	\$1.236
75+	\$2.060	\$1.236

Supplement Term Life – Child

	\$0.100	\$0.060
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Rate for children is \$0.10 per \$1,000 of benefit per month, regardless of the number of children. For example, a benefit amount of \$10,000 would cost \$1.00 per month regardless of the number of children covered.

Voluntary AD&D – Hartford

Coverage Level	Individual	Family
\$10,000	\$0.190	\$0.350
\$50,000	\$0.950	\$1.750
\$100,000	\$1.900	\$3.500
\$200,000	\$3.800	\$7.000
\$300,000	\$5.700	\$10.500

Per pay rate is \$.19 per \$10,000 for individual coverage and \$.35 per \$10,000 for family coverage.

Long Term Disability – Cigna

100% Employee Paid

	Monthly Rate/\$1,000	Biweekly Rate/\$1,000
Employee	\$0.445	\$0.267

COBRA RATES 1/1/2023–12/31/2023	Individual	Parent & Child	Two Adults	Family
Kaiser HMO Medical	\$ 711.28	\$ 1,387.00	\$ 1,849.33	\$ 2,098.27
CIGNA OAPIN Medical	\$ 865.34	\$ 1,269.98	\$ 1,846.70	\$ 2,635.69
CIGNA OAP Medical	\$ 982.32	\$ 1,441.63	\$ 2,096.29	\$ 2,991.94
CareFirst Traditional Dental	\$ 26.63	\$ 55.83	\$ 55.83	\$ 92.39
CareFirst Preferred Dental	\$ 31.58	\$ 66.19	\$ 66.19	\$ 104.46
CIGNA Dental HMO	\$ 20.19	\$ 36.37	\$ 40.29	\$ 60.73
NVA Vision	\$ 3.21	\$ 4.79	\$ 6.44	\$ 8.33

Other Benefits

All employees have varying needs for benefits. In addition to the core benefits offered employees, other benefits are available so employees can choose to buy them if they require other options.

Employee Paid

AFLAC

COBRA

Legal Resources

Employer Paid

Employee Assistance Plan

Want more information?

From the Daily Post Page, Select Administrative Services/Human Resources/Benefits



Charles Leap, Building and Maintenance Technician

COBRA 2023

Continuing Coverage After Employment Ends

In most cases, if your employment ends with CCBC, benefits will terminate on the last day of the month in which you worked. Benefits will end on the day of termination in cases of employee fraud.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2%.

After CCBC receives your Personal Action Form (PAF) from your department with a termination date you will receive a COBRA letter via US Mail from Voya/Benefit Strategies. Please read and respond as this notice is time sensitive.

Each individual who is covered by a CCBC health plan immediately preceding the employee's COBRA event has independent election rights to continue his or her medical, dental, vision, or EAP plan. The right to continuation of coverage ends at the earliest of when:

- you, your spouse or registered domestic partner, or dependents become covered under another group health plan; or,
- you become entitled to Medicare; or,
- you fail to pay the cost of coverage; or
- your COBRA Continuation Period expires

You must notify CCBC Human Resources in writing within 60 days of the following COBRA events:

- divorce or legal separation
- termination of domestic partnership
- death of an employee
- dependent child's loss of coverage due to age or coverage through employer

Coverage must be elected within 60 days of receiving COBRA notification.

Continuing Coverage Upon Retirement

In order to qualify for CCBC insurance coverage when you retire, three basic requirements must be met:

1. Retirees and/or their eligible beneficiaries must have been eligible for benefits and receiving benefits while employed with CCBC;
2. You must retire from a CCBC retirement plan; and
3. At the time of retirement, you must elect coverage for benefits. If you choose not to enroll in benefits, you will not be permitted to enroll in benefits after you have retired.

In addition, retirees and their dependents who become eligible for Medicare for any reason must enroll in both Part A and Part B Medicare programs.

Premiums are based on an employee's hire date, the number of years of benefit eligible service, and medical plan selected at the time of retirement.

Other Options

As a result of health care reform, some individuals may want to consider and compare health insurance alternatives on the new State Health Care Connection. Some individuals may also be eligible for a premium tax credit to help pay for some or all of the cost of coverage. For more information you can visit www.marylandhealthconnection.gov.

Other options if you reside in Maryland include buying individual policies from Kaiser by calling 1-800-777-7902. CareFirst offers policies for those under 65 by calling 1-800-544-8703. Over-65 members can call 410-356-8123.

A Quick Look at Your COBRA Continuation Rights		Maximum COBRA Continuation	
Loss of Coverage is Due to...	For You	For Your Covered Spouse or registered domestic partner	For Covered Dependent Children
Your employment ending for any reason (except gross misconduct) or your hours are reduced so you are no longer eligible for medical, dental vision, and the health care spending account	18 months	18 months	18 months
You or your covered spouse or registered domestic partner or dependent is disabled (as determined by Social Security Administration) at the time of the qualifying event, or becomes disabled during the first 60 days of COBRA continuation	29 months	29 months	29 months
Your death	—	36 months	36 months
Your divorce	—	36 months	36 months
You become entitled to Medicare	—	36 months	36 months
Your covered child no longer qualifies as a dependent	—	—	36 months

Other Benefits

AFLAC

Aflac directly pays cash benefits to you to help with daily expenses due to an illness or injury, as a safety net for you and your family. You can use the funds to help cover expenses that major medical does not. The benefits are predetermined and paid regardless of any other insurance you have. Aflac product option categories include accident, hospital, cancer, and critical care and recovery. This benefit is available annually during open enrollment. Please call Susan McDaniel with any questions at **920-420-8861** or email susan_mcdaniel@us.aflac.com.

