

[2024] EMPLOYEE BENEFIT GUIDE

Table of Contents

About Your Benefits	3
Medical Coverage	4
Medical Plan Offerings	5
Prescription Drug Coverage	8
Cash in Lieu	9
Dental and Vision Coverage	10
Paying for Health Care - Health, Flexible and Dependent Care Accounts	13
Additional Benefits - Life AD&D	16
Additional Benefits - Disability Insurance	18
Additional Benefits - EAP	21
Coverage Costs	22
Contact Information	23
Legal Notices and Resources	24
Value Added Programs	25

About Your Benefits

At Grand Rapids Community College, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your benefits. If you have any questions, feel free to reach out. HR Benefits representatives at (616) 234-4175 or (616) 234-4052, or by emailing: hrbenefits@grcc.edu.

This document contains links that provide additional benefit details.

Eligibility and Enrollment

You are eligible to participate in Grand Rapids Community College benefits if you are working a full-time benefit eligible position (32.5 hours per week). If you enroll for benefits, you may also cover your:

- Legal spouse.
- Children up to age 26.
- Unmarried children of any age who are mentally or physically disabled.

New Hires and Employment Status Changes

You have 31 days from your hire date to log on to <https://benefits.plansource.com/?GRCC> and enroll. Your benefits begin on the first of the month following your hire date or employment change to benefit eligibility.

Annual Open Enrollment

Each year you have the opportunity to make changes to your benefits during open enrollment. GRCC's annual open enrollment is held each year in the fall. Changes made during open enrollment are effective January 1 of the following year.

In most cases, your elections made during open enrollment, or during your initial enrollment period of the year remains in effect until the end of the plan year, December 31. If you fail to enroll, you will not be able to change your enrollment until the next open enrollment, unless you experience a qualifying event.

Online Benefit Enrollment System

Benefit Enrollment is through PlanSource Online Enrollment System. Through the PlanSource system you will be able to make all of your benefit elections (add dependents, change health plans, elect FSA or H.S.A.) or enroll or make changes to your benefits; visit <https://benefits.plansource.com/?GRCC>

Status Changes-Mid-Year Benefit Enrollment

If you experience a qualifying life event, you will be eligible to make a benefit enrollment change. You have 31 days from the date of the status change to request benefit enrollment. Benefit changes are effective as of the date of the qualifying life event. Plan rules and restriction apply.

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

Domestic Partner Program

We're proud to offer medical insurance to employees' domestic partners, providing they meet the eligibility requirements. Please contact HR's Maria Belmares Herrera at: (616) 234-4052 or email mherrerabelmares@grcc.edu for more information.

Medical Coverage

You have a choice of six medical plans through WMHIP (Blue Cross Blue Shield of Michigan Plans). Review the chart on the next page for the amount you will pay for the medical service listed.

Terms to Know

- Preferred Provider Organization (PPO) - Health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. In-network providers typically provide services at a lower negotiated rate. You pay less if you use providers that belong to the plan's network.
- Copay - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- Deductible - What you pay out of pocket for health care services before the plan begins to pay a portion.
- Coinsurance - Your share of the costs of covered health care services after you reach the deductible; usually a fixed percentage of what Blue Cross pays your doctor. For example, your plan may pay 90 percent. The 10 percent you pay is your coinsurance.
- Out-of-pocket Maximum - What you have to pay before the plan pays 100% of your covered costs.
- Durable Medical Equipment (DME) - Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
- Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Find In-Network Providers

You save the most money when you choose in network doctors, facilities and pharmacies.

Log on to: [BCBS Find a Doctor](#).



