

WELCOME TO OPEN ENROLLMENT

Plan Year: 2024

Albion College



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Albion College strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits Albion College offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2024. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

TABLE OF CONTENTS

Health Insurance.....	4
Dental Insurance.....	6
Vision Insurance.....	7
Disability Income Benefits.....	8
Life Insurance.....	9
Flexible Spending Account.....	10
Health Savings Account.....	12
Additional Benefit Offerings.....	13
Questions and Answers.....	14
Glossary of Terms.....	15

WHO IS ELIGIBLE?

If you're a *non-union, full-time benefit-eligible employee* at Albion College, you're eligible to enroll in the benefits outlined in this guide. Full-time benefit-eligible employees are those who work 30 or more hours per week.

Union employees covered under the collective bargaining agreement need to work with MCTWF to make eligible changes to their medical, dental and vision coverages.

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

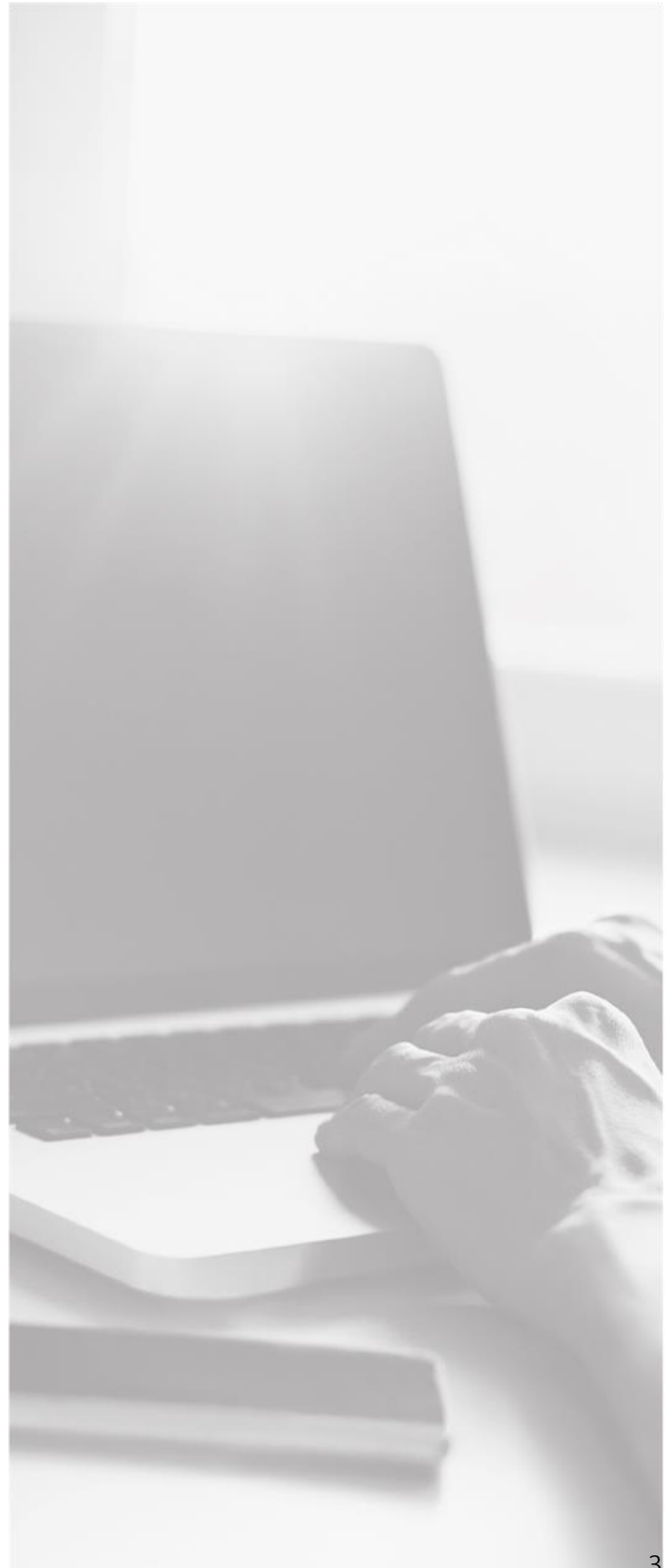
WHEN TO ENROLL

Open enrollment begins on **November 1st** and runs through **November 20th**. The benefits you choose during open enrollment will become *effective on January 1, 2024*.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan



WHAT'S NEW FOR 2024?

Health Insurance

You'll notice several changes to our medical and prescription drug benefits for the upcoming plan year.

Effective January 1, 2024, we will be using ASR Health Benefits as the Third-Party Administrator (TPA) and the HAP Network as the provider network.

The following chart compares our current health benefits for *non-union, full-time benefit eligible employees* that will take effect **January 1, 2024**.

Services	PPO		QHDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
- Individual	\$1,000	\$2,000	\$2,000	\$4,000
- Family	\$2,000	\$4,000	\$4,000	\$8,000
Member Co-Insurance	20%	40%	20%	40%
Co-Insurance Maximum				
- Individual	\$3,000	\$6,000	N/A	N/A
- Family	\$6,000	\$12,000	N/A	N/A
Out-of-pocket Maximum				
- Individual	\$6,350	\$	\$4,000	\$8,000
- Family	\$12,750	\$	\$8,000	\$16,000
Hospitalization	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Services	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Preventive Care	Covered at 100%	Ded. & Coins.	Covered at 100%	Ded. & Coins.
Physician Visit Copay				
- Primary Care Physician	\$25	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
- Specialist	\$35			
Emergency Room	\$100	\$100	Ded. & Coins.	Ded. & Coins.
Urgent Care	\$35	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Prescription Drugs	(Retail/ Mail Order)			
- Generic	\$10/ \$10	N/A		
- Preferred	\$20/ \$20	N/A	Ded. & Coins.	Ded. & Coins.
- Non-Preferred	\$40/ \$40	N/A		
- Specialty	\$100/ \$100	N/A		

