

# Employee Benefits Booklet



Plan Year | 2019

## Who is Eligible

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If you are a full-time employee at IBMC College you are eligible to enroll in the benefits outlined in this guide the first of the month following 60 days of full-time employment. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental, vision, voluntary life and LifeLock coverage:

- Your legal spouse
- Dependent children through the date in which they turn 26, regardless of marital status, student status or financial dependency. Children include stepchildren, legally adopted children and children over the age of 26 who are physically or mentally unable to care for themselves.
  - Dependent children are also eligible to use your HSA funds as long as they are a qualified tax dependent.  
*Consult your tax adviser to determine their eligibility status.*

## How to Enroll

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All eligible employees must login to the Paylocity enrollment system provided by IBMC College to submit or waive elections. Once elections are made, changes can only be made if an employee, or eligible dependent, experiences a qualifying life event or during the next open enrollment period. **Please submit your signed ERISA Electronic Consent Form to HR no later than November 30<sup>th</sup>.**

## When to Enroll

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The 2019 open enrollment period runs **Wednesday, November 21<sup>st</sup> through Friday, November 30<sup>th</sup>**. Benefit elections made during open enrollment are effective January 1, 2019.

If you are a new hire enrolling for the first time during the 2019 plan year, please enroll for benefits through the Paylocity online enrollment system on or prior to your effective date (*you have 30 days to complete your enrollment should you require additional time*).

## How to Make Changes

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Because premiums are deducted on a pre-tax basis (except for voluntary life and LifeLock) the IRS does not allow you to make changes to your benefits until the next open enrollment period unless you experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in spouse's benefits or employment status

**You have 30 days from the date of the qualifying life event to submit your election change(s) through the Paylocity online enrollment system.**



# What's New for 2019?

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## Medical:

- Moving from Anthem BCBS to Humana
- HDHP in-network co-insurance increased to 100%
- HDHP in-network out-of-pocket is reduced
- Doctor On Demand – Virtual Visits
- *See pages 4 and 5 for additional benefit changes*

## Dental:

- Moving from Mutual of Omaha to Humana
- Calendar year maximum increased on the Base dental plan
- Extended annual maximum pays an additional 30% co-insurance on preventive, basic and major services after the calendar year maximum is met on the Buy-Up dental plan
- *See pages 9 and 10 for additional benefit changes*

## Vision:

- Moving from Anthem BCBS to Humana
- *See page 11 for additional benefit changes*

## Health Savings Account (HSA):

- IRS contribution limits increasing to \$3,500 employee only / \$7,000 employee + dependent(s)
- Personal HSA contributions are deposited 26 times per year (each pay period)

## Wellness:

- Go365 Humana Wellness Program



# Medical Insurance – PPO/Copay Plans



Medical and prescription coverage is provided through **Humana**. To access a list of network providers, please visit [www.humana.com](http://www.humana.com). The two plans below summarize the traditional PPO plans being offered by IBMC College. Both plans utilize the **National POS – Open Access** network.

Benefit Highlights	Humana Buy-Up PPO \$2,000 Medical Benefits	Humana Core PPO \$4,000 Medical Benefits
<b>Network</b>	National POS - Open Access	National POS - Open Access
<b>Deductible</b> <i>Individual / Family</i>	In-Network: \$2,000 / \$4,000 Out-of-Network: \$6,000 / \$12,000	In-Network: \$4,000 / \$8,000 Out-of-Network: \$12,000 / \$24,000
<b>Co-Insurance</b>	In-Network: Paid at 80% ( <i>member pays 20%</i> ) Out-of-Network: Paid at 50% ( <i>member pays 50%</i> )	In-Network: Paid at 80% ( <i>member pays 20%</i> ) Out-of-Network: Paid at 50% ( <i>member pays 50%</i> )
<b>Maximum Out-of-Pocket</b> <i>Individual / Family</i> <i>Deductible &amp; Copays Included</i>	In-Network: \$3,700 / \$7,400 Out-of-Network: \$11,100 / \$22,200	In-Network: \$6,500 / \$13,000 Out-of-Network: \$19,500 / \$39,000
<b>In-Network Benefit Highlights</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Preventive Care / Preventive Labwork</b> <i>(Annual Physicals, Well-Woman Exams, Well-Child Care, Cancer Screenings, Immunization, etc.)</i>	Paid at 100% Annually	Paid at 100% Annually
<b>Office Visits</b>	Primary Care Physician: \$30 Copay Specialists: \$65 Copay	Primary Care Physician: \$35 Copay Specialists: \$70 Copay
<b>Online Virtual Visit / "Doctor On Demand"</b>	Paid at 100%	Paid at 100%
<b>Hospitalization &amp; Outpatient Services</b>	Paid at 80% After Deductible <i>(member pays 20%)</i>	Paid at 80% After Deductible <i>(member pays 20%)</i>
<b>Diagnostic Labwork / X-Rays</b>	Office Setting: Paid at 100% Facility Setting: Paid at 80% After Deductible <i>(member pays 20%)</i>	Office Setting: Paid at 100% Facility Setting: Paid at 80% After Deductible <i>(member pays 20%)</i>
<b>MRI/CAT/PET Scans</b>	Paid at 80% After Deductible <i>(member pays 20%)</i>	Paid at 80% After Deductible <i>(member pays 20%)</i>
<b>Emergency Room</b>	\$400 Copay	\$500 Copay
<b>Urgent Care</b>	\$100 Copay	\$100 Copay
<b>Outpatient Therapy Services</b> <i>Includes Physical, Occupational, Speech, Audiology &amp; Cognitive Therapy</i>	\$65 Copay <i>40 Visit Limit Per Calendar Year (PT/OT/ST/AT/CT Combined)</i>	\$70 Copay <i>40 Visit Limit Per Calendar Year (PT/OT/ST/AT/CT Combined)</i>
<b>Chiropractic Care</b>	\$65 Copay <i>20 Visit Limit Per Calendar Year</i>	\$70 Copay <i>20 Visit Limit Per Calendar Year</i>
<b>Prescription Drugs</b> <i>Retail / Mail Order</i>	Level 1: \$10 / \$25 Copay Level 2: \$30 / \$75 Copay Level 3: \$50 / \$125 Copay Level 4: 25% Co-Insurance Specialty Drugs: 35% Co-Insurance	Level 1: \$10 / \$25 Copay Level 2: \$40 / \$100 Copay Level 3: \$70 / \$175 Copay Level 4: 25% Co-Insurance Specialty Drugs: 35% Co-Insurance
<b>For more details and additional out-of-network benefits, please refer to the medical plan summary.</b>		

The plan below summarizes the HDHP/HSA plan being offered by IBMC College. This plan also utilizes the **National POS – Open Access** network.

