



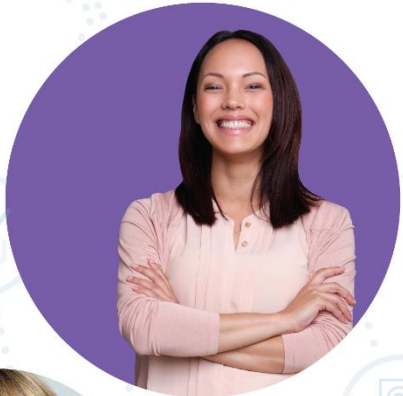
2024

BENEFITS GUIDE



Monroe Community College
STATE UNIVERSITY OF NEW YORK

CSEA Support Staff



Lawley
EMPLOYEE BENEFITS

WELCOME! BENEFITS ENROLLMENT 2024 PLAN YEAR



Monroe Community College's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a brief summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

*** In the event of any discrepancy between the benefit summaries and the collective bargaining agreement, the collective bargaining agreement controls.**

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

OPEN ENROLLMENT

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.

QUALIFIED CHANGE IN STATUS INCLUDE

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Legal guardianship
- Involuntary loss of coverage
- National support notice
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

We encourage you to take advantage of all of your available resources and work toward improving your overall health, making this year your healthiest ever.

DEPENDENT ELIGIBILITY: REQUIRED DOCUMENTS

The following is a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

For a Spouse

- Married one year or less – A government issued marriage certificate is sufficient.
- Married more than one year – A government issued marriage certificate and one of the following:
 - A federal tax return filed within the last two years confirming the dependent is your spouse
 - Proof of joint ownership (bank account, auto, home, etc.) issued within the last six months
 - Proof of cohabitation – two separate documents, one in your name and one in your spouse's name sent to the same address (utility bill, bank statement, credit card statement)

For a Domestic Partner

- Complete the [Domestic Partnership documents](#).

For a Child

NOTE: Disabled status for any child requires current medical certification from the health plan in addition to the documents listed below.

- Biological child: Government issued birth certificate including parents' names
- Step child: Must be spouse's child. One of the following combinations of documents are required:
 - Government issued birth certificate including parents' names and a government issued marriage certificate if married for one year or less
 - Government issued birth certificate including parents' names and a government issued marriage certificate and federal tax return filed within the last two years listing spouse as a dependent
 - Government issued birth certificate including parents' names and government issued marriage certificate and proof of joint ownership (bank account, auto, home, etc.) issued within the last six months
- Domestic Partner's child: Must be registered domestic's partner's child. One of the following combinations of documents is required:
 - Government issued birth certificate including parents' names and Affidavit of Domestic Partnership if one year or less
 - Government issued birth certificate including parents' names and Affidavit of Domestic Partnership and proof of joint ownership (bank account, auto, home, etc.) issued within the last six months
- Legal Ward – Government issued birth certificate and the court ordered document of legal custody
- Tax Dependent Child – Government issued birth certificate and the federal tax return filed in the previous year listing the child as a dependent

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	Option B Enhanced Medical Plan		
	In-Network		Out-of-Network
General Plan Information			
Deductible	N/A		Single: \$300 Family: \$750
Coinsurance	N/A		20% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$6,350 Family: \$12,700		Single: \$6,350 Family: \$12,700
Dependent Coverage			
Dependent Age Limit	To Age 26 (End of Month)		
Prescription Coverage			
Prescription Drugs	\$5 / \$20 / \$35		Not Covered
Mail Order	2 Copays Per 90 Day Supply		Not Covered
Covered Medical Services			
Preventive Routine Care	Covered in Full		20% Coinsurance After Deductible
Primary Office Visit	\$15 Copay		20% Coinsurance After Deductible
Specialist Office Visit	\$15 Copay		20% Coinsurance After Deductible
Inpatient Hospital	Covered in Full		20% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	Covered in Full		40% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$75 Copay		\$75 Copay
Urgent Care Center	\$25 Copay		20% Coinsurance After Deductible
Payroll Deductions	Hired before 8-31-05	Hired after 8-31-05	Hired after 9-1-12
Single	\$92.57	\$123.43	\$123.43
2-Person (Sponsor)	\$212.91	\$283.88	\$283.88
Family/One Parent	\$233.07	\$310.75	\$310.75
Family	\$245.31	\$327.08	\$327.08