Legal Resources

Legal Resources provides 100% coverage for you, your spouse, and qualified dependents. Dependent children will drop off of the plan at age 19, or 23 if they are a full time student. Whether your legal matter is for an everyday legal need or a result of an unexpected life event, you will have immediate and ongoing access to a network of top-rated law firms in your area.

Enrollment in the plan is for a full calendar year and automatically rolls over.

Please call Sue Johnson at Legal Resources at **1-800-728-5768** if you have any questions.

First Financial Federal Credit Union

As a CCBC faculty and staff member, you and your family members are eligible to join First Financial of Maryland Federal Credit Union. Take advantage of low loan rates and great savings rates when you open an account. First Financial currently has 7 branches throughout the area plus an extensive mobile and online banking program. Easily set up your direct deposit or payroll deduction to be sent to the credit union. You may use more than one financial institution for your payroll needs. To open your account online, visit www.firstfinancial.org/open. For information, account details, branch hours and more, visit www.firstfinancial.org. Contact Lisa Reynolds at lreynolds@firstfinancial.org if you have personal or immediate questions.

Employee Assistance Program (EAP)

The employee assistance program available through Cigna is free and confidential to all benefits eligible CCBC employees and their related or un-related household members. If you are experiencing financial, legal and or personal issues which are, or have the potential of affecting the quality of your work or personal life EAP can provide financial assistance, senior and pet care, identity theft, child care telephonic consultation, face to face counseling (up to 10 visits with a local EAP provider) per issue, per year and more. These services are not tied to the health plan. If you need continued services, EAP can assist in transitioning you from the EAP program to the CCBC health benefits.

During challenging times it is especially important to focus on taking good care of yourself physically, mentally and emotionally. Use your smartphone, tablet or computer for online video conferencing.

Connect with an EAP advocate who can help you find counselors that will work with you virtually. Counselors can also be located on www.myCigna.com.

Support by phone is available 24 hours a day, seven days a week, telephone and online access. To access benefits, call **1-888-431-4334** or go online to: www.myCigna.com and enter our CCBC ID: baltimore.

Tuition Benefits

Tuition assistance is a benefit for all full time benefit eligible employees and requires application before the beginning of each semester or course.

Employee Tuition Waiver

Upon employment at CCBC, benefit eligible employees are eligible for CCBC credit and non-credit tuition waiver. Classified employees and public safety officers may enroll after completing a 90 day probation period. CCBC will cover the first \$100 in fees per semester and the employee is responsible for fees, materials and books for the course. The course must have a minimum of 10 regularly enrolled students, is subject to cancellation, and must be non – working hours for the employee.

Employee External Reimbursement

After one year of full time employment, benefit eligible employees attending an accredited college outside of CCBC can submit for reimbursement for up to 18 credits per fiscal year at a rate of: \$350. per undergraduate credit and \$500 per graduate credit. After the course is completed you will need to submit a request for reimbursement form, a copy of the paid bill, and have official grade transcripts sent to the college

Dependent Tuition Reimbursement

Benefit eligible employee's spouse, domestic partner, and eligible dependent children under age 23 are eligible for tuition reimbursement for CCBC courses. Tuition is paid for when the dependent registers and reimbursement for credit or non-credit courses is mailed upon successful completion of the course with a grade of "C" or better. All course prerequisites must be met.

McDaniel College Educator Legacy Scholarship

Children of ANY full time benefits-eligible CCBC employee who has at least four years of continuous full employment is eligible for a scholarship valued up to \$100,000 over four years. The dependent must be a current high school senior or community college student with a GPA of 2.5. The student must still go

through the McDaniel College application process and CCBC will provide verification of employment for the employee.

Academic Cash Reward

As a way to keep classified employees motivated to continue their education, classified employees are eligible to receive a lump sum \$500. Award (less taxes) upon earning an unduplicated college degree. Classified employees can apply after completion of a 90 day probationary period. Forms and applications are available on SharePoint.

Academic Time Off

One day is allowed to attend your own college commencement, if it occurs on a normal workday. You are also permitted one day to appear for advanced degree examinations or professional licenses related to your position. Necessary time is allowed to travel and participate in meetings, seminars, workshops, conventions, etc. on college business, when approved by the appropriate manager and subject to budget. You must submit a letter in advance explaining the reason for the absence to your manager.

Sabbaticals

Sabbaticals may be granted to faculty, administrators, and professional employees with at least 7 full consecutive years of service for the purpose of study, research, professional writing, or curriculum development. An employee may apply for sabbatical for one half year at full pay or full year at three quarter pay for both the year on sabbatical and the following year. A condition of this benefit is that the employee must return to the service of the college for at least one year following the expiration of the leave.

Continuing Education Unit (CEU) Reimbursement

Some employees hold a professional designation that is a minimum requirement for their position or enhances their expertise in their position. CCBC will reimburse employees up to \$500 for professional development courses completed to maintain required certifications. Courses must be approved by supervisors prior to reimbursements.

Leave

Personal Days

Full time benefit eligible employees are entitled to 3 days per fiscal year for urgent personal business or emergencies that cannot be scheduled during non-working hours. The annual days for new hires will be prorated the first year based on their hire date. Unused personal business days will be converted to sick leave in the next fiscal year.

Spring and Winter Break

CCBC generously pays employees for Spring break and Winter break when students are not in session. Refer to the operating calendar for current dates. The winter break falls between Christmas Eve and New Year's Day. Employees must be in a pay status the day before and after the recess period in order to be paid for the recess period. Classified employees required to work during the winter or spring recess have the option of receiving a floating holiday for each day worked.