Benefit Highlights	Humana HDHP \$3,000 Medical Benefits
<b>Network</b>	National POS - Open Access
<b>Deductible</b> <i>Employee Only / Employee + Dependent(s)</i>	In-Network: \$3,000 / \$6,000 Out-of-Network: \$9,000 / \$18,000
<b>Co-Insurance</b>	In-Network: Paid at 100% ( <i>member pays 0%</i> ) Out-of-Network: Paid at 70% ( <i>member pays 30%</i> )
<b>Maximum Out-of-Pocket</b> <i>Employee Only / Employee + Dependent(s)</i> <i>Deductible &amp; Copays Included</i>	In-Network: \$3,000 / \$6,000 Out-of-Network: \$11,500 / \$23,000
In-Network Benefit Highlights	In-Network Benefits
<b>Preventive Care / Preventive Labwork</b> <i>(Annual Physicals, Well-Woman Exams, Well-Child Care, Cancer Screenings, Immunization, etc.)</i>	Paid at 100% Annually
<b>Office Visits</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>Online Virtual Visit / "Doctor On Demand"</b>	~\$49 Fee <i>(Applied to Deductible &amp; Co-Insurance)</i>
<b>Hospitalization &amp; Outpatient Services</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>Diagnostic Labwork / X-Rays</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>MRI/CAT/PET Scans</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>Emergency Room</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>Urgent Care</b>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>Outpatient Therapy Services</b> <i>Includes Physical, Occupational, Speech, Audiology &amp; Cognitive Therapy</i>	Paid at 100% After Deductible <i>(member pays 0%)</i> 40 Visit Limit Per Calendar Year (PT/OT/ST/AT Combined) <i>Cognitive Therapy is excluded from the 40-visit limit</i>
<b>Chiropractic Care</b>	Paid at 100% After Deductible <i>(member pays 0%)</i> 20 Visit Limit Per Calendar Year
<b>Prescription Drugs</b> <i>Retail / Mail Order</i>	Paid at 100% After Deductible <i>(member pays 0%)</i>
<b>For more details and additional out-of-network benefits, please refer to the medical plan summary.</b>	

## 2019 Medical Payroll Deductions

The following rate table summarizes your semi-monthly payroll deductions effective January 1, 2019. Keep in mind premiums are deducted on a pre-tax basis, thus saving you money on your income taxes.

Coverage Type	\$2,000 PPO EE's Monthly Cost	\$2,000 PPO Semi-Monthly Deduction	\$4,000 PPO EE's Monthly Cost	\$4,000 PPO Semi-Monthly Deduction	\$3,000 HDHP EE's Monthly Cost	\$3,000 HDHP Semi-Monthly Deduction
Employee Only	\$166.10	\$83.05	\$51.90	\$25.95	\$81.90	\$40.95
Employee & Spouse	\$858.60	\$429.30	\$635.45	\$317.73	\$736.63	\$368.32
Employee & Child(ren)	\$631.64	\$315.82	\$444.20	\$222.10	\$522.05	\$261.03
Family	\$1,376.51	\$688.26	\$1,071.88	\$535.94	\$1,226.30	\$613.15

## Premium Savings to Enroll in the HDHP Plan

Did you know if you enroll in the HDHP Plan, the amount you save in premium (compared to the \$2K 80% PPO Plan) could be used to fund your HSA? The premiums savings are summarized below.

Coverage Type	\$2,000 PPO Per Pav Period Cost	\$3,000 HDHP Per Pav Period Cost	Per Pay Period Premium Difference	Annual Premium Savings
Employee Only	\$83.05	\$40.95	\$42.10	\$1,010.40
Employee & Spouse	\$429.30	\$368.32	\$60.98	\$1,463.52
Employee & Child(ren)	\$315.82	\$261.03	\$54.79	\$1,314.96
Family	\$688.26	\$613.15	\$75.11	\$1,802.64

## Steps for Opening Your Health Savings Account

For employees who have not already established a Health Savings Account, please follow these steps:

1. Enroll in the IBMC College High Deductible Health Plan (HDHP).
2. Find a bank, credit union, insurance company or other financial institution that offers HSA accounts.
3. Submit proof of HSA account set up and appropriate Financial Institution direct deposit paperwork to Payroll in order to have personal contributions automatically deducted from your paycheck, pre-tax, and direct deposited into your account.

Employees enrolling in the HDHP plan will receive communication from Chase with additional details on HSA payroll contributions following open enrollment.

## HSA Contributions

The 2019 HSA contribution limits, set by the IRS, are shown below. Employees must be enrolled in the High Deductible Health Plan (HDHP) and have an active HSA account to make personal contributions. Employees are responsible for setting up and managing their own HSA. This account must be open and active at the time a medical expense is incurred in order to run those expenses through the account. You cannot be reimbursed for expenses that are incurred before your account is set up.