2024 Medical Plan Offerings

Plan Name	Community Blue PPO Select 1	Community Blue PPO Versatile 3	Simply Blue Versatile	Simply Blue Plan 6	HDHP/HSA (Flex Blue) 3-Tier Rx	HDHP/HSA 2
Plan Highlights	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$0	\$250	\$250	\$500	\$1,600	\$2,000
Family Deductible	\$0	\$500	\$500	\$1,000	\$3,200	\$4,000
Coinsurance (Insurance Pays)	100%	90%	90%	80%	100%	80%
Individual Coinsurance Max	N/A	\$1,000	\$1,000	\$2,500	N/A	N/A
Family Coinsurance Max	N/A	\$2,000	\$2,000	\$5,000	N/A	N/A
Individual Out-of-Pocket Max	\$2,250	\$2,500	\$2,500	\$4,500	\$2,600	\$3,000
Family Out-of-Pocket Max	\$4,500	\$5,000	\$5,000	\$9,000	\$5,200	\$6,000
Covered Benefits						
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit	\$5 copay	\$20 copay	\$20 copay	\$30 copay	100% after ded	80% after ded
Specialist Office Visit	\$5 copay	\$20 copay	\$40 copay	\$50 copay	100% after ded	80% after ded
Online Visit	\$5 copay	\$20 copay	\$20 copay	\$30 copay	100% after ded	80% after ded
Urgent Care Visit	Covered 100%	\$20 copay	\$60 copay	\$60 copay	100% after ded	80% after ded
Emergency Room	\$50 copay	\$50 copay, 90% after ded	\$150 copay	\$150 copay	100% after ded	80% after ded
Hospital Services	Covered 100%	90% after ded	90% after ded	80% after ded	100% after ded	80% after ded
Prescription Drugs					3-Tier Rx	
Generic	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$10 after deductible	\$10 after deductible
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	20% (\$40/\$80) after deductible	\$40 after deductible
Non-Preferred Brand	\$40 copay	\$40 copay	\$80 copay	\$80 copay	20% (\$60/\$100) after deductible	\$40 after deductible
Mail Order Prescriptions	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay
Employee Monthly Premiums						
Single	\$243.72	\$124.35	\$89.86	\$67.93	\$32.73	\$0
Double (EE+1)	\$650.20	\$381.63	\$304.06	\$254.65	\$175.47	\$0
Family (EE+2)	\$729.04	\$394.86	\$298.28	\$236.85	\$138.26	\$0
2023 Employee Per Pay Amount (Over 24 pays)						
Single	\$121.86	\$62.18	\$44.93	\$33.97	\$16.37	\$0
Double (EE+1)	\$325.10	\$190.82	\$152.03	\$127.33	\$87.74	\$0
Family (EE+2)	\$364.52	\$197.43	\$149.14	\$118.43	\$69.13	\$0

2024 Medical Plan Offerings

Community Blue vs. Simply Blue PPO

Simply Blue plans cover all the same types of services and use the same provider network. The difference is in member cost sharing for the following services.

Types of Service	Community Blue	Simply Blue
Office Visits	All services during an office visit are covered 100% after the office visit copayment (including diagnostic and surgical)	Only the actual office visit is covered at 100% after the office copayment. Diagnostic, surgical or other services are subject to deductible and coinsurance
Emergency Room Visits	Copayment is waived for accidental injury	Copayment is not waived for accidental injury
Chiropractic Services	Limited to 24 visits per year	Limited to 12 visits per year
Physical, Occupational, Speech Therapy	Limited to 60 visits per year	Limited to 30 visits per year
Massage	Covered under Select-1 and Versatile. Not Covered under High Deductible Health Plans	Not Covered
Wisdom Tooth Extractions	Covered	Not Covered
Referrals to out of network	Covered at in-network cost share	Covered at out-of-network cost share

Medical Coverage

Health Plans

The SBC is a snapshot of a health plan's costs, benefits, covered health care services, and other features that are important to consumers. The SBCs linked below explain each health plan's unique features, like cost sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms.

[Community Blue Select 1](#)

[Community Blue Versatile](#)

[Simply Blue Versatile Tiered](#)

[Simply Blue Plan 6 Tiered](#)

[Community Blue Flex Blue H.S.A.](#)

[Community Blue H.S.A. 2](#)

How the Health Plans Work

All health plans use the BC/BS PPO network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations.

High Deductible Health Plan

The way you pay for care is different with each plan. With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.

Once you meet the annual deductible, coinsurance and co-payments kick in until the annual out-of-pocket max is met. Your paycheck deductions for this plan are lower than the other plans.

