



# Benefit Enrollment Guide

July 1, 2022 – June 30, 2023





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This brochure summarizes the benefit plans that are available to Montreat College eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.



## A Message from Human Resources

At Montreat College, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees.

# Contact Information

## Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical / Prescription	Cigna	(866) 494-2111	<a href="http://www.myCigna.com">www.myCigna.com</a>
Dental	Cigna	(866) 494-2111	<a href="http://www.myCigna.com">www.myCigna.com</a>
Vision	Cigna	(866) 494-2111	<a href="http://www.myCigna.com">www.myCigna.com</a>
Life Insurance	Principal	(800) 843-1371	<a href="http://www.groupbenefitsadmin@principal.com">www.groupbenefitsadmin@principal.com</a>
Short-Term Disability (STD)	Principal	(800) 423-2765	<a href="http://www.groupbenefitsadmin@principal.com">www.groupbenefitsadmin@principal.com</a>
Long Term Disability (LTD)	Principal	(800) 423-2765	<a href="http://www.groupbenefitsadmin@principal.com">www.groupbenefitsadmin@principal.com</a>
Flexible Spending Account	Flores & Associates	(800)532-3327	<a href="http://www.flores247.com">www.flores247.com</a>
Accident/Critical Illness	Principal	(800)245-1522	<a href="mailto:SBDLDBCLAIMS@principal.com">SBDLDBCLAIMS@principal.com</a>
Retirement 403(b)	TIAA-CREF	(800)842-2252	<a href="http://www.tiaa.org">www.tiaa.org</a>
Human Resource Office	Mickie Kelly	(828) 419-9710	<a href="mailto:mkelly@montreat.edu">mkelly@montreat.edu</a>
Benefit Resource Center	USI Insurance Services	(855) 874-0835	<a href="mailto:BRCSouth@usi.com">BRCSouth@usi.com</a>

## Have Questions? Need Help?

Montreat College is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to health, vision, and dental inquires. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

### Services include:

- Answering your benefit questions
- Finding In-Network doctors and hospitals
- Appealing claim denials
- Helping you find lower cost medications/medical treatments
- Resolving health, dental, drug, vision, disability claims or billing errors



Advocates are available Monday-Friday 8 a.m.-5 p.m. by calling 855-874-0835 or email [BRCSouth@usi.com](mailto:BRCSouth@usi.com).

# Eligibility

## Eligible Employees:

You may enroll in the Montreat College benefits program if you are a full-time employee working at least 30 or more hours per week.

## Eligible Dependents:

If you are eligible to enroll in benefits, then your dependents are too. In general, eligible dependents include your legal spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered legal spouses.

## When Coverage Begins:

Health, Vision and Dental benefits are effective on date of hire. All payroll deductions will be taken out of the employee's first paycheck following benefit enrollment. All elections are in effect for the entire plan year and can only be changed during open enrollment, unless you experience a qualifying family status event.

## Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact Human Resources to make these changes.

# Medical Insurance

Montreat College wants to remain competitive in both employer premium contributions and plan design. We encourage you to do your part to keep the cost of healthcare down. Here are some ways you can become an effective healthcare consumer:

- Consider the actual cost of a procedure or service, and not just your coinsurance payment, when making decisions. Actual costs can be obtained from your doctor or healthcare facility.
- Practice prevention and know what to do for early detection.
- Pursue a healthy lifestyle. Maintain and improve health with wellness activities and proper nutrition.
- Choose providers from the Cigna network to enjoy reduced rates.
- Go to [www.myCigna.com](http://www.myCigna.com) to find providers, view claim status and much more.
- Talk with your doctors and share in decisions.