2024 Medical Plan Comparison

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	Option D Standard Medical Plan		
	In-Network	Out-of-Network	
General Plan Information			
Deductible	N/A	Single: \$500 Family: \$1,250	
Coinsurance	N/A	25% Coinsurance After Deductible	
Out-of-Pocket Maximum	Single: \$6,350 Family: \$12,700	Single: \$6,350 Family: \$12,700	
Dependent Coverage			
Dependent Age Limit	To Age 26 (End of Month)		
Prescription Coverage			
Prescription Drugs	\$10 / \$25/ \$40	Not Covered	
Mail Order	2 Copays Per 90 Day Supply	Not Covered	
Covered Medical Services			
Preventive Routine Care	Covered in Full	25% Coinsurance After Deductible	
Primary Office Visit	\$20 Copay	25% Coinsurance After Deductible	
Specialist Office Visit	\$20 Copay	25% Coinsurance After Deductible	
Inpatient Hospital	\$100 Copay	25% Coinsurance After Deductible	
Outpatient Surgical Procedure (facility)	\$50 Copay	25% Coinsurance After Deductible	
Emergency Room (waived if admitted)	\$100 Copay	\$100 Copay	
Urgent Care Center	\$25 Copay	25% Coinsurance After Deductible	
Payroll Deductions	Hired before 8-31-05	Hired after 8-31-05	Hired after 9-1-12
Single	\$40.80	\$81.61	\$108.81
2-Person (Sponsor)	\$93.85	\$187.70	\$250.27
Family/One Parent	\$102.74	\$205.47	\$273.97
Family	\$108.13	\$216.26	\$288.35

2024 Medical Plan Comparison

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



		PPO Option A Medical Plan		
		In-Network		Out-of-Network
General Plan Information				
Deductible		Single: \$250 Family: \$750		Single: \$250 Family: \$750
Coinsurance		10% Coinsurance After Deductible		30% Coinsurance After Deductible
Out-of-Pocket Maximum		Single: \$1,000 Family: \$3,000		Single: \$1,000 Family: \$3,000
Dependent Coverage				
Dependent Age Limit		To Age 26 (End of Month)		
Prescription Coverage				
Prescription Drugs		\$10 / \$25 / \$40		Not Covered
Mail Order		2 Copays Per 90 Day Supply		Not Covered
Covered Medical Services				
Preventive Routine Care		Covered in Full		30% Coinsurance After Deductible
Primary Office Visit		\$10 Copay		30% Coinsurance After Deductible
Specialist Office Visit		\$10 Copay		30% Coinsurance After Deductible
Inpatient Hospital		10% Coinsurance After Deductible		30% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)		10% Coinsurance After Deductible		30% Coinsurance After Deductible
Emergency Room (waived if admitted)		\$50 Copay		\$50 Copay
Urgent Care Center		\$25 Copay		30% Coinsurance After Deductible
Payroll Deductions		Hired before 8-31-05	Hired after 8-31-05	Hired after 9-1-12
Single		\$131.77	\$131.77	\$131.77
2-Person (Sponsor)		\$303.34	\$303.34	\$303.34
Family		\$348.15	\$348.15	\$348.15

2024 Medical Plan Comparison

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



Wegmans

- All copayments reduced by \$5 when filling prescriptions at Wegmans
- 90 day refills available
- Can utilize any Wegmans location
- Medication pick up: In Person or Mail Order
- Medication Refill Reminders
- Immunizations



Flexible Spending Account (FSA) Overview

Benefit Resource Inc.'s Flexible Spending Account (FSA) is an employer-sponsored account that allows you to set aside pre-tax dollars to pay for qualified health or dependent care expenses regardless of whether you are covered by your employer's medical plan. *It is important to plan carefully, as any unused funds over that amount are not returned to the employee per IRS, – "Use It or Lose It" Rule.