The PPO health plans have set copays for some services, and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

Blue Cross Online Visits

Getting to the doctor when you're sick is never easy. That's why BCBS of Michigan offers telemedicine. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat. Call BCBS of MI at 1 (844) 606-1608. If you have a minor physical condition like a cold or fever. To get started, visit [bcbsmonlinevisits.com](https://www.bcbsmi.com/onlinevisits) and register with your CARRIER member ID number (found on the back of your medical ID card).

Prescription drug coverage through BC/BS of MI is included with our medical plans.



Prescription Drug Coverage

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brandname counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brandname copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BC/BS regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using OptumRx mail-order pharmacy. You can register for mail-order pharmacy by logging on to your BCBS member account at www.bcbsm.com.

Online Benefit Resources

[BCBS Online Member Tools Guide](#).



Cash in Lieu

Waiving Health Insurance Coverage and Cash in lieu

Employees that are enrolled in other medical coverage and do not need to elect Grand Rapids Community College group health plan, may choose to waive GRCC's medical health coverage. Employees waiving health coverage must complete a waiver of health coverage form and provide proof of other health coverage. Employees that waive health coverage continue to be eligible to enroll in GRCC dental and vision reimbursement plan.

Please Note: You must submit a new waiver form and proof of other health insurance coverage within the 31 days allowed for new hires. Employee are required to complete waiver of health coverage form and provide proof of other health insurance coverage annually.

Monthly Cash in lieu amounts run on the first pay of the month:

CEBA \$150.00

APSS \$150.00

Campus Police \$125.00

Meet and Confer \$156.45

Faculty \$339.90



Dental and Vision Coverage

Grand Rapids Community College offers Dental/Vision Reimbursement Plan. Our dental/vision benefit is not considered insurance. Eligible employees, spouses and dependent(s) receive 90% reimbursement — not to exceed the annual calendar maximum benefit amount of \$2,575 — for dental and vision combined for the entire family.

Dental and Vision Reimbursement Plan is secondary only. If you have other coverage through your medical, dental or vision insurance, all claims should be filed with the primary insurance provider first before submitting a claim to the dental/vision reimbursement plan. Expenses must be considered eligible for reimbursement per the [Dental and Vision Reimbursement Plan Document](#).

Dental and Vision Reimbursement Plan Description	
DENTAL	
Type I - Preventative Dental Services	90%
Type II - Minor Restorative Dental Services	90%
Type III - Major Restorative Dental Services	90%
Type IV - Orthodontic Services (for all covered individuals)	90%
Special Note for Covered Dependents Under Age 18: Eligible charges for preventative oral examinations and fluoride treatment rendered to covered dependent under age 18 will be reimbursed at 100% and will not subject to the Benefit Year dollar maximum.	
VISION	
Vision Examinations	90%
Eyeglass Frames	90%
Eyeglass Lenses, Including Eyeglass Lens add-ons such as Tinting, Ultraviolet Coatings, Scratch-Resistant Coatings, and Anti-Reflective Coatings	90%
Contact Lenses	90%
LASIK Surgery	90%
Special Note for Covered Dependents Under Age 18: Eligible charges for eye examination rendered for covered dependents under age 18 will be reimbursed at 100% and will not subject to the Benefit Year dollar maximum.	
Summary of Dental Procedures	
Services	Special Limitations
Type I: Preventative Dental Services	
A: Oral Examination	No special limitations
B: Complete Series or Panorex X-ray	No special limitations
C: Occlusal, Extraoral, and Individual Periapical X-Rays	No special limitations
D: Bite-Wing X-rays	No special limitations
E: Bacteriologic Cultures	No special limitations
F: Dental Prophylaxis (cleaning teeth)	No special limitations
G: Fluoride Treatment	No special limitations
H: Palliative Treatment	No special limitations
I: Sedative Fillings	No special limitations
J: Sealants	No special limitations
K: Space Maintainers	No special limitations
L: Emergency Treatment	No special limitations