Dependent Status	2019 HSA Maximum Contribution Limit
Employee Only	\$3,500
Employee + Dependent(s)	\$7,000
Catch-Up Contribution (Age 55+)	\$1,000

*The Catch-Up Contribution allows individuals who are age 55 and older to contribute an additional \$1,000 each year. Please note, since there are no joint HSA accounts, separate HSA accounts are required if the account holder and spouse are both age 55 or older and both want to contribute the additional \$1,000.*

## HSA Reminders

If you are enrolling in the HDHP/HSA plan, below are some important reminders regarding Health Savings Accounts:

- You must enroll in the High Deductible Health Plan (HDHP) to participate in an HSA. However, you may participate in the HDHP without making personal contributions into your HSA.
- You cannot be enrolled in other non-qualified coverage or be covered through Medicare. Non-qualified coverage includes Flexible Spending Accounts (FSAs) offered through your employer or through your spouse's employer, unless the FSA is a "limited purpose/limited pay."
- Employee contributions may be in any amount and any frequency, however, they may not exceed the IRS contribution limits. Employee deductions are taken over 26 pay periods and can be modified at any time.
- If you move to a Traditional PPO medical plan in the future, you may continue to use your HSA funds for qualified expenses, however, you cannot continue to make contributions.
- You may contribute to a Health Savings Account to help pay for qualified medical, Rx, dental and vision expenses. These accounts are interest-earning, pre-tax bank accounts. Unused money in your HSA rolls over year to year and is yours to keep should you decide to leave your employer or retire.
- If you incur an expense greater than the balance in your HSA account, you will need to pay for it out of your own pocket and then reimburse yourself from your HSA when you have available funds in your account. Any expenses incurred before you establish the HSA account cannot be reimbursed from the account.
- Your HSA is a bank account with an associated debit card.
- The money you save goes into the account on a pre-tax basis, grows tax-free, and can be withdrawn tax-free to pay for qualified medical, Rx, dental and vision expenses.
- You may use HSA distributions for eligible tax dependents. Non-eligible tax dependents enrolled under your HDHP medical plan must open their own HSA in order to receive any tax benefit for qualified expenses (*non-eligible tax dependents include children over age 19 or, if a full-time student, over age 24.*)
- You are responsible to ensure that you use the funds in your HSA only for eligible expenses. It is important to keep your receipts in case you are ever audited by the IRS.
- Interest income earned by your HSA does not count against the annual contribution limit.

## **Preventive Care – Paid at 100%**

As a federally mandated benefit, preventive care-related services are paid at 100%. This includes such things as annual physicals, well-woman exams, well-child visits, including immunizations, state-mandated cancer screenings, colonoscopies and any preventive-related pathology. We encourage you to take advantage of this benefit and schedule a wellness exam once a year.

Please check with your physician and/or directly with Humana to ensure your procedure is covered under the Preventive Care Guidelines.

## **Doctor On Demand (Telemedicine / Virtual Visit)**

Doctor On Demand is the perfect option when your primary care doctor is unavailable and other healthcare options are closed. Receive treatment 24/7 for health issues such as cold, flu, sore throat, upper respiratory infections, skin and eye problems and urinary tract infections. Download the app today from the App Store or Google Play to get started.

**PPO Plans:** There is no charge (*paid at 100%*).

**HDHP Plan:** Approximately a \$49 fee (*applied to deductible and co-insurance*).

## **Locate Humana In-Network Medical Providers**

When you visit an in-network doctor, hospital or other healthcare provider you generally pay less out-of-pocket for the visit. Humana makes it easy to locate in-network providers online or by using the MyHumana mobile app. To access in-network providers online, please visit [www.humana.com/finder/medical](http://www.humana.com/finder/medical) and search the National POS – Open Access network. Search by specialty, condition and/or provider name near your zip code.

## **MyHumana Mobile App**

Download the MyHumana Mobile App for quick access to:

- Coverage & Benefits – View important plan detail information for all your enrolled dependents including deductibles and coverage information
- ID Cards – View medical cards and share them with your provider
- Claims – See claims, their status, summaries and detailed information
- Provider Finder – Locate in-network hospitals, urgent care centers and/or medical providers near your current location or zip code

## **\$4 Generic Drug List**

If your prescription is for a brand-name medication, ask your doctor to recommend a generic alternative so that you can save money. Better yet, many drugstores are committed to lowering healthcare costs, and offer a \$4 generic prescription program that has helped individuals save even more money and live better. Visit some participating retailers today to learn more about how you can take advantage of great cost-saving programs. Please visit [www.walmart.com](http://www.walmart.com) and/or [www.samsclub.com](http://www.samsclub.com) for more details.



# Voluntary Wellness and Rewards Program – Go365



Humana provides a wellness and rewards program to all enrolled employees, at no additional cost, through **Go365**. When it comes to health and wellness, you have your own approach. Go365 makes it easier to get moving along your path with more ways to start, more activities to unlock and more ways to earn rewards. This wellness program is for anyone, at any stage and knows what it takes to motivate and reward you to make healthier choices for life.

- **Unlock Activities** – Receive activities personalized to help you reach your health goals; just unlock your activities and earn points for higher status.
- **Stay Inspired** – Go365 makes it easier to stay inspired by connecting you to all the tools and resources you need to earn points for all of your healthy activities.
- **Challenges** – Earn points by going head-to-head against your friends and/or co-workers and compete for the most steps taken or the most pounds lost.
- **Earn Rewards** – The more you move up in status, the more bucks you can earn and spend on great items in the Go365 Mall. Plus, bonus bucks, surprise rewards and monthly jackpot drawings make getting healthy more fun.

Register today by downloading the Go365 App or visit [www.Go365.com](http://www.Go365.com) to access your secure, password-protected Go365 account and program.

## Dental Insurance – Dual Option



Dental coverage is provided through **Humana**. Employees have the choice of two dental plans - the “Base” dental plan or the “Buy-Up” dental plan.

- **Base Dental Plan** - intended for employees who only need Preventive and/or Basic services.
- **Buy-Up Dental Plan** - intended for employees who want a more robust plan, including coverage for Major services and a higher calendar year maximum.

To access a list of network providers, please visit [www.humana.com](http://www.humana.com). Be sure to select the **PPO/Traditional Preferred** network. Below is a summary of the “Base” plan.