HEALTH CARE FSA

Participants may elect to contribute up to a maximum of **\$2,650** on a pre-tax basis via payroll deductions throughout the plan year into an FSA. The full amount you select will be available to you on the first day of the plan year to use towards unreimbursed IRS eligible medical, prescription, dental, and vision expenses (not covered or paid by any insurance) incurred by you, your spouse, and/or dependents.

HEALTH CARE GUIDELINES

- You can spend FSA funds to pay deductibles and copayments, but not for insurance premiums.
- You can spend FSA funds on prescription medications, as well as over-the-counter medicines with a doctor's prescription. Reimbursements for insulin are allowed without a prescription.
- FSAs may also be used to cover costs of medical equipment like crutches, supplies like bandages, and diagnostic devices like blood sugar test kits.

DEPENDENT CARE FSA

Participants may elect to contribute up to **\$5,000** on a pre-tax basis via payroll deductions throughout the plan year into a Dependent Care (FSA). Funds can be used on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.

DEPENDENT CARE GUIDELINES

- The care of the dependent must enable you and your spouse to be employed.
- The amount to be reimbursed must not be greater than you or your spouse's income, whichever is less.
- The services may be provided by a daycare facility that cares for 2 or more children simultaneously, the facility must comply with state and local daycare regulations.
- Services must be for the physical care of the child, not for education, meals, etc.; expenses for overnight camps and kindergarten are not eligible for reimbursement.

FSA CLAIMS & REIMBURSEMENT

- Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as Benefit Resource Inc. reserves the right to substantiate expenses as well as the IRS.
- You will be provided an FSA Debit Card offering an easier way to pay for and manage your incurred expenses.
- Participants are allowed to rollover up to **\$500** of unused funds remaining at the end of the plan year.
- Participants will have 90 days to submit claims for reimbursement for the previous FSA plan year.

FLEXIBLE SPENDING ALLOTMENT & ACCOUNT

This is a negotiated benefit through the collective bargaining agreement for civil service staff. The College provides an annual \$350 flexible spending allotment that is paid to you through your pay check over the calendar year. To be eligible for the allotment, recipients must be on the payroll on the first pay period of the calendar year. Employees are not required to have an FSA in order to receive the allotment.

PLEASE NOTE: Once enrolled, you may not change your annual election amount. According to IRS regulations, you may only change your elections at the beginning of each plan year unless you experience a change in your family status.





	Dental Plan	
	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Full-Time Employees	
Dependent Coverage		
Dependent Age Limit	23/23	
Dental Services		
Preventive Services	100% SOA	100%*
Basic Services	85% SOA	85%*
Major Services	60% SOA	60%*
Orthodontia Services	No Coverage	
Cost-Sharing Highlights		
Deductible (preventive waived)	No Annual Deductible	
Annual Maximum	\$1,000	
In & Out-of-Network	Schedule of Allowance (SOA)	Schedule of Allowance (SOA) Balance Billing Applies
Payroll Deductions		
Single	\$0.33	
Family	\$0.82	

***Non-participating Dentists:** You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges. Expect your out-of-pocket expenses to be higher if you receive services from a Non-participating dentist.

USUAL, CUSTOMARY & REASONABLE (R & C/UCR)

The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Lincoln Financial Group's Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. When enrolling, be sure to designate someone by completing a Beneficiary Designation form.



	Basic Life Plan
General Plan Information	
Eligibility	All Full-Time Employees
Who Pays For Coverage	Employer 50% / Employee 50%
Basic Life Benefit	
Life Benefit Amount	2.5X Earnings to a Maximum of \$500,000
Guarantee Issue Amount	Full Benefit Amount
Benefit Age Reduction	
At Age 75	50% Reduction

CALCULATING BASIC TERM LIFE

To calculate your monthly cost, please use the following:

$$\left(\frac{\text{Benefit Amount: 2.5 x Base Salary}}{1,000} \right) \times \$0.1215 = \$ \text{Monthly Cost}$$

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VOLUNTARY LIFE INSURANCE

Lincoln Financial Group's Voluntary Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

You may designate anyone as your beneficiary, but make sure to designate someone by completing a Beneficiary Designation Form.