Bereavement Leave

A maximum of 5 calendar day is allowed upon the death of these immediate family members: children, spouse, parent (natural, step or in-law), registered domestic partner, brother or step brother, sister or step sister, grandparent, great grandparent, grandchild, and daughter/son-in law. The days do not have to be taken consecutively. Documentation will be required to show date of death and relationship.

One day is permitted for an aunt, uncle, niece, nephew, first cousin, brother/sister-in law and grandparent-in law.

Religious Observance

CCBC recognizes and promotes diversity. Up to 2 days of leave with pay are granted to observe religious holidays not included in the regular school calendar. Employees are required to notify their manager in writing at least one week in advance for approval.

Military Leave

In accordance with federal law an employee who is called to military reserve training or active duty in any branch of the United States Armed Forces is entitled to paid military leave for the first 15 days in any 12 month period. Military documentation of service will

be required before departure. Please contact Human Resources Benefits.

Jury Duty and Court Appearances

A full time eligible employee will be given paid leave if summoned to serve on a jury or obey a summons or subpoena issued by a court. You must report and provide a copy of your documentation as soon as you receive notification. It is important to follow call in procedures and keep your manager informed of changes and report to work when you are not served.

CCBC Child Care Center

CCBC offers a Catonsville early childhood program for preschool children at the Catonsville campus provided by Sandbridge Early Learning Center. Rates and applications are discounted for students and faculty and staff before opening to the community.

Pool and Work Out Facilities

At each of the three main campuses hours are available free of charge to use the pool and work out centers.

Campus Functions

The campus directors often hold gatherings so employees have the opportunity to mingle and collaborate whether for a tailgate, celebrations, enrichment, and well-being like yoga or a swim class.

Leave

Vacation

A maximum of two fiscal years of vacation may be carried forward into the new fiscal year. The fiscal year for CCBC runs from July 1 through June 30.

Classified employees with less than 5 years of service earn 10 days per years of vacation per year. With 5-10 years of service an employee will receive 15 days per year and with 10 or more years of service an employee will receive 20 days per year. Please note that unit 1 facilities management employees and supervisors work 8 hours per day. Unit 2 and Unit 4 work 7.5 hours per day.

Administrators, 12 month faculty, and professional employees accrue 20 days of vacation per year, regardless of years of service. Faculty working ten months do not accrue vacation hours.

Sick Leave

Employees earn 1 day of paid sick leave for each qualifying month worked. After the first year, you earn 1 and ½ days of paid sick leave for each qualifying month worked. There is no limit to sick leave accrual. Employees are eligible to use any available paid leave, as provided by the Maryland Flexible Leave Act (MFLA), to care for a child, parent, or spouse. Employees are required to contact their

supervisor in accordance with their department call out procedures. A certificate from your physician will be required upon return to work of an absence of more than 3 days.

An employee will continue to accrue leave while away from work for up to 90 days. After 90 days of continued sick leave, accrual will stop until the employee returns to work on a part time or full time basis.

Sick Leave Bank

After completing one year of service a benefit eligible non-union employees may apply to become of a member of the sick leave bank. Union members should refer to their union contract. Applications are received quarterly and you become a member by donating sick leave into the bank. Once you are a member for an entire calendar quarter and all of your leave has been exhausted, you may request sick leave from the bank for leave up to 12 calendar weeks. It must be for an approved serious personal medical condition longer than one week with medical documentation.

Sick Leave Accrual						
Length of Service	Administrators/ Professionals	12 Month Faculty	10 Month Faculty	Classified 75 Hours per Pay	Classified 80 Hours per Pay	10 Month Classified
1st year	90 Hours (12 days/year)	90 Hours (12 days/year)	75 Hours (10 days/year)	90 Hours (12 days/year)	96 Hours (12 days/year)	75 Hours (10 days/year)
Over 1 Year	135 Hours (18 days/year)	135 Hours (18 days/year)	135 Hours (18 days/year)	135 Hours (18 days/year)	144 Hours (18 days/year)	112.5 Hours (15 days/year)

Leaves of Absence (FMLA) 2023

The Community College of Baltimore County provides several types of leaves of absence. Detailed information about each leave, including eligibility, required documentation and approval process can be found in the Employee Handbook located on SharePoint in the Important Documents and Links section.

Family Medical Leave

The Family and Medical Leave Act (FMLA) is a federal law that entitles eligible employees up to 12 weeks of paid or unpaid job-protected leave in a 12-month period for specified family and medical reasons or for any military qualifying exigency. Employees are eligible if they have worked for the college for at least 1 year and worked at least 1,250 hours during the 12 months prior to the requested leave. Up to 26 weeks of leave may be used to care for a family member who was injured while on active military duty.

In 2008 the Family and Medical Leave Act was amended to provide two important leave entitlements for military families.

Qualifying Exigency Leave

Eligible employees who are the spouse, son, daughter, or parent of a military member may take up to 12 weeks of FMLA leave during any 12-month period to address the most common issues that arise when a military member is deployed to a foreign country, such as attending military sponsored functions, and making child care, financial or legal arrangements.

Military Caregiver Leave

Eligible employees who are the spouse, son, daughter, parent or next of kin of a covered service member may take up to 26 weeks of FMLA leave during a single 12-month period to care for the service member who is undergoing medical treatment, recuperation, or therapy, is otherwise in an outpatient status, or is on the temporary disability retired list, for a serious injury or illness incurred or aggravated in the line of duty on active duty.

Departmental Medical Leave (DML)

An employee who has accrued sick, vacation, or personal leave and is ineligible for or exhausted their 12-week entitlement to FMLA may request a Departmental Medical Leave of Absence (DML) for

his/her own serious medical condition. Appropriate medical certification must be submitted to Human Resources to substantiate the medical necessity of the requested leave. An employee's position cannot be filled on a permanent basis during this period of absence. All DML requests must be approved by both the immediate supervisor and the appropriate vice president.