Dental and Vision Coverage

Dental and Vision Reimbursement Plan Description	
Type II: Minor Restorative Dental Services	
A: Peridental Exams	No special limitations
B: Peridental Prophylaxis	No special limitations
C: Diagnostic Casts	No special limitations
D: Stainless Steel Crowns	No special limitations
E: Re-cement Inlays, Onlays, and Crowns	No special limitations
F: Pulpotomy and Osseous Surgery	No special limitations
G: Root Canal Therapy	No special limitations
H: Apicoectomy and Retrograde Filling	No special limitations
I: Scaling and Root Planning	No special limitations
J: Temporary Splinting	No special limitations
K: Periodontal Appliance	No special limitations
L: Repairs to Full Dentures, Partial Dentures, Bridges	No special limitations
M: Relining Dentures	No special limitations
N: Re-cement Bridges	No special limitations
O: Simple Extraction	No special limitations
P: Surgical Extraction of Impacted/Partially Teeth, Alveoplasty, Gingivectomy, Vestibuloplasty and Other Extractions	No special limitations. If services are covered under GRCC's medical plan, the medical plan will provide primary coverage and GRCC's dental plan will coordinate as the secondary coverage on any unpaid balance. How to Submit Reimbursement Request for Oral Surgery—Removal of Wisdom Teeth.
Q. Root Recovery	No special limitations
R. Incision and Drainage	No special limitations
S. Local and General Anesthesia	No special limitations
T. Amalgam Restorations (fillings)	Multiple restorations on one surface will be treated as a single filling.
U. Silicate, Plastic, and Composite Restorations (fillings)	No special limitations
V. Pin Retention	No special limitations
W. Gingival Curettage	No special limitations
X. Osseous Graft	No special limitations
AA. Bite Splint Appliances	No special limitations
Type III: Major Restorative Dental Services	
A. Gold Inlays and Onlays	Covered only when the tooth cannot be restored by silver fillings.
B. Porcelain Restorations	No special limitations
C. Crowns	Covered only if the tooth cannot be restored by a filling or by other means.
D. Post and Core	No special limitations
E. Replacement of Teeth to Bridges and Dentures	No special limitations

Dental and Vision Coverage

Dental and Vision Reimbursement Plan Description	
F. Full or Partial Denture	No special limitations
G. Fixed Bridges	No special limitations
H. Dental Implants	No special limitations
Type IV: Orthodontic Services	
**Orthodontic Diagnostic Procedures, Surgical Therapy, and Appliance Therapy	No special limitations
*Reimbursement for orthodontics is only available on the initial payment for services (maximum initial down payment limit 25%), and then for each additional monthly payment on the balance. The plan will not reimburse a participant a one lump sum payment at the end of the treatment period. When submitting a reimbursement request for orthodontic services, please provide a copy of the orthodontic contract, which details the total cost, the initial down payment, the monthly payment schedule, and the date on which the contract will be paid in full.	

This brochure represents only a summary of your Dental and Vision Reimbursement Plan as it applies to all eligible employees and covered dependents. This brochure is not the Plan Document or the Summary Plan Description and shall not be relied upon to establish or determine eligibility, benefits, procedures, or the content or validity of any section or provision of the Dental and Vision Reimbursement Plan. Please refer to the Plan Document for specific information regarding plan provisions.

For additional information on the reimbursement plan and to obtain claim forms go to: [GRCC's Dental and Vision Reimbursement Plan](#).

How the plan works:

Employee pay for dental and vision services up front then submit a reimbursement claim to receive 90% reimbursement up to the annual maximum amount.

You may submit your claim in any of the following ways:

Email claims@flexadministrators.com

Upload claims securely to the [Flex Administrators website](#).

Mail your claim(s) to: Flex Administrators, 3980 Chicago Drive Suite 230, Grandville, Michigan 49418

Paying For Health Care

Paying For Health Care

Grand Rapids Community College offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, and dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

Health Care Savings Account (HSA)

An HSA is a handy way to save for medical expenses and reduce your taxable income. The HSA pairs with the High Deductible Health Plan. A health savings account (HSA) allows you to pay for you and your dependents' healthcare expenses and build up savings to cover any future medical expenses – even into your retirement.

Money drawn from this account for medical expenses are not taxed. Also, different from an FSA, funds that aren't used in this account roll over and accumulate year-to-year.

You can contribute up to the IRS max and can you change the contributions per pay period to meet your financial needs. The HSA is yours to keep, this means even if you should leave the company the savings account is yours to take with you!