# Medical Insurance

	Cigna – Medical Plan Highlights	
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$6,000	\$10,000
Family	\$12,000	\$20,000
<b>Health Reimbursement Account</b>		
HRA – Funded by Montreat College	\$4,000 Individual	
	\$8,000 Family	
<b>Coinsurance</b>		
Plan Pays / Member Pays	70% / 30%	50% / 50%
<b>Annual Out-of-Pocket Maximum (Included Deductible and Prescriptions)</b>		
Individual	\$8,700	\$17,400
Family	\$17,400	\$34,800
<b>Office Visits</b>		
Primary Care Physician (PCP)	\$35 Copay	50% After Deductible
Specialist	\$85 Copay	
Cigna Telehealth	\$35 Copay	Not Covered
<b>Preventive Services</b>		
Well-Child Services/Immunizations	\$0 / Plan Pays 100%	50% After Deductible
Preventive Care Screenings	\$0 / Plan Pays 100%	
<b>Hospital Services</b>		
Inpatient Hospitalization	30% After Deductible	50% After Deductible
Inpatient Professional Provider Services		
<b>Outpatient Services</b>		
Complex Imaging (CT/PET scans, MRIs).	30% After Deductible	50% After Deductible
Outpatient Hospitalization	30% After Deductible	
Outpatient Professional Provider Services	30% After Deductible	
Emergency Room	\$500 Copay	\$500 Copay
Urgent Care Facility	\$100 Copay	\$100 Copay
<b>Mental Health Benefits</b>		
Inpatient Care	30% After Deductible	50% After Deductible
Outpatient Office Visits	\$85 Copay	

	Cigna – Medical Plan Highlights	
	In-Network Benefits	Out-of-Network Benefits
Pharmacy Benefits	Retail – Up to 30 Day Supply	Mail Order – Up to 90 Day Supply
Generic	\$15 Copay	50% Coinsurance
Preferred Brand	\$45 Copay	50% Coinsurance
Non-Preferred Brand	\$90 Copay	50% Coinsurance

The Montreat College medical plan is considered a Religious Safe-Harbor plan and contraceptive services are not covered. However, coverage may still be available for certain prescriptions per the Affordable Care Act.

Dependents will be covered to age 26, regardless of student status.

The charts above are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

## Health Reimbursement Account

Health Reimbursement Account (HRA) enrollment is automatic for all employees enrolled in the group medical plan. There are no enrollment forms and no cost to employees to participate in the HRA. The HRA is a tax-free benefit. Any unused HRA funds may not be cashed out and they will not carry over into the subsequent plan year.

The HRA subsidizes group medical plan participants for a portion of the plan year deductible. The deductible for single participants is \$6,000 and any other coverage tier is considered family coverages and the deductible is \$12,000.

When a single participant’s deductible payment exceeds \$2,000, Montreat College’s HRA will fund the remaining deductible up to \$4,000 for single coverage. When a family participants’ deductible exceeds \$4,000, Montreat College’s HRA will fund the remaining deductible up to \$8,000 for family coverage.

Participants receive reimbursement for the deductibles funded by the HRA at the time the claim has been processed by Cigna Healthcare.

## Medical Premiums

	Monthly Medical Cost		
	Total Cost	Montreat College Contribution	Employee Cost
Employee Only	\$656.72	\$643.15	\$13.57
Employee + Spouse	\$1,409.55	\$1,269.41	\$140.14
Employee + Child(ren)	\$1,142.60	\$1,043.18	\$99.42
Family	\$1,989.21	\$1,742.23	\$246.98



# Voluntary Dental Insurance

The Montreat College dental plan gives you access to a network of dentists that have agreed to a discount payment schedule. You are not required to designate a primary care dentist, and you have the choice to select any participant dentist. You may choose to obtain services from a non-network provider; however, your out-of-pocket costs will be higher, and your annual maximum benefit will be lower.

Find additional dental information and locate a participating dental care provider at [www.myCigna.com](http://www.myCigna.com)

Dental Plan Highlights		
	In-Network	Out-of-Network
<b>Plan Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
Waived for	Preventive Services	Preventive Services
<b>Benefits</b>		
Calendar Year Maximum per covered person	\$1,000	\$1,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
<b>Orthodontia (Children Only up to age 19)</b>		
Lifetime Maximum per covered child	\$1,000	\$1,000
Benefit	50%, No Deductible	50%, No Deductible

The charts above are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Dependents will be covered to age 26, regardless of student status.

Monthly Dental Deductions	
	Full-Time Employees
Employee	\$37.55
Employee + Spouse	\$73.37
Employee + Child(ren)	\$79.81
Family	\$128.96

# Voluntary Vision Insurance

The Montreat College vision plan provides coverage for optical care, eyewear, contacts, and corrective vision services. You may choose from many private practice doctors, local optical stores, and national retail stores.