A combination of available sick, personal business and vacation leave must be used to remain in pay status. While FMLA protects an eligible employee's position, DML has no guarantee of extended leave. While on paid DML, the employee will receive all regularly scheduled paychecks with appropriate deductions. The employee will cease to accrue additional leave after 90 calendar days of continuous absence.

CCBC Medical Leave (CCBCML)

An employee who has no accrued sick, vacation, or personal leave and is ineligible for the 12-week entitlement of FMLA may request CCBC Medical Leave (CCBCML) for his/her own serious medical condition. If approved by the President of the college, the employee will be placed on unpaid CCBCML.

Premiums

The employee is responsible for paying benefit premiums while on unpaid leave. An employee on unpaid leave must make arrangements to pay the employee portion of his or her benefits and insurance premiums by calling Human Resources. Failure to pay may result in loss of coverage. An employee who voluntarily elects not to return to work following a period of unpaid leave will be required to reimburse CCBC for the employee's share of the benefit premiums.

Employees who have elected long term disability insurance may apply for the benefit if disabled for 90 consecutive days. If an employee intends to retire during a period of disability, please note that The Employee's Retirement System of Baltimore County and Maryland State Pensions requires employees to complete the application for disability retirement while in active pay status.

If at the end of approved leave, the employee is unable to return to work, the employee will be advised of other available options such as long term disability, disability retirement, normal retirement, resignation and/or termination.

Legal Notices

Health Insurance Portability Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) places limitations on a group health plan's ability to impose pre-existing condition exclusions, provides special enrollment rights for certain individuals, and prohibits discrimination in group health plans based on health status.

CCBC electronically transmits data to the vendors for eligibility purposes. The vendors and CCBC are in compliance with the HIPAA requirements. No personally identifiable information may be released to a third party.

Special Enrollment Rights

This notice is being provided so that you understand your right to apply for group health insurance coverage outside of The Community College of Baltimore County's open enrollment period. You should read this notice regardless of whether or not you are currently covered under the CCBC's Group Health Plan.

If you decline enrollment for yourself or your dependents (including your spouse or registered domestic partner) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan.

An enrollment request must be made within 30 days of your other coverage ending. In addition, if you have a new dependent (as a result of marriage, birth, adoption, or placement for adoption), you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days of the qualifying event.

For more information about your rights, 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 Web site at www.dol.gov/ebsa.

The Health Insurance Portability and Accountability Act requires that employees be allowed to enroll themselves and/or their dependent(s) in an employer's Group Health Plan under certain circumstances, provided that the employee notified the employer within 30 days of the occurrence of any following events:

- Loss of health coverage under another employer plan (including exhaustion of COBRA coverage); or
- Acquiring a spouse or registered domestic partner through marriage; or
- Acquiring a dependent child through birth, adoption, placement for adoption or foster care placement.

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 creates two new special enrollment rights for employees and their dependents. In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan **within 60 days** of the occurrence of following events:

- Loss of coverage under Medicaid or a state child health plan: If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or dependent(s) in our group health plan not later than 60 days after the date coverage ends under Medicaid or the state child health plan.
- Gaining eligibility for coverage under Medicaid or a state child health plan: If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your child(ren) under our group health plan, provided that your request is made no later than 60 days after the date that Medicaid or the state child health plan determines that you and/or your dependent(s) are eligible for such financial assistance. If you and/or your dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your child(ren)'s enrollment in our group health plan and enroll in Medicaid or a state child health plan. Please note that once you terminate your enrollment in our group health plan, your children's enrollment will be also terminated.

Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state children's health plan within 60 days, will prevent you from enrolling in our plans and/or making any changes to your coverage elections until our next open enrollment period.

To request special enrollment in CCBC plans, or if you have questions regarding special enrollment rights, please call the Benefits Helpline at **443-840-4398** or email benefits@cCBCmd.edu.

Why Plan for Retirement?

We have a longer life expectancy; retirement planning helps to determine your satisfaction with your retirement life style. It establishes a retirement budget by identifying the sources of your retirement income as well as your expenses. To help you with this process, CCBC has three retirement plans; the Maryland State Teacher's Pension plan, the Optional Retirement Plan, and the Baltimore County Employees' Retirement Plan. CCBC has two supplemental retirement plans; a 403(b) with six companies from which you may choose and a 457(b)

with one company from which you may choose. Two of the 403(b) vendors offer a Roth savings feature which gives you the opportunity to save for retirement with post-taxed dollars. Retirement planning helps to ensure you can retire when you reach the end of your career.

From the Daily Post Page Select, Administrative Services/Human Resources/ Documents/ Retirement Preparation



Retiree, Judith Woke and grandchildren

Baltimore County Employees Retirement System (ERS)

Voluntary enrollment for Public Safety Officers, Facilities Management, Athletics Facilities Specialists, and other benefit-eligible employees on the U1/AFSCME or the C8/Classified 80 pay scale. Membership is subject to approval from the Baltimore County Employees Retirement System.

Admission to membership in the Retirement System is subject to passing a physical examination satisfactory to the Board of Trustees, as defined in the Baltimore County Code.

Employees must join within 60 days of their hire date or the ability to join will be forfeited.

Membership is optional for employees who are at least age 55 on the date of employment.