Humana Dental Benefits - BASE PLAN	
Type of Service	In-Network & Out-of-Network
<b>Deductible</b> <i>Applied to Basic Services</i>	\$50 Individual / \$150 Per Family
<b>Preventive Services</b> <i>Cleanings, Oral Exams, X-rays, Sealants, Fluoride Treatments, Space Maintainers &amp; Oral Cancer Screening</i>	Paid at 100% - Deductible Waived <i>(member pays 0%)</i>
<b>Basic Services</b> <i>Fillings, Oral Surgery (Routine Extractions) &amp; Emergency Treatment for Pain</i>	Paid at 80% After Deductible <i>(member pays 20%)</i>
<b>Calendar Year Maximum</b> <i>Includes Preventive &amp; Basic Services Combined</i>	\$1,000 Per Covered Person
<b>Major Services</b>	Not Covered
<b>Non-Covered Services</b> <i>(Including Orthodontia)</i>	Members may receive a discount up to 20% for non-covered services.

Below is a summary of the “Buy-Up” plan.

Humana Dental Benefits - BUY-UP PLAN		
Type of Service	In-Network	Out-of-Network
<b>Deductible</b> <i>Applied to Basic &amp; Major Services Combined</i>	\$50 Individual / \$150 Per Family	
<b>Preventive Services</b> <i>Cleanings, Oral Exams, X-rays, Sealants, Fluoride Treatments, Space Maintainers &amp; Oral Cancer Screening</i>	Paid at 100% - Deductible Waived <i>(member pays 0%)</i>	Paid at 80% - Deductible Waived <i>(member pays 20%)</i>
<b>Basic Services</b> <i>Fillings, Oral Surgery, Stainless Steel Crowns, Periodontics, Endodontics &amp; Emergency Treatment for Pain</i>	Paid at 80% After Deductible <i>(member pays 20%)</i>	Paid at 50% After Deductible <i>(member pays 50%)</i>
<b>Major Services</b> <i>Crowns, Inlays, Onlays, Bridgework, Dentures, Repairs &amp; Implants</i>	Paid at 50% After Deductible <i>(member pays 50%)</i>	Paid at 50% After Deductible <i>(member pays 50%)</i>
<b>Calendar Year Maximum</b> <i>Includes Preventive, Basic &amp; Major Services Combined</i>	\$1,500 Per Covered Person	
<b>Extended Annual Maximum</b>	After you reach the calendar year maximum amount, you will receive 30% co-insurance on preventive, basic and major services for the rest of the year.	
<b>Non-Covered Services</b> <i>(Including Orthodontia)</i>	Members may receive a discount up to 20% for non-covered services. Contact a participating provider to determine if any discounts are available.	

### Reminders for Both Dental Plans:

- A predetermination of benefits is recommended for dental work in excess of \$200.
- Regardless of the plan chosen, employees have access to both in-network and out-of-network benefits.
- Using in-network providers offers the highest level of benefits for enrollees.
- If you choose to utilize an out-of-network dentist, you may be subject to “balance billing.” These are amounts that are *in addition to* any portion you are responsible for under the dental contract. Services reimbursed by Humana are based on reasonable and customary charges at the 90<sup>th</sup> percentile.

## 2019 Dental Payroll Deductions

The following rate table summarizes your semi-monthly payroll deductions effective January 1, 2019. Keep in mind premiums are deducted on a pre-tax basis, thus saving you money on your income taxes.

Coverage Type	Base Plan EE's Monthly Cost	Base Plan Semi-Monthly Deduction	Buy-Up Plan EE's Monthly Cost	Buy-Up Plan Semi-Monthly Deduction
Employee Only	\$0.00	\$0.00	\$18.53	\$9.27
Employee & Spouse	\$20.61	\$10.31	\$44.65	\$22.33
Employee & Child(ren)	\$26.15	\$13.08	\$59.03	\$29.51
Family	\$43.07	\$21.54	\$85.15	\$42.58

Vision coverage is provided through **Humana**. To locate a participating provider please visit [www.humana.com](http://www.humana.com). Be sure to select the **Humana Insight** network.

Humana Vision Benefits	
Type of Service	In-Network
<b>Eye Exam</b> (every 12 months)	\$10 Copay
<b>Lenses</b> (every 12 months) Single Vision Bifocal Trifocal Lenticular	\$15 Copay \$15 Copay \$15 Copay \$15 Copay
<b>Frames</b> (every 12 months)	\$130 Allowance 20% off Remaining Balance
<b>Contact Lenses</b> (every 12 Months) Elective Medically Necessary	Up to \$55 Copay ( <i>fitting and evaluation</i> ) / \$130 Allowance Covered In Full
<b>Contacts are in lieu of eyeglass lenses and frames.</b>	
Additional Savings	
<b>Glasses and Sunglasses</b>	Member may receive up to a 20% discount on items not covered by the plan at network providers.
<b>Laser Vision Correction</b>	Average 15% off the regular price or 5% off the promotional price; discounts only available from the US Laser Network (owned by LCA Vision).

## 2019 Vision Payroll Deductions

The following rate table summarizes your semi-monthly payroll deductions effective January 1, 2019. Keep in mind premiums are deducted on a pre-tax basis, thus saving you money on your income taxes.

Coverage Type	Vision EE's Monthly Cost	Vision Semi-Monthly Deduction
<b>Employee Only</b>	\$0.00	\$0.00
<b>Employee &amp; Spouse</b>	\$5.91	\$2.96
<b>Employee &amp; Child(ren)</b>	\$8.07	\$4.04
<b>Family</b>	\$14.06	\$7.03

Basic term life insurance is provided through **Mutual of Omaha**. IBMC College contributes the entire cost of this benefit. This benefit provides valuable “peace of mind” and critical financial protection for your family and loved ones. The benefit amount is \$20,000. In addition, you have accidental death and dismemberment (AD&D) coverage, which provides a benefit in the case of loss of a limb, or to your beneficiary if you die as a result of a covered accident.

Coverage reduces based on the following schedule:

- Benefit reduces to 65% at age 65 (\$13,000)
- Benefit reduces to 50% at age 70 (\$10,000)

You must designate a beneficiary for this benefit. You have the right to change the beneficiary at any time either by written notice or through the Paylocity online enrollment system.