Find additional vision information and locate a participating vision provider at [www.myCigna.com](http://www.myCigna.com)

Vision Plan Highlights		
	In-Network	Out-of-Network
<b>Copay</b>		
Exams Copay	\$10	N/A
Materials Copay	\$10	See Schedule Below
<b>Covered Services</b>		
Frequency for Exams and Lenses	Once Every Plan Year	
Eye Exams	Covered 100% After Copay	\$45 Allowance
Single Vision Lenses	Covered 100% After Copay	\$40 Allowance
Lined Bifocal Lenses	Covered 100% After Copay	\$65 Allowance
Lined Trifocal Lenses	Covered 100% After Copay	\$75 Allowance
Lenticular Lenses	Covered 100% After Copay	\$100 Allowance
<b>Frames</b>		
Frequency	Once Every <u>Other</u> Plan Year	
Frames	\$130 Allowance After Copay	\$71 Allowance
<b>Contact Lenses (In lieu of eyeglasses and/or frames)</b>		
Frequency	Once Every Plan Year	
Contact Lenses (Elective)	\$130 Allowance	\$105 Allowance
Contact Lenses (Medically Necessary)	Covered 100%	\$210 Allowance

The charts above are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Dependents will be covered to age 26, regardless of student status.

Monthly Vision Deductions	
	Full-Time Employees
Employee	\$7.49
Employee + Spouse	\$14.24
Employee + Child(ren)	\$14.99
Family	\$22.03

# Life Insurance

Montreat College provides company-paid Basic Life and Accidental Death and Dismemberment insurance to assist you and your family in the event of a loss.

Upon meeting eligibility requirements, you are automatically enrolled in Basic Life and AD&D at no cost. Life insurance can protect your survivors from financial difficulty in the event of your death. Your basic life insurance benefit amount is 1 ½ times your annual salary up to a maximum of \$200,000.

Benefits reduce 35% at age 65 and an additional 15% at age 70.

### Important Reminder!

**Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.**

# Voluntary Life Insurance

As an employee of Montreat College, you can purchase Voluntary Term Life and Accidental Death and Dismemberment coverage, should you wish to have additional life insurance.

Voluntary Life and AD&D Insurance	
Employee	Increments of \$10,000 up to \$500,000. Guarantee Issue Amount when first eligible is \$150,000 under age 70 or \$10,000, if over age 70.
Spouse	Increments of \$5,000 up to \$100,000. Guaranteed issue amount \$30,000 under age 70 or \$10,000, if over age 70.
Child(ren)	\$5,000 or \$10,000

Benefits reduce 25% at age 65 and an additional 15% at age 70 for both employees and spouse. Spouse age is based on the employee's date of birth. Employee must purchase coverage on themselves in order to purchase coverage on their dependents. Spouse coverage cannot exceed 100% of the employee's approved benefit amount.

# Long Term Disability Insurance

Montreat College provides company paid Long Term income protection in the event you become unable to work due to a non-work long term related illness or injury.

Long Term Disability				
Elimination Period	Begins on 91 <sup>st</sup> Day			
Coverage Amount	60% of Monthly Salary to Maximum \$7,500/month			
Maximum Payment Period	Age at Disability Less Than Age 60	Maximum Benefit Period To Age 65	64	30 Months
	60	60 Months	65	24 Months
	61	48 Months	66	21 Months
	62	42 Months	67	18 Months
	63	36 Months	68	15 Months
			69 and Over	12 Months
Benefit Duration	Own Occupation for 24 months, any occupation thereafter.			
Pre-Existing Condition Clause	Any Disability due to a Pre-Existing Condition treated within 3 months prior to your Effective Date of Insurance will be covered only if you have been insured under the Policy for at least 12 months.			

# Accident

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. An Accident policy can help pick up where other insurance leaves off and provide cash to cover the expenses.

Employees can purchase accident insurance that provides coverage for the treatment of accidental injuries, including broken bones, concussions, and burns. This coverage also provides medical treatment or hospitalization due to an accident. Benefits are paid according to a flat schedule and can be used as the insured sees fit.