Here's some advantages of having an HSA:

- **It's tax free.** HSA contributions aren't taxed and as long as it's used for qualified medical expenses, that's tax free too. You can also invest in an HSA to help it grow – and that's not taxed either!
- **It rolls over.** You don't have to use it or lose it – your amount rolls over every year and even follows you if you switch jobs. You can carry on building an HSA until you retire.
- **It puts you in control of your healthcare choices.** You can use an HSA to pay for eligible healthcare Expenses like prescriptions, eyeglasses or contacts, dental work, doctor's visits, and more.

Are there any exclusions?

You can open an HSA if you're:

- Enrolled in a qualifying high-deductible health plan.
- Not a dependent on someone else's tax return.
- Not already enrolled in another healthcare plan that isn't an HSA-qualified plan.
- Not enrolled in Medicare.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable Income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December.



Paying For Health Care

Flexible Spending Account

Health Care FSA is designed to help you pay for out of pocket expenses, such as medical, dental and vision. You don't need to be enrolled in a medical plan to take advantage of this spending account.

Here's some advantages of having an FSA:

- **It's tax free.** Funds contributed to the account are deducted from earnings and are not subject to income and payroll taxes.
- **Funds become available with date of eligibility.** Health Care FSA annual elected amount becomes available on January 1st with open enrollment election or first of the month following date of hire. Employees can use the entire amount before they've paid it back through deductions. GRCC payroll deductions run over 26 pays or remaining pays in the calendar year for new hires.
- **Carryover.** You can carryover a maximum of \$640 of Health Care FSA for up to one benefit year. Any amount above the carryover limit or \$640 will be forfeited at the end of the year.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
What medical plan can I choose?	HDHP	PPO plans
What expenses are eligible?	Medical, prescription drug, dental and vision care. (See IRS publication 502 for a full list of eligible expenses).	
When can I use the funds?	Funds are available as you contribute to the account.	All of the funds you elect for the year are Available on January 1.
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire).	You can carryover a maximum of \$640 for up to one benefit year. Any amount above the carryover limit or \$640 will be forfeited at the end of the year.
How do I pay for eligible expenses?	With your Health Savings Account debit card; you can also submit claims for reimbursement to your account.	With your Flex Administrators debit card (you can also submit claims for reimbursement online at https://flexadministrators.com).
How much can I contribute each year?	\$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024.	You can contribute \$3,200 to your health care FSA in 2024.
Can I change my contributions throughout the year?	Yes, you can complete the appropriate H.S.A. payroll deduction form to change your per-paycheck contributions at any time.	No, unless you have a qualifying life event. You choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year.

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.

Paying For Health Care

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time.
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses.
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents).
When can I use the funds?	Funds are available as you contribute to the account with each paycheck.
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	With your Flex Administrators FSA debit card (you can also submit claims for reimbursement online at https://flexadministrators.com).
How much can I contribute each year?	You can contribute \$5,000 to your dependent care FSA in 2024.

Important Note:

Dependent care FSAs have a use-it-or lose-it rule. You will lose any unused funds at the end of the year.

Additional Benefits

Life AD&D Insurance

Grand Rapids Community College provides group term life and accidental death and dismemberment (AD&D) insurance through Madison National Life at no cost to eligible employees. Basic life and AD&D are provided to each full-time employee working at least 32.5 hour per week in the following employee groups: CEBA, APSS, Campus Police, Faculty and Meet and Confer.

Keep your Beneficiaries Up to Date

Make sure to keep your beneficiary information updated so your benefit is paid according to your wishes. You can log on to your online benefits at: <https://benefits.plansource.com/?GRCC> to update your life insurance beneficiary or you can complete a [Change of Beneficiary Form](#) to update at any time.

Employee Groups Life Insurance Benefit Amount	
Full-Time CEBA	\$35,000
Full-Time APSS	\$50,000
Full-Time Campus Police	\$30,000
Full-Time Pre-School Faculty	\$60,000
Full-Time Teaching Faculty	1.5 X Salary Max \$300,000
Full Time Meet and Confer Grade 16 and Below	1.5 x Salary Max \$200,000
Full Time Administrators Grade 16 and below hire on or before 6/30/2004	1.5 x Salary + \$50,000 Max \$200,000
Full Time Meet and Confer Grade 17 and Above	1.5 x Salary + \$80,000 Max \$230,000

What is a Beneficiary

A beneficiary is a person (or entity) who is designated to receive your life insurance benefit. The beneficiaries you name in your life insurance policy are the people who will receive the money if something happens to you.