## Employee Assistance Program (EAP)

Through **Mutual of Omaha’s** Basic Term Life/AD&D coverage, IBMC College offers all eligible employees an Employee Assistance Program (EAP). Personal issues, planning for life events or simply managing daily life can affect your work, health and family. This EAP program provides support, resources and information for personal and work-life issues. This plan allows for up to six (6) free face-to-face visits, per family per calendar year, with counselors for help with short term issues.

This company-sponsored benefit is provided at no cost to you and your dependents and is strictly confidential. For more information please call 800.316.2796 or visit [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap).

## Worldwide Travel Assistance

Mutual of Omaha provides Worldwide Travel Assistance through **AXA Assistance USA, Inc.** to give employees and their families a sense of security when traveling domestically or internationally. Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Take comfort in knowing that this coverage travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

While traveling more than 100 miles from home you may access Travel Assistance services 24/7 by calling 800.856.9947 (*within the U.S.*) or 312.935.3658 (*outside the U.S. / collect call*).

Your Travel Assistance benefit also includes Identity Theft Assistance at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity. Case managers are available 24/7 by calling 800.856.9947. *Although this benefit is free to all eligible employees, please note it is not as comprehensive as the identity theft plans offered on a voluntary, stand-alone basis through LifeLock.*

Voluntary term life insurance is provided through **Mutual of Omaha**. Employees who would like to supplement their basic group life/AD&D insurance benefits may purchase additional coverage. Employee coverage is required in order to elect spouse and/or child coverage.

	Mutual of Omaha Voluntary Life / AD&D Benefits		
	Employee	Spouse	Child(ren)
<b>Benefit Amounts Voluntary Life &amp; AD&amp;D</b>	You may purchase benefit increments of \$10,000. <i>(Amount cannot exceed 5 times your annual base salary)</i>	You may purchase benefit increments of \$5,000. <i>(Amount cannot exceed 100% of employee's benefit)</i>	You may purchase benefit increments of \$2,000. <i>(Children under 14 days of age receive \$1,000)</i>
<b>Minimum</b>	\$10,000	\$5,000	\$2,000
<b>Maximum</b>	\$500,000	\$500,000	\$10,000
<b>Guarantee Issue (Evidence of Insurance / EOI)</b>	An EOI is required for amounts greater than: <b>\$100,000</b>	An EOI is required for amounts greater than: <b>\$25,000</b>	NA
<b>Annual Open Enrollment Currently Enrolled Employees</b>	If you have existing coverage, you may increase your coverage amount by up to "2 increments" (\$20K) at any annual open enrollment without providing health information, up to the GI amount of \$100K. If the requested amount is more than \$100K you must complete an EOI (one time). If approved, you'll be eligible for the "2-increment increase" at all future open enrollments with no health questions required.		

**New Hires - Evidence of Insurance (EOI) Form:** An EOI form is required for those employees and/or spouses requesting more than the guarantee issue amounts listed above. Any amount elected over the guarantee issue amount is subject to medical underwriting and approval. A paramedical exam may be required based on the results of the health questionnaire (no cost to the employee). *If the requested amount is declined, you will be notified by Mutual of Omaha directly and your benefit level will default back to the guarantee issue amount.*

**Employees/Dependents Without Current Coverage - Evidence of Insurance (EOI) Form:** An EOI form is required by an employee, spouse and/or child enrolling in the voluntary life benefits after his/her initial enrollment period, regardless of the amount being requested. A paramedical exam may be required based on the results of the health questionnaire (no cost to the employee). *If the requested amount is declined, you will be notified by Mutual of Omaha directly and your benefit level will default back to \$0.*

**Employees/Dependents With Current Coverage - Evidence of Insurance (EOI) Form:** An EOI form is required by an employee wanting to increase his/her current coverage amount(s) by more than \$20,000, and by those employee's whose "2-increment increase" goes over \$100K. An EOI is also required by a spouse and child wanting to increase their coverage amount(s). A paramedical exam may be required based on the results of the health questionnaire (no cost to the employee). *If the requested amount is declined, you will be notified by Mutual of Omaha directly and your benefit level will default back to whatever increment "bump" you requested above your current coverage amount, up to the guarantee issue amount for each employee, and back to your current coverage amount for spouse & children.*

**Age/Premium Reductions:** Coverage and premium amount(s) reduce to the following schedule. Benefit amounts and premiums reduce on the covered member's birthday. Your coverage amount may not be increased after a reduction.

- Benefit reduces to 65% at age 65
- Benefit reduces to 50% at age 70

Portability and conversion options are available under the Mutual of Omaha Voluntary Life contract.

## 2019 Voluntary Life/AD&D Premiums

This benefit is 100% voluntary. When you enroll yourself and/or your dependents in this benefit you pay the full cost through payroll deductions. IBMC College does not contribute to this benefit. The following rate table summarizes your premiums effective January 1, 2019. Premiums are deducted on a post-tax basis so that any benefit received is not taxable.

Both the employee and spouse rates are based on the employee's age as of the effective date of the plan. Rates will increase when the employee moves into a new age bracket, upon the plan's anniversary date, January 1<sup>st</sup>.

Voluntary Life / AD&D Premiums Per \$1K of Coverage			
Age	Employee / Spouse	Age	Employee / Spouse
29 and Under	\$0.066	55 - 59	\$0.305
30 - 34	\$0.072	60 - 64	\$0.474
35 - 39	\$0.085	65 - 69	\$0.719
40 - 44	\$0.110	70 - 74	\$1.217
45 - 49	\$0.143	75 - 79	\$2.169
50 - 54	\$0.211	80+	\$4.476
<b>Child Rate</b>	\$0.41 per \$1K of benefit regardless of the number of children		

### How to calculate your semi-monthly payroll deduction:

**Example:** If you are 52 years old and want to apply for \$50K of coverage for yourself and \$10K of coverage for your two children, you would calculate your premium by doing the following:

- Employee: \$0.211 (monthly rate) x 50 (amount of coverage) = **\$10.55 (monthly premium)**
- Two Children: \$0.41 (monthly rate) x 10 (amount of coverage) = **\$4.10 (monthly premium)**

You would then calculate your per pay period deduction by dividing your total monthly premium by two: (\$14.65 / 2) = **\$7.33 (semi-monthly payroll deduction)**.