**There is also a \$50 per year Wellness Screening benefit.**

Accident	
Accidental Death Benefit Amount	Employee \$25,000 Spouse \$12,500 Child \$6,250
Coma	\$15,000
Burn	Schedule up to \$5,000
Eye Injury	\$500
Dental Injury	\$500
Fracture	Schedule up to \$10,000
Dislocation	Schedule up to \$7,500
Concussion	\$500
Tendon/Ligament/Rotator cuff repair	\$1,500
Ruptured disk with surgical repair	\$1,500
<b>Wellness Screening Benefit</b>	<b>\$50 per insured per benefit year</b>

- The chart above is a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Employee Contributions (Semi-Monthly 24 per year)	
<b>Accident</b>	
Employee	\$14.65
Employee & Spouse	\$22.07
Employee & Child(ren)	\$26.04
Employee & Family	\$39.62

# Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Principal voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Critical Illness coverage helps to pay for additional expenses incurred when diagnosed with an illness such as cancer, stroke, or heart attack. Employees can use this benefit to help cover costs such as travel expenses, deductibles, and coinsurance.

Critical Illness		
Employee Benefit Amount	Increments of \$5,000 up to \$100,000/Guarantee Issue is \$15,000	
Spouse Benefit Amount	Increments of \$2,500 up to 50% of EE benefit to \$50,000/ Guarantee Issue \$7,500	
Child Benefit Amount	\$2,500	
Covered Conditions	<b>Condition</b>	<b>First Ever Occurrence</b>
	Cancer One	100%
	Cancer Two/Coronary Artery Bypass Graft	25%
	Heart Attack	100%
	Major Organ Failure	100%
	Stroke	100%
Pre-Existing Condition	6 months look back; 12 months exclusion period	
<b>Wellness Screening Benefit</b>	<b>\$50 per insured payable once per benefit year</b>	

- The chart above are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.
- Maximum lifetime benefit: Two times the scheduled benefit.
- Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness.

Employee Contributions -Monthly Cost										
Critical Illness	Under 25	25 – 30	30 – 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
<b>\$5,000 Benefit Amount</b>										
Employee \$5,000	\$2.46	\$2.84	\$3.37	\$4.22	\$5.74	\$9.15	\$13.83	\$20.16	\$31.52	\$41.51
Spouse \$2,500	\$1.23	\$1.42	\$1.69	\$2.11	\$2.87	\$4.58	\$6.91	\$10.08	\$15.76	\$20.76
<b>\$10,000 Benefit Amount</b>										
Employee \$10,000	\$4.91	\$5.68	\$6.74	\$8.44	\$11.48	\$18.30	\$27.65	\$40.32	\$63.03	\$83.02
Spouse \$5,000	\$2.46	\$2.84	\$3.37	\$4.22	\$5.74	\$9.15	\$13.83	\$20.16	\$31.52	\$41.51
<b>\$15,000 Benefit Amount</b>										
Employee \$15,000	\$7.37	\$8.52	\$10.11	\$12.66	\$17.22	\$27.45	\$41.48	\$60.48	\$94.55	\$124.53
Spouse \$7,500	\$3.68	\$4.26	\$5.06	\$6.33	\$8.61	\$13.73	\$20.74	\$30.24	\$47.27	\$62.27
<b>\$20,000 Benefit Amount</b>										
Employee \$20,000	\$9.82	\$11.36	\$13.48	\$16.88	\$22.96	\$36.60	\$55.30	\$80.64	\$126.06	\$166.04
Spouse \$10,000	\$4.91	\$5.68	\$6.74	\$8.44	\$11.48	\$18.30	\$27.65	\$40.32	\$63.03	\$83.02

\*Child monthly rate is \$.75 for \$2,500 of coverage.

# 403(b) Retirement Savings Plan

The tax advantages, plus plan features and benefits, make a 403(b) plan with an ideal way to help accumulate funds for your retirement. The 403(b)-retirement plan is offered to through Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF)

At this time, Montreat College does not match employee contributions.

This benefit is available to full-time and part-time employees.

# Paid Vacation, Sick and Holiday Time

## Vacation Time

Full-time employees earn 10 workdays of paid vacation per year for the first year of service. Upon your anniversary date of employment, you will earn 1 additional vacation day per year up to a maximum of 10 additional days. The maximum number of days that can be earned per year is 20 days.

Full-time employees may accumulate a maximum of 20 vacation days each calendar year ending December 31<sup>st</sup>. Employees who are not 100% full-time will accrue vacation on a pro rata basis.