	Optional Life Plan		
General Plan Information			
Eligibility	All Full-Time Employees		
Who Pays For Coverage	Employee		
Voluntary Life Benefit	Employee	Spouse	Child(ren)
Life Benefit Amount	1X Earnings or 1.5X Earnings to a Maximum of \$350,000	50% of EE benefit amount, up to \$175,000	Live Birth to 6 months: \$2,000 6 months to 26 Years: \$10,000
Benefit Limitations	Cannot Exceed \$350,000	Cannot Exceed \$175,000	\$10,000
Guarantee Issue Amount	lesser of 1X annual earnings or \$150,000	\$50,000	\$10,000
Employee Benefit Age Reduction			
At Age 75	50% Reduction		

When Evidence of Insurability (EOI) requirements apply, it means you must submit proof to Lincoln Financial Group that you're insurable, and Lincoln Financial Group must approve your proof in writing before your insurance or specified part becomes effective.

EVIDENCE OF INSURABILITY (EOI) IS REQUIRED FOR:

- Any election above the Guarantee Issue amount.
- All employees who declined coverage when initially eligible.
- All employees looking to increase their coverage amount.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VOLUNTARY LIFE INSURANCE



Optional Life Insurance	
Age	Monthly Rates Per \$1,000 Benefit
Under 25	\$0.045
Age 25 – 29	\$0.045
Age 30 – 34	\$0.055
Age 35 – 39	\$0.073
Age 40 – 44	\$0.136
Age 45 – 49	\$0.182
Age 50 – 54	\$0.227
Age 55 – 59	\$0.363
Age 60 – 64	\$0.509
Age 65 – 69	\$0.545
Age 70 – 74	\$1.363
Age 75+	\$2.726
Child(ren)	\$0.150

CALCULATING OPTIONAL LIFE

To calculate your monthly cost, please use the following:

$$\left(\frac{\text{Benefit Amount: Base Salary x 1 or 1.5}}{1,000} \right) \times \text{Monthly Life Rate} = \$ \text{Monthly Cost}$$

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

BASE & OPTIONAL LIFE INSURANCE

EOI Requirements for Optional Life for the Employee or Spouse



Enrollment Reason	When is Statement of Health Required?	What happens if Statement of Health is denied by Lincoln?
New Hire/Newly Eligible Employee (Enroll within 31 days of eligibility)	For elections greater than the guaranteed issue (GI) amount <i>Employee GI: of the lesser of 1x annual earnings or \$150,000</i> <i>Spouse GI: \$50,000</i>	Employee receives lesser of 1x annual earnings or \$150,000 Spouse receives \$50,000
Current Participant requesting an increase during Annual Enrollment	For any increase above current level of coverage	The employee will remain at current level
Current Participant requesting an increase within 31 days of a Qualifying Event*	For any increase above current level of coverage	The employee will remain at current level
For Employee not previously enrolled who elects coverage for the first time during Annual Enrollment	Statement of Health required for any benefit election.	Employee will not have any coverage
For an Employee who had a salary increase	No Statement of Health is required if increase in coverage is due solely to salary increase.	Employee's coverage will increase based on salary increase

*Qualifying Life Events:

- The employee's marriage or divorce
- The birth of a child to the employee
- The adoption of a child by the employee
- The death of the employee's spouse or child
- The commencement or termination of employment of the employee's spouse
- The change from part-time employment to full-time employment by the employee or the employee's spouse
- The change from full-time employment to part-time employment by the employee or the employee's spouse
- The taking of unpaid leave of absence by the employee or the employee's spouse

Important Note: If you have one of the above qualifying life events, you may change your life insurance coverage within 31 days of the event. The table on the next page breaks out the different options you may have and what would be required.