- **Eligible employees who do not participate, will not be eligible for CCBC post-retirement benefits including subsidized health insurance based on years of service.**

Baltimore County ERS (for employees who joined before 7/1/2007)	Baltimore County ERS (for employees who join(ed) on/after 7/1/2007)
Defined Benefits Plan provides a determinable benefit based upon your base salary and creditable service.	Defined Benefits Plan provides a determinable benefit based upon your base salary and creditable service.
Contribution percentages range from 6.75% - 7.25% of their base salary.	Employees contribute 7% of their base salary.
Employee is vested after 5 years.	Employee is vested after 10 years of creditable service.
Normal Service Retirement is after 30 years of creditable service, or age 65 with 5 years of creditable service. Employee is also eligible for a service retirement split at age 60 with 5 years of creditable service.	Normal Service Retirement is after 35 years of creditable service, or age 67 with 10 years of creditable service.
<p>Early Service Retirement is available at age 55 with 20 years of creditable service. Benefits will be reduced.</p> <p>Disability benefits or non-occupational related injury or illness upon attaining 10 years of creditable service.</p> <p>Occupational disability benefits upon entry into system.</p> <p>Non-occupational death benefit coverage after five years of creditable service.</p> <p>Credit for unused sick leave and military service.</p>	<p>There is no early retirement option.</p> <p>Disability benefits or non-occupational related injury or illness upon attaining 10 years of creditable service.</p> <p>Occupational disability benefits upon entry into system.</p> <p>Non-occupational death benefit coverage after five years of creditable service.</p> <p>Credit for unused sick leave and military service.</p>

Note: Employees who have previously retired from the Baltimore County Employees Retirement System are not eligible to enroll. Retirees from the Baltimore County Employees Retirement System who are hired for a position that falls under the Baltimore County Employees Retirement System, may only be rehired as a **temporary employee one time only for a maximum of six consecutive calendar months**. For additional information, contact the Baltimore County Retirement Office at **410-887-8246** or **1-877-222-3741**.

Maryland State Teacher's Pension Plan (MSTP) and Optional Retirement Plan (ORP)

All full-time benefit eligible employees on the Classified, Professional, Administrative and Faculty pay scale must enroll in either the Maryland State Teacher's Pension Plan (MSTP) or, if eligible, in the Optional Retirement Plan (ORP). Participation in one of the retirement plans is mandatory. The Optional Retirement Plan is only available to employees whose job requires a minimum of a bachelor's degree and the employee possesses a minimum of a bachelor's degree.

Effective July 1, 2017, employees never employed by the state of Maryland, University of Maryland, Morgan State University, St. Mary's College or any community college or regional community college and eligible for the ORP, must enroll on or before the date of hire or the employee will be defaulted to the Maryland State Teacher's Pension Plan.

Employees who were ever employed by the state of Maryland, University of Maryland, Morgan State University, St. Mary's College or any community college or regional community college and are enrolled member of MSRP, are not eligible to enroll in ORP even if hired in an ORP eligible position.

Employees who have previously participated in an Optional Retirement Plan are not eligible to join the Maryland State Teacher's Pension Plan. Visiting lecturers are not eligible to enroll in either retirement plan.

To obtain a copy of the Benefits Handbook for the Maryland State Teacher's Pension or the Optional Retirement plan, go to www.sra.maryland.gov.

Maryland State Teacher's Pension Plan (Alternate Contributory) For employees who joined before 7/1/2011	Maryland State Teacher's Pension Plan (Reformed Contributory) For employees hired on or after 7/1/2011	Optional Retirement Plan Fidelity or TIAA
Defined Benefit Plan provides a determinable benefit based upon your salary and service.	Defined Benefit Plan provides a determinable benefit based upon your salary and service.	Defined Contribution Plan provides a benefit based upon your accumulated account balance.
Employees contribute 7% of their base salary.	Employees contribute 7% of their base salary.	The State contributes 7.25% of the employees' salary.
Employee is vested after 5 years.	Employee is vested after 10 years.	Employee is vested immediately.
Normal Service Retirement is: after 30 years of eligibility service, or age 62 with 5 years of eligibility service, or 63 with 4 years, or 64 with 3 years, or 65 with 2 years.	Normal Service Retirement is age 65 with 10 years of eligibility service, or At least 90 years of combined age and years of eligibility service (ex. Age 60 with 30 years of eligibility credit)	Tax Penalties are applicable if you retire before age 59 1/2.
Early Service Retirement is after age 55 with 15 years of eligibility service. Benefit will be reduced.	Early Service Retirement is after age 60 with 15 years of eligibility service. Benefit will be reduced.	

Note: Retirees of the Maryland State retirement plans who are rehired by the same employer must have at least a 45 day break in service between the effective date of retirement and the date of rehire. Retirees from any Maryland State retirement plan are not eligible to enroll in any of the mandatory retirement plans offered at CCBC.

Great News ! Member's Personal Statement of Benefits (PS) are available on mySRPS. If you need assistance with registering or need your login information for mySRPS call the Maryland State Retirement Agency at 410-625- 5555. Printed copies of your PSB are no longer mailed to a member's home address unless requested. To receive a paper PSB, member's must email a request to the Maryland State Retirement Agency or call and leave a message at 410-625-3662.

Please include the following information in the message:

- Full name
- Date of birth
- Last four digits of Social Security number
- Home address
- Daytime telephone number

Supplemental Retirement Plans — 403(b) & 457(b)

Employees have the option to save additional money for retirement. Participation is voluntary. The supplemental retirement plans are available through six vendors with a minimum contribution of as little as \$20 per paycheck. This plan provides another opportunity to save for retirement and reduce your taxable income because your contributions are deducted on a pre-tax basis.

Participating Vendors

- Fidelity Investments
- Lincoln Financial Group
- TIAA
- T. Rowe Price
- VALIC
- Voya Financial Advisors

All vendors allow hardship withdrawals and loans, with the exception of T. Rowe Price.