Examples of **monthly** rates, up to \$100K in coverage, are summarized below.

Age	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
29 & Under	\$0.066	\$0.66	\$1.32	\$1.98	\$2.64	\$3.30	\$3.96	\$4.62	\$5.28	\$5.94	\$6.60
30-34	\$0.072	\$0.72	\$1.44	\$2.16	\$2.88	\$3.60	\$4.32	\$5.04	\$5.76	\$6.48	\$7.20
35-39	\$0.085	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
40-44	\$0.110	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
45-49	\$0.143	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.01	\$11.44	\$12.87	\$14.30
50-54	\$0.211	\$2.11	\$4.22	\$6.33	\$8.44	\$10.55	\$12.66	\$14.77	\$16.88	\$18.99	\$21.10
55-59	\$0.305	\$3.05	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30	\$21.35	\$24.40	\$27.45	\$30.50
60-64	\$0.474	\$4.74	\$9.48	\$14.22	\$18.96	\$23.70	\$28.44	\$33.18	\$37.92	\$42.66	\$47.40
65-69	\$0.719	\$7.19	\$14.38	\$21.57	\$28.76	\$35.95	\$43.14	\$50.33	\$57.52	\$64.71	\$71.90
70-74	\$1.217	\$12.17	\$24.34	\$36.51	\$48.68	\$60.85	\$73.02	\$85.19	\$97.36	\$109.53	\$121.70
75-79	\$2.169	\$21.69	\$43.38	\$65.07	\$86.76	\$108.45	\$130.14	\$151.83	\$173.52	\$195.21	\$216.90
80+	\$4.476	\$44.76	\$89.52	\$134.28	\$179.04	\$223.80	\$268.56	\$313.32	\$358.08	\$402.84	\$447.60

# Short Term Disability / Voluntary Long Term Disability



Short Term and Long Term Disability coverage are provided through **Mutual of Omaha**. These plans are designed to protect you in the event you become disabled.

Coverage Details	Short Term Disability	VOLUNTARY Long Term Disability
% of Income Replaced	60% of Base Weekly Earnings	60% of Base Monthly Earnings
Maximum Benefit	\$1,000 Per Week	\$5,000 Per Month
Benefits Begin	8th Day After an Injury/Sickness	After 90 Days
Benefit Period	Up to 12 Weeks	Own Occupation: 24 Months Thereafter: Any gainful occupation or Social Security Normal Retirement Age
Pre-Existing Condition	NA	6 Month Look-Back 12 Month Exclusion

**STD:** Because this benefit is 100% paid by IBMC College, any benefit received is taxable. Also, maternity benefits are typically covered for a six-week benefit duration for a normal delivery and an eight-week benefit duration for a c-section. After the seven-day elimination period, actual benefits paid are for a five-week period for a normal delivery and a seven-week period for a c-section. All time off due to a maternity claim must be supported by documentation from your physician. Exceptions may be made due to complications/physician's orders.

**Voluntary LTD:** This benefit is 100% voluntary; IBMC College does not contribute towards the cost of this benefit. Premiums are calculated based on your age, as of your effective date on the plan, and are deducted on post-tax basis so that any benefit received is not taxed. LTD premiums are shown below along with an example on how to calculate your per payroll deduction. Rates will increase when you move into a new age bracket, upon the plan's anniversary date, January 1<sup>st</sup>.

Age	Premium Rate	PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
< 20	\$0.0014			
20-24	\$0.0015			
25-29	\$0.0021			
30-34	\$0.0032	Monthly Earnings	\$ _____	\$3,333.33
35-39	\$0.0040	<i>(Maximum is \$8,333.33)</i>		
40-44	\$0.0049			
45-49	\$0.0067	Multiply by the Premium Rate	\$ _____	\$0.0049
50-54	\$0.0099			
55-59	\$0.0118	Your Estimated Monthly Premium	\$ _____	\$16.33
60-64	\$0.0124			
65-69	\$0.0130	Your Estimated Payroll Deduction	\$ _____	\$8.17
70+	\$0.1370			

**Evidence of Insurance (EOI) Form:** Employees who elect LTD coverage during open enrollment or enroll as a "late entrant" are required to complete an Evidence of Insurance (EOI) form. This form is available on the Paylocity enrollment system or you can submit this information online at <https://www3.mutualofomaha.com/eoi/#/home>.

## Voluntary Identity Theft Protection - LifeLock



IBMC College offers two identity theft protection programs through **LifeLock** – *Benefit Elite* and *Ultimate Plus*. Identity theft occurs every two seconds. This can damage your finances, credit and reputation. LifeLock helps protect against identity theft and helps to handle items for you if identity theft occurs. They offer three layers of protection --- detect, alert and restore.

This benefit is 100% voluntary. When you enroll yourself and/or your dependents in this benefit you pay the full cost through semi-monthly payroll deductions. Premiums are deducted on a post-tax basis so that any benefit received is not taxable. Enroll through the Paylocity online enrollment system. Once enrolled you will receive a “welcome e-mail” directly from LifeLock.

If you have a current individual/personal LifeLock policy your account information will be transferred over to the new group policy through IBMC College upon your enrollment. Any premium payments made in advance will automatically be refunded to you.

For more information, please call 800.607.9174 or visit [www.lifelock.com](http://www.lifelock.com).

Coverage Type	Benefit Elite EE's Monthly Cost	Benefit Elite Semi-Monthly Deduction	Ultimate Plus EE's Monthly Cost	Ultimate Plus Semi-Monthly Deduction
Employee Only	\$8.49	\$4.25	\$13.99	\$7.00
Family	\$16.98	\$8.49	\$27.98	\$13.99

## HRconnection Website – Plan Documents



IBMC College maintains a webpage that houses all of your benefit-related information and important plan documents, such as Summary Plan Descriptions (SPDs) and required employer notices. It is important that you review the notices and documents so you understand your rights and responsibilities, as well as the provisions of your benefit plans.