Please note child life will never require Evidence of Insurability.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



EOI Requirements for Qualifying Events

Qualifying Life Reason	Your Own (Employee) Coverage	Your Dependent Coverage
Employee's Marriage	You have the option to increase your own coverage from 1x to 1.5x your earnings. Evidence of Insurability will be required	<p>Your new spouse will have the option of receiving 50% of your current salary in life insurance.</p> <p>Any amount up to \$50,000 would be guaranteed with no Evidence of Insurability required. Any amount over \$50,000 will require Evidence of Insurability</p> <p>You may add child life to your policy. No Evidence of Insurability required.</p>
Birth or adoption of a child	You have the option to increase your own coverage from 1x to 1.5x your earnings. Evidence of Insurability will be required	<p>You may also add spouse life to your policy. Evidence of Insurability will be required.</p> <p>You may add child life to your policy. No Evidence of Insurability required.</p>
<p>Any other applicable qualifying life event:</p> <ul style="list-style-type: none"> • The commencement or termination of employment of the employee's spouse • The change from part-time employment to full-time employment by the employee or the employee's spouse • The change from full-time employment to part-time employment by the employee or the employee's spouse • The taking of unpaid leave of absence by the employee or the employee's spouse 	You have the option to increase your own coverage from 1x to 1.5x your earnings. Evidence of Insurability will be required	<p>You may also add spouse life to your policy. Evidence of Insurability will be required.</p> <p>You may add child life to your policy. No Evidence of Insurability required.</p>

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LONG TERM DISABILITY INSURANCE



Lincoln Financial Group's Long Term Disability (LTD) Insurance can help replace a portion of your income if you were to become disabled for an extended period of time to help you pay your bills and maintain your current lifestyle.



	Long Term Disability Plan
General Plan Information	
Eligibility	All Full-Time Employees
Who Pays For Coverage	Employer 50% / Employee 50%
Long Term Disability Benefit	
Monthly Benefit Percentage	60% of Monthly Salary
Monthly Benefit Amount	\$5,000 Per Month
Elimination Period	180 Days
Maximum Benefit Duration	To Age 65
Disability Definition	2 Year Own Occupation

CALCULATING LONG TERM DISABILITY

To calculate your monthly cost, please use the following:

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \times .60 = \text{Monthly Benefit Amount}$$

$$\frac{\text{Base Salary}}{100} \times .2445 = \text{Annual Cost} \div 12 = \text{Monthly Cost}$$

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

New York State Local Retirement System (NYSLRS) – *also known as Employee Retirement System (ERS)*

All full-time CSEA employees are required to participate in the pension system. The New York State Local Retirement System is a defined benefit plan which provides a lifetime benefit at retirement based on earnings and years of service in the retirement system. Therefore, the benefit you receive is not defined by the amount you contribute. Your retirement benefits are guaranteed by the NYS Constitution and cannot be “diminished or impaired.”

As a member, your retirement system tier determines your eligibility for benefits and how those benefits are calculated. Your final average earnings is a major factor in calculating your NYSLRS pension rather than being dependent on the contributions you make toward retirement. Becoming vested is a key milestone in every NYSLRS member’s career. Once you’re vested, you will be eligible for a pension even if you leave public employment before retirement age.

The following page, provides highlights of the retirement system. Refer to the [New York State Local Retirement System \(ERS\)](#) for detailed information.

How to Enroll or Activate Existing Membership upon Hire?

To Enroll or Activate Existing Membership: If you have no prior pension system membership or if you were previously enrolled in the pension system through another employer, please contact Human Resources at mcchrbenefits@monroecc.edu for an application.

RETIREMENT PLAN

Full-time employees are required to participate in the NYS retirement system.