Please note: There is a 10% penalty assessed to account balance if funds are withdrawn prior to the participant turning age 59 ½, in addition to any taxes.

How do I Enroll or Change Contribution Amounts?

You may enroll and change your bi-weekly contributions at any time. You may choose to open an account online by accessing the vendor's website or by completing the vendor's paper enrollment form. You must also complete CCBC's Salary Reduction Authorization Form. The salary reduction authorization form authorizes CCBC to deduct the contribution from your paycheck.

You must send the following to Human Resources: Proof of an open account and Salary reduction authorization form OR paper enrollment form and salary reduction authorization form.

You may make changes to your contributions throughout the course of the year by completing a salary reduction authorization form. Please note: To stop contributions, put a zero next to the vendor's name on the salary reduction authorization form. If you have more than one supplemental retirement account, the contributions for the existing accounts will continue unless you complete a salary reduction form to change the contributions.

Consider increasing your 403(b) contributions during the summer when deductions for your benefits stop. It's money you won't miss and it will help you reach your retirement goals faster.

Roth 403(b) Saving Feature

What is a Roth 403(b)?

A Roth 403(b) **is not a separate retirement account**. A Roth 403(b) is a **savings feature** that allows you to save for retirement using after tax money (post-tax dollars). Your contribution is deducted from your paycheck from money that was already taxed. You may only save up to the IRS yearly plan limits. The advantage of saving with **taxed money** is you will not have to pay additional taxes upon taking a distribution. **Traditional 403(b) deductions** are withheld from pre-tax money. This Roth savings feature is available to Full-time and Part-time employees and only offered by TIAA and Voya Financial Advisors, Inc.

457(b)

The College offers a 457(b) deferred compensation plan through Voya Financial Advisors. This plan provides another opportunity to save for retirement and reduce your taxable income because your contributions are deducted on a pre-tax basis. The new plan year starts in January and ends in December. This plan is very similar to a 403(b) plan, with the following exceptions:

- There is no 10% penalty for withdrawals made before age 59-1/2 or if you have separated from CCBC. This can be an important benefit if you are considering retirement before age 59-1/2, as it will provide retirement income until you are able to make withdrawals from your other retirement plans (pension plans, 403(b) plans, IRAs, etc.).

The online enrollment instructions and Salary Reduction Authorization Forms for both the 403(b) and 457(b) can be found on **SharePoint**/Administrative Services/ Human Resources/ Documents/ Supplemental Retirement Folder.

Please note: *Part-time employees must designate a percentage of their pay. Full-time employees must designate a whole dollar amount of their pay.*

Retiree Life Insurance – MetLife

CCBC retirees who are receiving benefits from the Maryland State Retirement System, the Optional Retirement Plan, or the Baltimore County Employees' Retirement System, who were hired on/before January 3, 2011, and who retire with at least 10 years of benefit-eligible service may elect to continue their basic life insurance at the time of retirement.

The coverage amount is reduced to the minimum benefit, \$50,000, upon retirement and reduces each year for four years. See the example below.

The first reduction is \$42,500 at retirement and continues to reduce each January by 15% until the coverage level reaches \$12,500 at your fourth anniversary. You will pay the monthly premium associated with that level of coverage. The current reduction structure is as follows:

Date of Coverage Amount	Coverage Amount
Retirement Date	\$42,500
January 1 after retired 12 months	\$35,000
January 1 after retired 24 months	\$27,500
January 1 after retired 36 months	\$20,000
January 1 after retired 48 months	\$12,500

Conversion to an Individual Policy

A retiree may elect to convert any portion of the active minimum benefit amount to an individual life insurance policy. This is a one-time election

in conjunction with the continuation of retiree life insurance. The application and first payment must be mailed to MetLife within 31 days of the last day worked. Contact Human Resources for the application.

Retiree Basic Life Insurance for Employees hired after January 3, 2011

A retiree may elect to convert or port any amount of the basic life insurance at the time of retirement by applying to MetLife within 31 days of the last day worked.

Retiree Supplemental Life Insurance

A retiree may elect to convert or port any amount of the supplemental life insurance at the time of retirement by applying to MetLife within 31 days of the last day worked.

Beneficiary Information Changes

If you need to change your primary and/or contingent beneficiary information or if the name or address of your primary and/or contingent beneficiary(ies) change(s), complete the Beneficiary Designation/Change Form. The form can be found on

<https://www.cbcmd.edu> under Retiree Connection.

Mail the form to:

CCBC
Human Resource Department
800 S. Rolling Rd.
Catonsville, MD 21228
ATTN: Retirement

Retiree Benefits Options

Please review this booklet carefully. If you have questions that are not answered in this booklet, call the CCBC Benefits Help Line at 443-840-4398, or email benefits@ccbcmd.edu.

Benefit Options

Non-Medicare Eligible Retirees or Dependents (Under age 65)

- Medical Plans
 - Open Access Plus In-Network (OAPIN)
 - Cigna Open Access Plus (OAP)
 - Kaiser Permanente Select (HMO)
- Prescription Plans included with Medical Plan
 - Cigna Pharmacy
 - Cigna Express Scripts Home Delivery
 - Kaiser Pharmacy (Kaiser Medical Plan)
- Dental Plans
 - CareFirst Regional Preferred Dental
 - CareFirst Regional Traditional Dental
 - Cigna DHMO
- Vision Plan
 - National Vision Administrators

Medicare Eligible Retirees or dependents (Age 65 & over or Eligible for S.S. Disability)

- Medical Plans
 - Cigna Medicare Advantage plan options
 - Kaiser Permanente Medicare Advantage w/ RX HMO
 - Cigna Medicare Surround without RX
 - United America without RX
- Prescription Plans
 - Cigna RX HIGH Plan A – AARP Saver Plan D
 - Cigna RX MID Plan B – AARP Walgreens Plan E
 - Cigna RX LOW Plan C
- Dental Plans
 - CareFirst Regional Preferred Dental
 - CareFirst Regional Traditional Dental
 - Cigna DHMO
- Vision Plan
 - National Vision Administrators

All Retirees

Dental and Vision Plans: Retirees may continue current coverage or discontinue dental and vision coverage during open enrollment. The retiree is responsible for the full cost of dental and vision coverage for him/herself and/or any eligible dependents at a non-subsidized rate.