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee materials in certain situations.

You will complete a new Electronic Distribution Consent Form each year that authorizes IBMC College to distribute all of the documents electronically. You are entitled to withdraw your consent at any time and have the right to receive paper copies of all documents upon request and at no cost to you.

The IBMC College compliance site is in the process of being updated and current plan documents will be available within the next couple of months. The SBC (Summary of Benefits and Coverage) for the 2019 plan year is already posted to the webpage; please be sure to go online and download the document for review during open enrollment.

If you do not have access to the equipment and software necessary to review and/or download the documents/notices, please notify your HR Department so they can provide you with paper copies.

Go to [www.hrconnection.com](http://www.hrconnection.com). At the login page type in the following username and password:

- Username: **ibmconline**
- Password: **ibmconline1** (*case sensitive*)



# MyHumana

Register now at **Humana.com**



## Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools and wellness resources.



### Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date medical and dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network providers near you
- Humana’s cost comparison tool - compare providers and services, choose wisely and estimate costs
- Drug pricing – Look up coverage, estimated prices and possible alternatives
- Rx calculator – Plan for out-of-pocket drug costs
- Health and condition centers – Access health information specific to your conditions and life stage
- Year-to-date summary – See an at-a-glance view of your financial information – including balances in your health savings account, flexible spending account or personal care account and amounts applied to deductibles
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or email

### Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information – like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana. Please note, all features may not be available to all members.

# Humana®

[Humana.com](https://www.humana.com)



# Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



### Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



### Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



### Earn rewards.

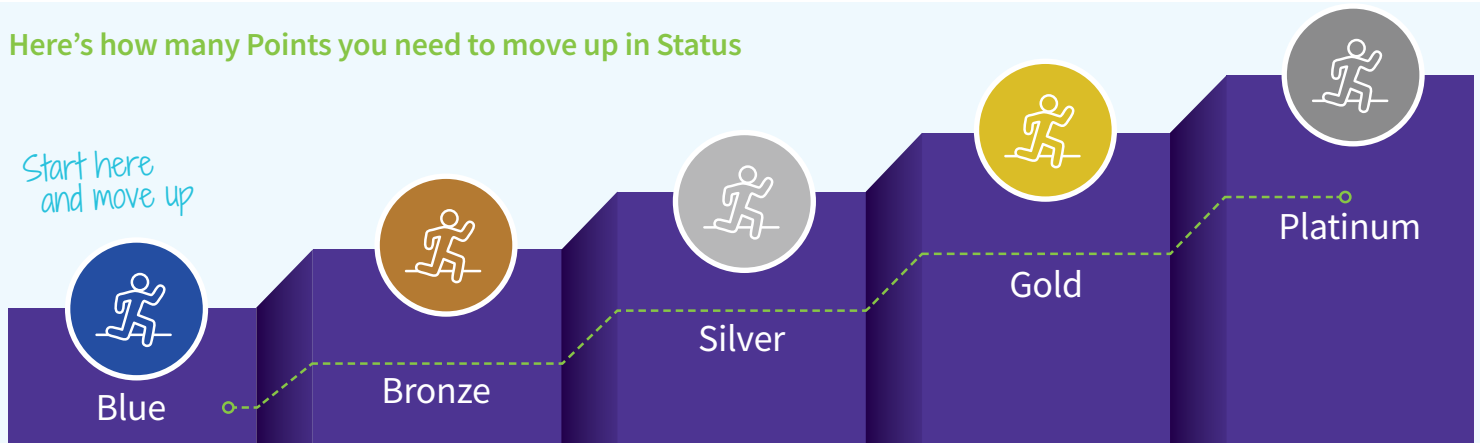
Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



### More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

## Here's how many Points you need to move up in Status



### 3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

**5,000**  
One adult per policy

**8,000**  
**combined** two adults per policy

**+3,000**  
for each member 18 years and older per policy

**8,000**  
One adult per policy

**12,000**  
**combined** two adults per policy

**+4,000**  
for each member 18 years and older per policy

**10,000**  
One adult per policy

**15,000**  
**combined** two adults per policy

**+5,000**  
for each member 18 years and older per policy

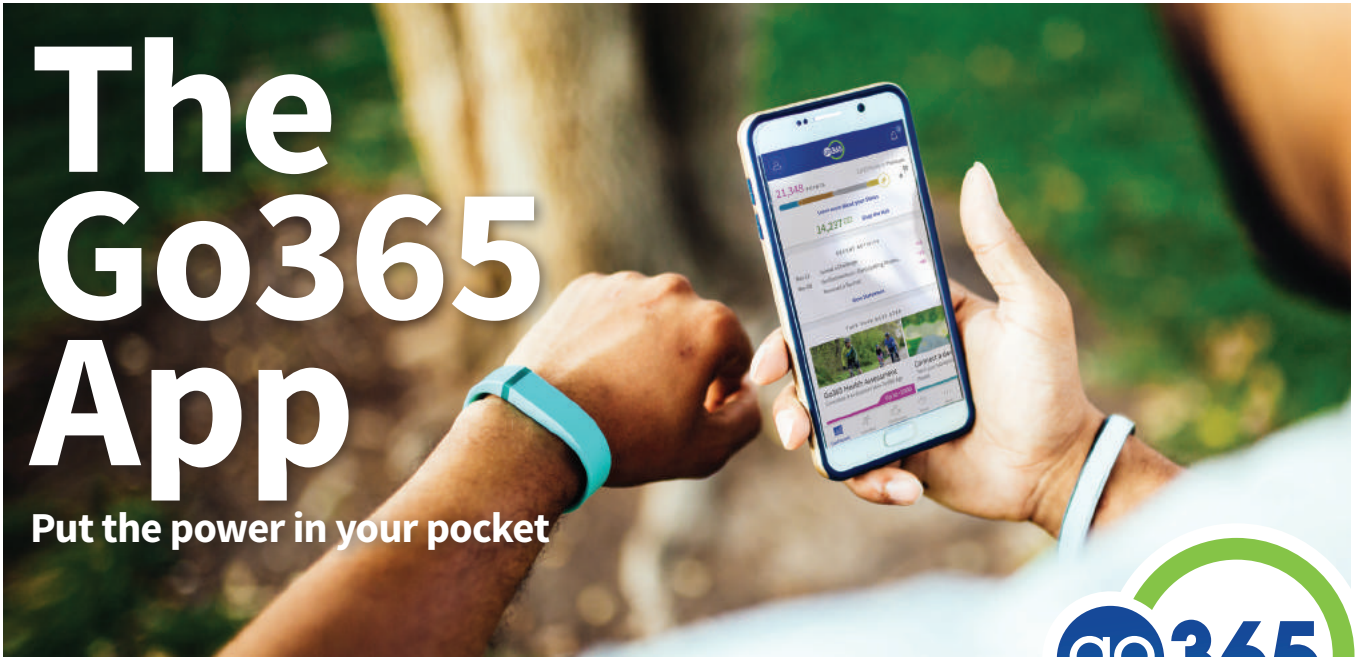
Adult children can only move a family to Bronze Status by completing a verified workout.