- A person or a group of people, such as a family member or multiple family members or friend
- A Trust you've established
- A charity or nonprofit organization
- Your estate

Primary Beneficiary: The primary beneficiary is the person (or persons) who will receive the proceeds of the life insurance policy.

Secondary Beneficiary: The secondary beneficiary will not receive any of the life insurance proceeds if the primary beneficiary is still alive.

Additional Benefits

Faculty Group Supplemental Life

Faculty employees are eligible for \$1,000 supplemental life insurance, which is paid for by the Faculty Association. Faculty can also purchase additional supplemental life insurance up to \$20,000 (Faculty Association only pays the premium on the first \$1,000). Supplemental life purchase is subject to life insurance company requirements.

SUPPLEMENTAL LIFE AMOUNTS: \$5,000/\$10,000/\$20,000

To calculate premium, please refer to the rate chart below and multiply your current coverage amount by the cost listed.

NOTE: Faculty Association pays for the first \$1,000 of Supplemental Life Amount selected.

IRS Table 2-2. Cost Per \$1,000 of Protection For 1 Month

Age Cost Under 25	\$0.05
25 through 29.....	\$0.06
30 through 34.....	\$0.08
35 through 39.....	\$0.09
40 through 44.....	\$0.10
45 through 49.....	\$0.15
50 through 54.....	\$0.23
55 through 59.....	\$0.43
60 through 64.....	\$0.66
65 through 69.....	\$1.27
70 and older	\$2.06

Newly hired faculty that do not enroll in the Additional Supplemental Life (\$5,000, \$10,000 or \$20,000) within the initial new hire eligibility period (31 days from date of hire) and request enrollment during our annual Open Enrollment will be required to complete the evidence of insurability form. Eligibility is subject for review and approval from the insurance carrier for coverage to become effective. Supplemental payroll deduction amounts will automatically change if age, coverage amount or IRS Age Table changes.

Additional Benefits

Long-Term Disability Insurance

Grand Rapids Community College also provides disability insurance through Madison National Life; provided to each full-time employee working at least 32.5 hour per week in the following employee groups: CEBA, APSS, Campus Police, Faculty & Meet and Confer. Long-term disability benefit replaces a portion of your income if you become disabled and are unable to work. Long-Term Disability Insurance (LTD) helps replace some of your income for an extended period when you cannot work at all or can only work part-time because of a disability. LTD pays after you have met the waiting period and have exhausted all of your sick time.

Employee Groups Long-Term Disability Benefit Amount				
Employee Group	Probationary Period	Elimination Period	Benefit Percent	Maximum Monthly Benefit
Full-Time CEBA Employees *who are not vested according to state requirement rules.	24 Months	90 days	50%	\$4,000
All Active Full-Time CEBA Employees *who are vested according to state requirement rules.	24 Months	60 days	66 2/3 %	\$4,000
All Active Full-Time Office Personnel *who are not vested according to state requirement rules.	24 Months	90 days	50%	\$4,000
All Active Full-Time Office Personnel *who are vested according to state requirement rules.	24 Months	60 days	66 2/3 %	\$4,000
Active Full-Time Campus Police Employees	None	60 days	66 2/3 %	\$4,000
Full-Time Pre-School Faculty *who are not vested according to state requirement rules.	24 Months	90 days	50%	\$6,000
Full-Time Pre-School Faculty *who are vested according to state requirement rules.	24 Months	60 days	66 2/3 %	\$6,000
Full-Time Teaching Faculty *who are not vested according to state requirement rules.	24 Months	90 days	50%	\$6,000
Full-Time Teaching Faculty *who are vested according to state requirement rules.	24 Months	60 days	66 2/3 %	\$6,000
Full-Time Meet and Confer Employees Tech Support and Business Technical Training Solutions	None	60 days	66 2/3 %	\$6,000
Active Full-Time Administrators	None	60 days	66 2/3 %	\$10,000

***Note:** Employee with at least 24 months of GRCC service and vested in MPERS (or participating in the Optional Retirement Plan (ORP) and meeting the requirements of vesting in the MPERS).