Benefit Eligibility At Retirement

In order to qualify for CCBC health insurance coverage when you retire, two basic requirements must be met:

1. Retirees must be eligible for and begin receiving their pension benefit or a distribution immediately upon leaving employment with CCBC.
2. Employees who wish to carry the medical, dental, vision, and/or life insurance benefits into retirement, must have been enrolled in those benefits prior to retirement. (See the College Handbook)

Continued Coverage for Spouse or Registered Domestic Partner of a Deceased Retiree

Coverage is available for your spouse if he/she had benefits through your CCBC retiree plan. However, the surviving spouse or registered domestic partner will need to pay the premiums if your pension check stops based on your retirement plan's death benefit. Dependent children of a deceased retiree or surviving spouse cannot continue coverage and will be offered COBRA. A surviving spouse of a deceased retiree who remarries may not add a new spouse, registered domestic partner, or dependent child to the insurance.

Retiree Resources

Health Benefit Enrollment Summary

The enrollment summary may be accessed on Benelogic. The instructions on how to access Benelogic can be found on Retiree Connection.

If you don't have computer access or if you have trouble accessing Benelogic, you may call the Benefits Helpline at 443-840-4398 to request a copy to be mailed to you.

Terminating Coverage during Open Enrollment

If you wish to discontinue health coverage or terminate a benefit or non-medicare retirees, access benefits for medicare, contact Labor First.

Remember, if you drop all coverage, you cannot re-enroll in the future.

Please follow the steps below to Access Retiree Connection:

1. Log onto www.cbcmd.edu
 2. Scroll to the bottom of the screen
 3. Click on Faculty & Staff
 4. Scroll until you see the gray boxes
 5. Click on Helpful Links
 6. Click on Retiree Connection
- Benefits Guide
 - Benefits Premiums
 - Medicare Creditable Coverage Notice
 - How to access Benelogic

Labor First Medicare Retiree Benefit Options

Labor First — Private Medicare Exchange

Effective January 1, 2021, Labor First began administrating Medical and Prescription benefits for the Community College of Baltimore County (CCBC) Medicare eligible retirees, dependents and surviving spouses exclusively through the CCBC Retiree Private Medicare Exchange. CCBC will continue to administer Dental, Vision and Life Insurance for Medicare Retirees, dependents, and surviving spouses.

Who is Labor First?

Labor First is a Retiree Benefit Administrator and Advocacy Company, not an insurance carrier, that specializes in retiree healthcare. Labor First is available to assist Medicare eligible retirees with not only reviewing and enrolling in available plan options, but they are a committed resource for our members throughout the life of the plan.

Why Labor First?

- More Options and Better Value: The plans available to you from Labor First have been designed to provide you with more options and better value without sacrificing quality or coverage. Premiums will be conveniently deducted from your pension check or you will be billed directly by Labor First.
- Sustainability over the Long Term: The transition to the Private Medicare Exchange offers sustainability over the long term through an approach that allows CCBC to continue subsidizing your coverage. CCBC will continue to subsidize your medical and prescription premiums based on your date of retirement and years of service.
- Retiree Advocacy and Support: Labor First advocates go far beyond just enrolling members.

Below are few of the services your dedicated advocates can assist with after your enrollment and throughout the plan year:

- Claims, billing and payment support
- Real time Physician and pharmacy assistance
- Medication Look up
- Card replacements

Medicare Plan Enrollment Support

Call Labor First Retiree Advocate dedicated to CCBC at 443-290-3113 or Toll Free at 1-833-550-1675 for more information on enrollment and plan offerings.

See labor first materials for details on plans available.

Medicare B

Turning 65 or Eligible for Social Security Disability?

When You, Your spouse, or Your domestic partner or Your dependent child are approved for Social Security Disability and become Medicare B eligible or turn 65 years old, contact Labor First Retiree Advocate dedicated to the Community College of Baltimore (CCBC) at 443-290-3113 or Toll Free at 1-833-550-1675 for more information on enrollment and plan offerings at least 90 days prior to the effective date.

■ CCBC requires enrollment in Medicare Part A (hospital) and Medicare Part B (medical) as soon as you, your spouse, your domestic partner or dependent child are eligible for Medicare. You must accept Medicare B as the primary health carrier. Medicare B will require a monthly premium. A copy of your Medicare A & B card will be required.

If you wish to continue supplemental health insurance coverage through CCBC, call Labor First Retiree Advocate dedicated to the Community College of Baltimore immediately at 443-290-3113 or Toll Free at 1-833-550-1675 for more information on enrollment and plan offerings at least 90 days prior to the effective date. You will have the option to select one of the following medical and/or prescription plans:

Medicare Eligible Retirees or dependents – Medical and Prescription Plan (Age 65 & over or Eligible for S.S. Disability)

- Medical Plans
 - Cigna Medicare Advantage plan options
 - Kaiser Permanente Medicare Advantage w/ RX HMO
 - Cigna Medicare Surround without RX
 - United American without RX
- Prescription Plans
 - Cigna RX HIGH Plan A
 - Cigna RX MID Plan B
 - Cigna RX LOW Plan C
 - AARP Saver Plan D
 - AARP Walgreens Plan E

Domestic Partnership – Medicare Part B Enrollment

According to Medicare Coordination of Benefit Rules, when a covered member is eligible for Medicare due to age or disability and is a domestic partner on a commercial insurance plan, Medicare will be primary no matter the working status of the employee. If a covered member is a legal spouse and has Medicare due to age or disability, the commercial plan will be primary if the employee is still actively working. However, if the covered domestic partner has COBRA coverage, Medicare will be primary, regardless of whether the covered member and the employee are married or in a domestic partnership.