	Retirement Plan
General Plan Information	NYS Employees' Retirement System (ERS)
Plan Type	Defined benefit plans provide a fixed, lifetime monthly income at retirement. The amount of the benefit depends on length of service, earnings, tier and age at retirement. Benefits are guaranteed by the State constitution.
Vesting	5 years of full-time service credit. Part-time service is pro-rated. (For example: if working part-time at 50%, vesting will occur after attaining 20 years of service.)
Employee Contribution	Contribution rates based on member salary: 3% for salary \$45,000 or less; 3.5% for greater than \$45,000 up to \$55,000; 4.5% for greater than \$55,000 up to \$75,000; 5.75% for greater than \$75,000 up to \$100,000; 6% for greater than \$100,000 up to \$179,000. Other limitations may apply (OT cap, two-employer max, etc.)
MCC Contribution	A contribution is made to the pension funds, rather than to individual accounts. The annual amount is determined by the actuary of the pension systems.
Minimum Retirement Age	Full benefit at age 63 with 10 years of service. May retire as early as age 55 with a 6.5% reduction for each year under age 63.
Retirement Income Options	Lifetime annuity; options are available for a reduced annuity to continue to a beneficiary after your death; includes Cost of Living Adjustments (COLA).
Calculation of Retirement Benefit	Retirement benefit based on a formula which takes into account Final Average Salary X years of service X a pension factor based on years of service.
Death Benefit	Calculated by formula using salary and length of service. Maximum: 3 times' salary.
Loans	A loan feature on up to 75% of employee contribution balance.
Military Service	May receive service credit if applied for and/or paid for within established guidelines. Generally required to pay 6% of salary .
Prior Public Service	May receive credit for state service rendered prior to joining ERS. Required to pay 6% of salary (plus interest as applicable) .

VOLUNTARY RETIREMENT SAVINGS

For employees who wish to save more for retirement, MCC offers two voluntary retirement plans. Contributions are made through payroll deduction and are 100% employee- paid. Both plans offer pre-tax and post-tax options.

More information regarding voluntary retirement savings can be found at: <https://www.suny.edu/benefits/vsp/>

1. SUNY Tax-Deferred Annuity Plan

Is authorized under section 403(b)(1) of the Internal Revenue Code. This program is administered by the State University of New York. It allows you to choose from four authorized investment providers. In compliance with the administrative and regulatory requirements of the SUNY plan, the following are approved 403b investment plan providers. Authorized Provider Representative(s) listed below should be consulted for more detailed information about these programs before making a decision to invest.

Provider	MCC Representative	Telephone	E-mail address
TIAA-CREF Plan ID# 151166 for ORP Plan ID# 151167 for 403b	Michael Spogli	(585) 246-4631	michael.spogli@tiaa.org
Corebridge Financial	Robert Leombruno	(518) 783-6464 O (585) 899-0626 C	Robert.Leombruno@valic.com
Voya	Gary Witten	(716) 626-3928	
Fidelity Plan ID# 72777	William Stark	(716) 270-7732	william.stark@fmr.com

[To make a change to your 403b payroll deduction](#) go to the [Retirement@work multi-vendor website](#) or call 866-271-0960.

2. New York State Deferred Compensation Plan

Is authorized Section 457 of the Internal Revenue Service Code. The program is administered by the New York State Deferred Compensation Board. The plan provides a wide array of investment options selected by the Board, and offers a post-tax Roth 457 option. Authorized Provider Representative(s) listed below should be consulted for more detailed information about these programs before making a decision to invest.

Provider	MCC Representative	Telephone	E-mail address
NYS Deferred Compensation Plan Plan ID# 211926	Mark Wallace	(800) 422-8463 Option 0	mark.wallace@nationwide.com

To manage your payroll deduction or obtain more information, use the NYS Deferred Compensation website link below, or call 1-800-422-8463.

<https://www.nysdcp.com/rsc-web-preauth/contact>

TUITION, PAID TIME OFF & HOLIDAYS

TUITION REIMBURSEMENT

Employees may receive tuition reimbursement for course work or degree programs outside of normal working hours. For more information, please contact MCC's Human Resources Office or refer to the CSEA bargaining agreement.