Additional Benefits

Short-Term Disability Insurance

You have the option of electing short-term disability insurance through AFLAC. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-Term Disability	AFLAC Short-Term Disability helps protect your income in the event of injury or illness. It provides coverage options that allow employees to choose the plan that's right for them, based on their financial requirements and income. Employees will need to contact the AFLAC Representative to request Short-Term Disability rates and enrollment. For assistance please contact: Joy Rybicki at (269) 792-9806.	Voluntary Benefit 100% Employee paid

Voluntary Benefits-Groups AFLAC

Eligible employees may elect supplemental insurances through AFLAC. Please review links below with AFLAC policy description, rates and informational video. What you need, when you need it. Group Aflac Insurance pays cash benefits that you can use anyway you see fit.

AFLAC Accident Policy

Just because an accident can change your health, doesn't mean it should change your lifestyle too. Accidents can happen in an instant affecting you or a loved one. AFLAC is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better. Protection for the unexpected, that's the benefit of the AFLAC Group Accident Plan. After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Prescriptions
- Emergency room visits
- Major Diagnostic Testing
- Surgery and anesthesia
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

[Accident Policy Rate](#)

[What is accident insurance \(video\)](#)

AFLAC Critical Illness Policy

AFLAC can help ease the financial stress of surviving a critical illness. Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances. That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

Additional Benefits

That's the benefit of an AFLAC Group Critical Illness plan. It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

[Critical Illness Rates](#)

[What is critical illness insurance \(video\)](#)

AFLAC Hospital Indemnity Policy

The plan that can help with expenses and protect your savings. Does your major medical insurance cover all of your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay. That's how the AFLAC Group Hospital Indemnity plan can help. It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The AFLAC Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more

[Hospital Indemnity Rates](#)

[What is Hospital Insurance \(video\)](#)

[How to File a claim with Group AFLAC](#)



Additional Benefits

Employee Assistance Program (EAP)

Grand Rapids Community College provides you and your family with an employee assistance program. Your Employee Assistance Program is available 24/7, is CONFIDENTIAL and available to all employees (except student employees), spouses and children living in their household.

EAPs deal with a variety of issues such as depression, anger management, anxiety and physical illness. EAP service provides confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. In any given year, up to three (3) sessions per episode of care are provided at no cost for you and all within your household. You can set up in person or via online teletherapy sessions.

All EAP consultations and referrals are CONFIDENTIAL and the services are provided at no cost. You can access EAP services 24-hours, 7 day-a-week the hotline number is (800) 442-0809. Please mention, "I have an EAP with Grand Rapids Community College." *Press 1 to access your EAP benefits.

We encourage all employees to take advantage of these services offered.

Find more information at: <https://www.pinerest.org/employee-assistance-programs/resources/>

Pine Rest offers telehealth services, as well as in-person services. Search for Pine Rest locations across West Michigan.



Coverage Costs

Monthly Cost for Medical Health Plans

[Public Act 152 \(PA 152\) Publicly Funded Health Insurance Contribution Act](#) was signed into law on September 24, 2011. The law applies to public employers and limits the amount the employer can contribute towards employee's health insurance cost. For the medical benefit plan coverage year beginning on or after January 1, 2024, Grand Rapids Community College may not pay more of the annual costs for medical benefit plans than a total amount equal to:

PA-152 Limits Employer Annual/Monthly Health Insurance Contribution

Single/Employee Only: \$7,702.85 Annual = Monthly \$641.90
 Double/Employee +1: \$16,109.06 Annual = Monthly \$1,342.42
 Family/ Employee + 2 or more: \$21,007.83 Annual = Monthly \$1,750.65