Employees must obtain prior approval from their supervisor before taking vacation time.

## Sick Time

Montreat College will give each full-time employee 40 medical leave hours (or 5 days) on July 1<sup>st</sup> each year to be used in time of genuine illness. This medical leave is for the needs of the employee or for care of a dependent (spouse, child or dependent parent), not for personal vacation.

## Personal Days

The College will give each full-time employee two (2) personal days per calendar year to use at their discretion. Personal days do not carry over into the next calendar year.

## Jury & Witness Duty

An employee summoned as a juror will not be penalized for time away from work. All employees are allowed unpaid time off if summoned to appear in court as a witness.

To qualify for jury or witness duty leave, the employee must submit a copy of the summons or subpoena to serve to the appropriate Cabinet member as soon as it is received. The College will make no attempt to have an employee's service on a jury postponed except when the College needs to necessitate such action.

## Company Holidays

Full-time employees receive holiday time as determined annually by the office of the President in accordance with the academic calendar and employees are notified of holidays annually via e-mail by the Payroll/Benefits Office. Standard holidays are also indicated on the College's master calendar online. Paid holidays will be provided to employees as follows:

Holiday	
Martin Luther King, Jr. Day	Good Friday
Independence Day (July 4 <sup>th</sup> )	Labor Day
Day before Thanksgiving	Memorial Day
Thanksgiving Day	Christmas – *December 23 <sup>rd</sup> – 31 <sup>st</sup>
Day after Thanksgiving	New Year's Day

\*When December 23<sup>rd</sup> and/or 24<sup>th</sup> fall on a weekend, the previous Thursday and Friday will be observed as part of the holiday schedule. When New Year's Day (January 1<sup>st</sup>) falls on a weekend, the following Monday will be observed as a holiday.

Part-time benefited employees who regularly work at least 30 hours will receive holiday pay in proportion to the schedule or actual hours worked, whichever is less. The previous 13 weeks worked will be checked to determine eligibility. Temporary employees will not be paid holiday pay.

Some offices are open during scheduled holidays. Employees working on these days (regardless of classification) are entitled to another day off (floating holiday) at regular pay.

## Bereavement

The College recognizes that a death in the immediate family may require the absence from work. All employees are granted three days funeral leave with pay in cases of death of the following: parent, in-law, legal guardian, spouse, child, brother, sister, grandparent, grandchild, or a relative who resides in one's household. Employees are granted one day funeral leave with pay in cases of death of the following: aunt, uncle, nephew, niece, or cousin.

Additional time off for funeral leave will be counted against vacation time or as leave without pay. Time off for less than a day to attend a funeral is at the discretion of the supervisor.

## Book Store Discounts

Employees are granted 20% discount on regular priced clothing and gift items in the Montreat College Bookstore. The employee discount does not include snacks, office supplies or books. The employee discount cannot be applied to other discounts or promotions. The employee discount does not apply to clearance merchandise.

## Tuition Waivers (Bachelor Degree)

Under certain conditions, the College will provide a waiver in the value of tuition only for study at Montreat College to an eligible employee, his/her spouse, or his/her dependents. There is a one-year waiting period after date of employment. The student must be seeking a first-time, single Montreat College degree in either the traditional or AGS programs. Tuition benefits are not available for both programs simultaneously. Tuition benefits are not available for off-campus or study-abroad programs.

## Tuition Discounts (Graduate Degree)

Under certain conditions, the college will provide a fifty percent (50%) graduate tuition discount to employees whose job function is such that earning the graduate degree would benefit both the college and the employee. (See employee handbook regarding all criteria for both tuition scholarships.)

## Tuition Exchange

The College participates in three tuition exchange programs, wherein employee dependents are eligible for tuition benefits at other institutions, provided there are openings available. There is a twelve-month waiting period after date of employment. These programs are sponsored by the Council of Independent Colleges, the Council for Christian Colleges and Universities, and the North Carolina Association of Independent Colleges and Universities (limited participants). Details on these programs are available in the Common Folder on the J: drive or in the Payroll/Benefits Office.



# REQUIRED NOTICES

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 individuals 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 a symmetrical 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 this plan. Therefore, the following deductibles and coinsurance apply: \$5,000 Individual / \$10,000 Family. 70% coinsurance.