MCC TUITION WAIVERS

Employees are eligible for MCC tuition waivers on a space-availability basis. After 12 months of service, full-time employees may receive tuition waivers for their eligible dependents. For complete details, please contact MCC's Human Resources Office or refer to the CSEA bargaining agreement.

PAID TIME OFF (PTO)

VACATION TIME

Full-time employees will accrue paid vacation time determined by their length of service at the College as described below. The maximum number of accrued vacation days an employee may carry is 40 days. Vacation time is paid out to the employee upon separation of service.

- First & Second Year: In the first 24 months of service with the College, employees accrue 5/6 days per month; this is an annual rate of ten (10) days per year.
- Year 3 through 8: After two (2) years of service, employees accrue 1-5/12 days per month; this is an annual rate of 17 days per year.
- Year 9 through 14: After eight years of service, employees accrue 1-1/2 days per month; this is an annual rate of 18 days per year.
- Year 15 and over: Beginning on the 15th year of service, employees will accrue 2 vacation days per month; this is an annual rate of 24 days per year.

SICK TIME

Full-time employees will accrue one (1) sick day per month up to the maximum of 230 days. Accrued sick time is not paid out upon separation from the College. If retiring from the College, accrued sick leave may apply as service credit with the NYS Employee Retirement System. Contact the NYS Employee Retirement System for more information.

PERSONAL TIME

Full-time employees receive three (3) personal days at the beginning of the College's fiscal year effective September 1st. Unused personal time is forfeited end of day on the College's last day of the fiscal year August 31st.

HOLIDAYS

- **New Year's Day**
- **Martin Luther King, Jr. Day**
- **Memorial Day**
- **Juneteenth**
- **Independence Day**
- **Labor Day**
- **Thanksgiving Day & Following Friday**
- **Christmas**

****The college is closed between Christmas and New Year's Day.***



EmployeeConnect Services

Lincoln Financial Group's EmployeeConnect Services is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential support, resources and information to get through life's challenges.

Financial Services

- Budgeting
- Credit & Financial Guidance

Child & Eldercare Assistance

- Needs Assessment
- Childcare & Eldercare Provider Referrals

Identity Theft Recovery Services

- Identity Theft Emergency Response Kit
- Fraud Resolution Specialist

Daily Living Services

- Event Planning Referrals
- Pet Services

Telephonic & Online Support Services

- Toll-free access 24/7 to counseling, legal, financial, work-life and/or convenience services
- Access to interactive website with helpful tools and resources

Counseling Services

- Up to 5 face-to-face sessions per person, per year
- Eligibility includes the employee and dependents

Work-life services

- Unlimited telephonic support for customized research
 - Referrals for child care, adoption, elder care, etc.
-

COMPSYCH[®]
GuidanceResources[®]Worldwide

Visit www.GuidanceResources.com

(user name = LFGsupport;
password = LFGsupport1).

Or talk with a specialist at 888-628-4824.





EXCELLUS BLUECROSS BLUESHIELD

MEDICAL & DENTAL INSURANCE | 00044328

Monday – Thursday: 8:00 am – 7:00 pm (Eastern Time)

Friday: 9:00 am – 6:00 pm (Eastern Time)

PHONE 1.800.499.1275

excellusbcbs.com



BENEFIT RESOURCE INC. (BRI)

FSA ADMINISTRATION

Monday – Friday: 8:00 am – 8:00 pm (Eastern Time)

PHONE 1.800.473.9595

EMAIL participantservices@BenefitResource.com

ONLINE CHAT Monday – Friday (available with participant login)

benefitresource.com



LINCOLN FINANCIAL

LIFE/AD&D, VOLUNTARY LIFE, LTD & EAP | 09-LF0247

Monday – Thursday: 8:00 am – 8:00 pm (Eastern Time)

Friday: 8:00 am – 6:00 pm (Eastern Time)

PHONE 1.800.423.2465

EMAIL Clientservices@LFG.com

lfg.com



RETIREMENT SYSTEMS

SUNY OPTIONAL RETIREMENT PLAN (ORP)

<https://www.suny.edu/retirement/orp>

NYS TEACHERS' RETIREMENT SYSTEM (TRS)

<https://www.nystrs.org/>

NYS EMPLOYEE OR LOCAL RETIREMENT SYSTEM (ERS)

<https://www.osc.state.ny.us/retire/>



COMPSYCH

EAP

Visit www.GuidanceResources.com

(user name = LFGsupport;

Password = LFGsupport1).