Employee monthly health benefit costs

	Community Blue Select 1		Community Blue Versatile		Simply Blue Versatile Tiered Plan		Simply Blue Plan 6 Tiered Plan		Community Blue Flexed Blue-HSA (\$1,600/\$3,200)		Community Blue HDHP-HSA 2 (\$2,000/\$4,000)	
	Monthly Cost	Deducted 2x per month	Monthly Cost	Deducted 2x per month	Monthly Cost	Deducted 2x per month	Monthly Cost	Deducted 2x per month	Monthly Cost	Deducted 2x per month	Monthly Cost	Deducted 2x per month
Employee Only	\$243.72	\$121.86	\$124.35	\$62.18	\$89.86	\$44.93	\$67.93	\$33.97	\$32.73	\$16.37	\$0	\$0
Double (Employee +1)	\$650.20	\$325.10	\$381.63	\$190.82	\$304.06	\$152.03	\$254.65	\$127.33	\$175.47	\$87.74	\$0	\$0
Family (Employee +2 or more)	\$729.04	\$364.52	\$394.86	\$197.43	\$298.28	\$149.14	\$236.85	\$118.43	\$138.26	\$69.13	\$0	\$0

Contact Information

Medical	Blue Cross Blue Shield of Michigan	(877) 752-1233	https://www.bcbsm.com/
Prescription	Blue Cross Blue Shield of Michigan/Optum RX	(877) 790-2583	https://www.bcbsm.com/
Flexible Spending Account (Health and Dependent Care)	Flex Administrators	(616) 456-7908	https://flexadministrators.com/
Health Savings Account	Health Equity Health Savings Account	(866) 346-5800	https://healthequity.com/learn/hsa/
Health Saving Account	Lake Michigan Credit Union Health Savings	(800) 242-9790	https://go.lmcu.org/hsamaxadvantage
Dental and Vision Reimbursement Plan	Flex Administrators	(616) 456-7908	Dental and Vision Reimbursement Plan
Voluntary Life and AD&D	Madison National Life	(800) 356-9601	N/A
Long Term Disability	Madison National Life	(800) 356-9601	N/A
Short Term Disability	AFLAC	Joy Rybicki (269) 792-9806	joy_rybicki@us.aflac.com
Voluntary Plans: Accident Critical Illness Hospital Indemnity	Group AFLAC	Micha Castro (210) 757-4273	Michaela_castro@ajg.com
Employee Assistance Program	Pine Rest EAP	(800) 442-0809	https://www.pinerest.org/

Grand Rapids Community College Human Resources Benefits

Human Resources Benefits Department is available to help answer your benefit questions. Talk to a HR Benefits representative about your eligibility, enrollment or your current benefits.

Phone: (616) 234-4175 or (616) 234-4052

Email: hrbenefits@grcc.edu

Hours: Monday-Friday, 8 a.m.-5 p.m.

Legal Notices and Resources

Annual Notices

Important information regarding:

[Medicare Part D](#)

[Notice of Exchange \(Marketplaces\) to Employees](#)

[HIPAA Privacy Notice](#)

[HIPPA Consumer FAQs](#)

[Special Enrollment Rights](#)

[Women's Health and Cancer](#)

[Healthcare Reform](#)

Value Added Programs

Ready for a Change?

As a member of The Pool, you have access to life changing programs that put your health first. Whether you're looking to improve your overall wellbeing or ready to reverse diabetes, we have options available for you. Want to know the best part? They're all free.

Hinge Health

Struggle with back, joint, or muscle pain? This digital exercise therapy program can help you and your covered family members reduce pain in just 15 minutes a day, from the comfort of your own home. Visit hingehealth.com/thepool or scan this QR code with your smart phone:



Virta

If you or a family member have been diagnosed with type 2 diabetes, Virta can help you lower your blood glucose levels, lose weight and reduce your need for medication by making meaningful changes to your diet. Visit virtahealth.com/join/thepoolmi.

Livongo

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle and more to help make living with diabetes easier. Text "Go WMHIP" to 85240 to learn more and join, visit Join.Livongo.com/WMHIP/register or call (800) 945-4355 and use registration code: WMHIP

Omada

If you're at risk of type 2 diabetes or heart disease, Omada's digital program can help you lose weight, gain energy, create healthier habits and more with help from a dedicated health coach. Visit omadahealth.com/wmhip or scan this QR code with your smart phone:



2nd.MD

Schedule a virtual consult with specialists at top national institutions for a second opinion on diagnoses, upcoming surgeries, chronic conditions or pain and more. Visit 2nd.MD/wmhip or call 1 (866) 841-2575.