# The Go365 App

Put the power in your pocket



Download the Go365 App today to your smartphone. Use it to help you stay on track in reaching your health and well-being goals.

## The App has it all

Look what you can do:

- Challenge yourself and other Go365 members to private or community Challenges\*
- Submit proof of eligible Activities for Points
- Connect compatible devices
- Personalize experiences with photos
- Complete or update your Health Assessment in quick, two-minute sections
- Explore ways to increase your Points total
- Complete Activities that focus on areas such as weight, food and sleep tracking for Points\*\*
- Check on your Go365 Age and Status
- Sign up for HealthyFood<sup>1</sup>
- Enroll and interact with a health coach<sup>2</sup>
- See your Points history
- Spend your Bucks in the Go365 Mall

Look how the Go365 App can make your life easier. Sign in today.



\*Members earn 50 Points for joining a Challenge and 50 more for joining a Challenge team, up to a maximum of 100 combined Points per month no matter how many Challenges and Challenge teams a member may join.  
 \*\*Depending on the activity, Activities can be worth two Points a day or may have a weekly or monthly cap. Refer to the App for Points limits.  
<sup>1</sup>HealthyFood is not available to all Go365 members. Sign in to your Go365.com account to determine your eligibility.  
<sup>2</sup>Not all Go365 programs include working with a personal health coach.

KITCHEN  
HOTEL ROOM  
OFFICE

# YOUR LIVING ROOM IS NOW YOUR DOCTOR'S OFFICE

dr. on demand



Humana®

Board-certified doctor ▶▶ \$49 or less ▶▶ Download the app

### Four easy steps to get started

Download from the App Store or Google Play.

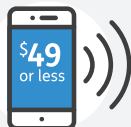
1 Download the app



2 Enter your health insurance information; select Humana and enter your group ID and member ID



3 Enter a payment method



4 See a doctor within minutes



## The doctor will see you now

Skip the waiting. Doctor On Demand allows you to see a board-certified doctor in minutes, with video access from your mobile device or computer. It's easy.

Doctor On Demand is the perfect option when your primary care doctor is unavailable and other healthcare options are closed. You may receive treatment 24 hours a day, seven days a week for many health issues including:

- Colds, flu and sore throat
- Upper respiratory infections
- Skin and eye problems
- Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

Doctor On Demand may treat members except children under the age of two for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

Video visits cost **\$49 OR LESS**  
based on your medical plan.

Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

Behavioral health visits are not covered. Limitations on health care and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.

# Comprehensive Employee Assistance Program

IBMC College

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

## We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

## EAP Benefits

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Six face-to-face sessions\* with a counselor (per issue)  
*\*One legal consultation per issue*  
*\*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.*
- Financial wellness
  - Telephonic financial consultation
  - Financial tools and seminars
- Legal assistance
  - Online will preparation
  - Legal library & online forms
- Resources for:
  - Financial tools and resources
  - Work/Life balance
  - Substance abuse and other addictions
  - Dependent and elder care assistance and referral services
- Access to a library of educational articles, handouts and resources via [mutualofomaha.com/eap](http://mutualofomaha.com/eap)



## What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs. Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

## Don't delay if you need help.

Visit [mutualofomaha.com/eap](http://mutualofomaha.com/eap) or call 800-316-2796 for confidential consultation and resource services.

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.



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## Contact Information

<p><b>Broker Office</b></p>	<p>Agency Name: <b>AssuredPartners</b>            Agency Phone Number: 970.223.1804 or 800.863.1804            Agency Fax Number: 970.225.2296            Agency Web Address: <b>www.frig.net</b></p>	
<p><b>Medical, Dental &amp; Vision</b></p>	<p>Provider Name: <b>Humana</b>            Provider Phone Number: 800.448.6262            Provider Web Address: <b>www.humana.com</b></p>	
<p><b>Basic Life/AD&amp;D, Voluntary Life/AD&amp;D &amp; Disability</b></p>	<p>Provider Name: <b>Mutual of Omaha</b>            Provider Phone Number: 800.877.5176            Provider Web Address: <b>www.mutualofomaha.com</b></p>	
<p><b>Employee Assistance Program (EAP)</b></p>	<p>Provider Name: <b>Mutual of Omaha</b>            Provider Phone Number: 800.316.2796            Provider Web Address: <b>www.mutualofomaha.com/eap</b></p>	
<p><b>Worldwide Travel Assistance</b></p>	<p>Provider Name: <b>AXA Assistance USA, Inc.</b>            Provider Phone Number: 800.856.9947            Phone Number (<i>Outside the US</i>): 312.935.3658</p>	
<p><b>Identity Theft Protection</b></p>	<p>Provider Name: <b>LifeLock</b>            Provider Phone Number: 800.607.9174            Provider Web Address: <b>www.lifelock.com</b></p>	

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

AssuredPartners is a privately held organization and considers all information contained herein to be proprietary and to be held strictly confidential. This information should be viewed by our staff only and is not for distribution to any outside parties.

# Feel Secure · Stay Healthy · Balance Life



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