PHONE 888.628.4824



EMPLOYEE GENERAL NOTICES

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2023**. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since **July 31, 2023**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu Option 4, Ext. 61565

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

EMPLOYEE GENERAL NOTICES

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

EMPLOYEE GENERAL NOTICES

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

EMPLOYEE GENERAL NOTICES

PATIENT PROTECTION NOTICE

The Plan Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources/Benefits Office at (585) 292-2048.

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Singles receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, call your plan administrator at 1.800.499.1275.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT (NMHPA) NOTICE

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

TO REQUEST NOTICES OR MORE INFORMATION

To request a copy of the General Notices or more information, please contact:

Suzanne Bureau, Associate Director Employee & Retiree Benefits

Monroe Community College

1000 E Henrietta Rd

Rochester, NY 14623

585-292-2048

mcchrbenefits@monroecc.edu

EMPLOYEE GENERAL NOTICES

MEDICARE PART D

Important Notice from Monroe Community College. About Your Prescription Drug Coverage and Medicare

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

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

1. Monroe Community College has determined that the prescription drug coverage offered by Excellus is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
2. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you are eligible for and 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.
3. You can join a Medicare drug plan when you first become eligible for Medicare and each year **from October 15th through December 7th**. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
4. You should also know that if you drop or lose your current coverage with Monroe Community College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

EMPLOYEE GENERAL NOTICES

MEDICARE PART D

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Monroe Community College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

LEGAL DISCLAIMER

Monroe Community College attempted to ensure all information in these pages is clear and accurate. Each benefit plan available through your employer's benefit program is governed by the individual Summary Plan Description and/or the Plan Document.

This document is not meant to describe your employer's benefits in detail, and is not a Summary Plan Document. This is merely a summary of available benefits and is subject to change at any time. Open Enrollment for these programs will occur annually and eligibility requirements may apply.

TO REQUEST NOTICES OR MORE INFORMATION

To request a copy of the General Notices or more information, please contact:

Human Resource/Benefits Office

Monroe Community College

1000 East Henrietta Road

Rochester, NY 14623

(585) 292-2048

mcchrbenefits@monroecc.edu

Introduction

You are receiving this notice because you recently were offered coverage under Monroe Community College's group health plans. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the College plans. **This notice explains COBRA continuation coverage, when it may become available to you and your dependents, and what you need to do to protect your right to get it.** When you and/or your dependents become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under College coverage and under federal law, you should review summary of Benefits or contact the Monroe Community College's Human Resource Office.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of your College coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under your plan is lost because of the qualifying event. Under your plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

COBRA NOTICE

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Your dependent children will become qualified beneficiaries if they lose coverage because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

COBRA continuation coverage to qualified beneficiaries will be offered only after the Monroe Community College has been notified that a qualifying event has occurred. The employer must notify the insurance carrier of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify Monroe Community College within 60 days after the qualifying event occurs. You must provide this notice to: Monroe Community College, Human Resources Office.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under your College coverage is determined by Social Security to be disabled and you must notify Monroe Community College's Human Resources Office in a timely fashion. You and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

COBRA NOTICE

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

If You Have Questions

Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Monroe Community College's Human Resources Office know about any changes in the addresses of family members.

Plan contact information

Monroe Community College, Human Resources Office

Email: mcchrbenefits@monroecc.edu

Telephone: (585) 292-2048

Insurance Carrier:

Excellus Blue Cross/Blue Shield, Customer Service 1-800-499-1275

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



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