### NEWBORNS ACT DISCLOSURE - FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

### STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

#### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### **Continue Group Health Plan Coverage**

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### **Enforce your Rights**

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### **Assistance with your Questions**

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## **CONTACT INFORMATION**

### **CONTACT INFORMATION**

Questions regarding any of this information can be directed to:  
Mickie Kelly  
Montreat College  
P.O. Box 1267  
Montreat, NC 28757  
828-419-2346

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

## Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## Other Instructions for Notice

- July 1, 2022
- Mickie Kelly / Human Resources Director  
(828) 419-2346  
Mkelly@montreat.edu

# Important Notice from Montreat 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 Montreat 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 two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Montreat College has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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## When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Montreat College coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Montreat College coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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

You should also know that if you drop or lose your current coverage with Montreat 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 October to join.

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

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Montreat College. 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](http://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](http://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).**

Date:	July 1, 2022
Name of Entity/Sender:	Montreat College
Contact--Position/Office:	Mickie Kelly, Human Resources Director
Address:	P.O. Box 1267, Montreat, NC 28757
Phone Number:	(828) 419-2346

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 1, 2022. Contact your State for more information on eligibility –**

To see if any other states have added a premium assistance program since January 1, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



ALABAMA – Medicaid Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447
ALASKA – Medicaid Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
ARIZONA – CHIP Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437
COLORADO – Medicaid Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
GEORGIA – Medicaid Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
FLORIDA – Medicaid Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268
IDAHO – Medicaid Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/ta/bid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/ta/bid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588
INDIANA – Medicaid Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
IOWA – Medicaid Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
KANSAS – Medicaid Website: <a href="http://www.kdheks.gov/nof/">http://www.kdheks.gov/nof/</a> Phone: 1-800-792-4884
KENTUCKY – Medicaid Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
LOUISIANA – Medicaid Website: <a href="http://www.lahipp.dhhlouisiana.gov">http://www.lahipp.dhhlouisiana.gov</a> Phone: 1-888-695-2447
MAINE – Medicaid Website: <a href="http://www.maine.gov/dhhs/ofp/public-assistance/index.html">http://www.maine.gov/dhhs/ofp/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741
MASSACHUSETTS – Medicaid and CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
MINNESOTA – Medicaid Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
MISSOURI – Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
NEBRASKA – Medicaid Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
NEVADA – Medicaid Medicaid Website: <a href="http://dws.nv.gov/">http://dws.nv.gov/</a> Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid Website: <a href="http://www.dhhs.nh.gov/oif/documents/hippapp.pdf">http://www.dhhs.nh.gov/oif/documents/hippapp.pdf</a> Phone: 603-271-5218
NEW JERSEY – Medicaid and CHIP Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
OREGON – Medicaid Website: <a href="http://www.oregonhealthykids.gov/">http://www.oregonhealthykids.gov/</a> <a href="http://www.hiposaludablesoregon.gov">http://www.hiposaludablesoregon.gov</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: <a href="http://www.dhhs.ri.gov">www.dhhs.ri.gov</a> Phone: 401-462-5300
SOUTH CAROLINA – Medicaid Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
UTAH – Medicaid and CHIP Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
VERMONT – Medicaid Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
WASHINGTON – Medicaid Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid Website: <a href="http://www.dhhr.wv.gov/toms/">www.dhhr.wv.gov/toms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
WISCONSIN – Medicaid Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
WYOMING – Medicaid Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMBNo. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Montreat College (828) 419-2346.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Montreat College, Inc.	4. Employer Identification Number (EIN) 56-0543261	
5. Employer address P.O. Box 1267	6. Employer phone number 828-419-2346	
7. City Montreat	8. State NC	9. ZIP code 28757
10. Who can we contact about employee health coverage at this job? Mickie Kelly		
11. Phone number (if different from above)	12. Email address mkelly@montreat.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:

All active, full-time employees who work a minimum of 30 hours per week.

- Some employees. Eligible employees are:

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:

Your legal spouse;  
Your child under age 26 regardless of financial dependency, residency with you, marital status, or student status;  
Your unmarried child of any age who is principally supported by you and who is not capable of self-support due to physical or mental disability that occurred before age 26, whose disability is continuous, and who is principally supported by you.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard\*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

- An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)