Need help finding a Medicare Advantage participating provider?

At Cigna, we are continually adding new providers to our network. Call us or go online for the most up-to-date information. Reminder: Doctors must participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna.

Call Cigna to verify in network providers or to ask us to outreach out-of-network doctors to explain the plan:

- Cigna Customer Service at **1-888-281-7867 (TTY 711)**
- Labor First at **1-833-550-1675**

Search online:

- Before you're enrolled, you can search our online provider directory at **CignaMedicare.com/group/MAresources**
- After you are enrolled, you can search anytime for a provider at **myCigna.com**

Cigna Medical Medicare plan comparison ¹	Cigna Medicare Surround ²	Cigna Medicare Advantage True Choice Medicare (PPO)
See any physician who accepts Medicare	✓	✓
See a specialist without a referral from your PCP	✓	✓
Get 100% coverage for preventive care ³		✓
One ID card and one Customer Service team for medical and prescription drug coverage		✓
Care coordination and clinical programs designed specifically for retirees		✓
Speak with a health advocate ⁴ through the Health Information line		✓
Wellness incentives		
Home Delivered Meals program ⁵		✓
Silver&Fit [®] Healthy Aging and Exercise Program		✓
T. Rowe Price		✓
Healthy living Aging and Exercise Program		✓

This chart is for illustrative purposes and compares only the highlights of each plan.

1. This is for illustrative purposes only and compares only the highlights of each plan. For complete details of each plan, refer to your plan documents or ask your Cigna representative. 2. **Cigna Medicare Surround is an employer-sponsored group retiree medical plan. In most states, it is NOT a standardized Medicare Supplement (Medigap) plan and is NOT offered under a contract with the federal government.** In Arizona, Connecticut, and Oregon, the insured Cigna Medicare Surround product is considered a group indemnity medical plan for retirees. 3. For all preventive services covered by Original Medicare. 4. These health advocates are trained nurses and hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice. 5. Post-hospital home delivered meals program benefit provides 14 nutritious meals delivered to the customer's home after a hospital stay. Customers can use this benefit after being discharged from an acute in-patient hospital stay up to three times per year.

Medicare Prescription Drug Program Creditable Coverage Disclosure Letter

This notice applies to you if you or a spouse may be Medicare eligible. CCBC is required by the Centers for Medicare & Medicaid Services (CMS) to notify you annually of your option to choose between CCBC drug coverage and the Medicare prescription drug plan coverage.

Please read this notice carefully and keep it where you can easily locate it if you have questions. If you enroll in one of the plans approved by Medicare, which offers prescription drug coverage, you may be required to provide a copy of this notice when you join, to show that you are not required to pay a higher premium amount.

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.

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

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can receive 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.
- CCBC has determined that the prescription drug coverage offered by our plan effective January 1, 2018, Cigna Pharmacy, 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 existing coverage through CCBC is Creditable Coverage, you can keep CCBC coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Each year you will have the opportunity to enroll in the Medicare prescription drug plan between October 15 and December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you enroll in a separate Medicare prescription drug plan, you will lose coverage for prescription benefits under your CCBC sponsored medical/prescription plan. You should also know that if you drop or lose coverage with your CCBC sponsored plan and don't enroll in Medicare

prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You receive a copy of the handbook in the mail every year from Medicare once you are eligible. You may also be contacted directly by Medicare prescription drug plans. For more information:

- 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 1-800-633-4227. TTY users should call [1-877-486-2048](tel: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 [1-800-722-1213](tel:1-800-722-1213). TTY users should call [1-800-325-0778](tel:1-800-325-0778).

Summary

- Because you currently have prescription drug coverage as good as or better than the Medicare prescription coverage, you do not need to enroll in the Medicare coverage at this time.
- If you enroll in the Medicare prescription drug coverage, you and covered dependents can no longer be enrolled in your CCBC sponsored prescription plan.
- If you enroll in a Medicare prescription drug plan, you must send written notification to your CCBC sponsored plan's Human Resources Benefits Office.

Save this important notice and the information you receive from Medicare.

Retiree Privileges

Thank you for your service to CCBC!



As a retiree of CCBC, the following privileges are offered:

- Continuation of CCBC email account, if desired
- Continuation of tuition waiver for CCBC courses
- Faculty/staff parking permit
- Retiree identification card – One Card (can be obtained at Records & Registration on any campus)
- Invitations to College-sponsored events
- Use of College facilities
- Library privileges and services
- Use of pool and fitness facilities under usual terms and conditions
- Lifetime 10% bookstore discount (on campus sites only)

The following additional privileges are offered for Professor Emeritus Status:

- Lifetime Emeritus title
- Access to adjunct office plus electronic support provided therein
- CCBC business cards

If you would like to take advantage of any of these privileges, please contact Benefits Help Line at (443) 840-4398 or via email at <https://ccbcmd.benelogic.com/>.



Community College
of Baltimore County

Human Resources
Business, Education and Social Sciences Hall – Suite 001
800 South Rolling Road
Baltimore, Maryland 21228-5317

ccbcmd.edu
benefits@ccbcmd.edu
443-840-4398