YOUR COST IN 2024

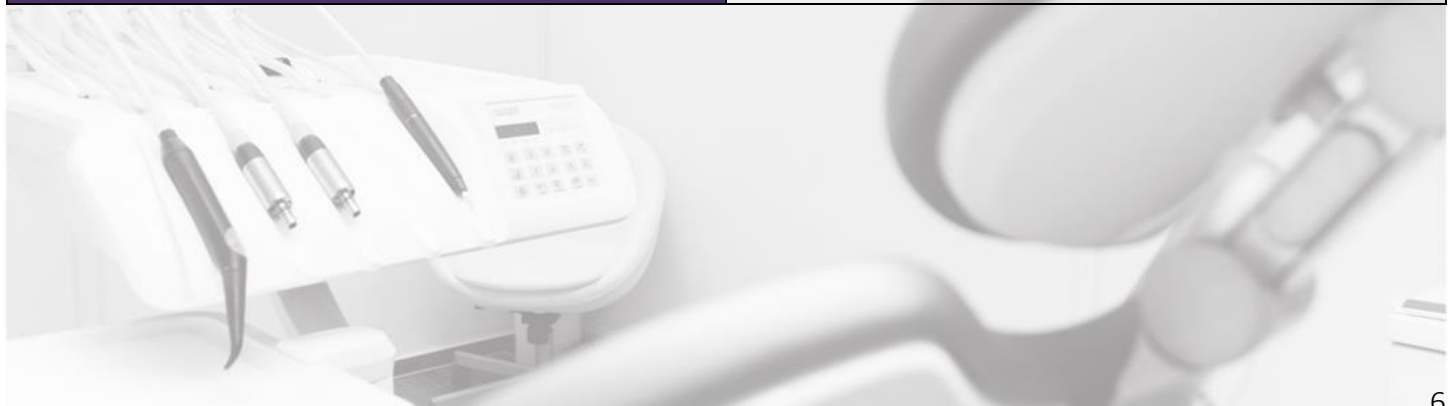
MONTHLY EMPLOYEE CONTRIBUTIONS		
	PPO	QHDHP
Employee Only	\$74.91	\$0.00
Employee & Child(ren)	\$347.09	\$212.26
Employee & Spouse	\$513.27	\$355.97
Employee & Family	\$783.87	\$551.66
2 Employee Family	\$444.46	\$212.26

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits we offer through Delta Dental for *non-union, full-time benefit eligible employees*.

TYPE OF SERVICE	AMOUNT YOU PAY
Deductible <i>Preventive, Basic and Major Services</i>	\$100/ Individual \$200/ Family
Preventive Services <i>Exams, Cleanings, X-Rays</i>	10% Member Coinsurance
Basic Services <i>Fillings, Simple Extractions</i>	10% Member Coinsurance
Major Services <i>Oral Surgery, Root Canals, Crowns</i>	50% Member Coinsurance
Annual Maximum <i>Preventive, Basic and Major Services</i>	\$1,000 per person
Orthodontic Services <i>Dependents to Age 19</i>	50% Member Coinsurance
Orthodontic Annual Maximum	\$1,000 per dependent under 19
MONTHLY EMPLOYEE CONTRIBUTIONS	
- Employee Only	\$0
- Employee & Spouse	\$28.94
- Family	\$101.27
- 2 Employee Family	\$43.41



VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Albion College's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, benefits for **non-union, benefit eligible employees** include the following:

- Routine vision exams for a \$10 copay every 12 months
- Prescription glasses for a \$25 copay.
- \$130 allowance for a wide selection of frames every 24 months
- \$150 allowance for featured frame brands every 24 months
- \$130 allowance for contact lenses in lieu of glasses every 12 months

MONTHLY EMPLOYEE CONTRIBUTIONS	
Employee Only	\$7.90
Employee & Spouse	\$12.05
Family	\$21.61



DISABILITY INCOME BENEFITS

Albion College provides all eligible employees with short- and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Albion College, we want to do everything we can to protect you and your family. That’s why Albion College pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

Short-Term Disability		
	Salaried Benefit	Union Benefit
Elimination Period	Full-time executive, faculty and administrative employees are covered by a self-administered salary continuation plan. For a description of the plan please reference the Short-term disability website.	14 Days
Benefits Payable		<ul style="list-style-type: none"> • Class 1 – Trades: Up to \$300/week • Class 2 - Secretarial/Clerical >35 hrs: Up to \$300/week • Class 3 – Secretarial/Clerical 21-35 hrs: Up to \$180/week
Maximum Benefit Duration		26 Weeks

Long-Term Disability		
	Salaried Benefit	Union Benefit
Waiting Period	First of the month following 12 consecutive months of employment	
Elimination Period	180 Days	
& of Salary	60% of your pre-disability income	
Benefits Payable	Up to a \$7,500 monthly maximum	
Maximum Benefit Duration	Up to age 65	

BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Albion College provides full-time salaried and union employees with employer-paid group life and accidental death and dismemberment (AD&D) insurance.

Full-time executive, faculty and administrative employees are eligible for a benefit equivalent to two (2) times your annual earnings.

Pursuant to Code Section 79, an employee may exclude up to \$50,000 of employer-provided group-term life insurance from his/her income. This tax exclusion applies only to insurance on the life of the employee. It does not apply to insurance on the life of the employee's spouse or dependent or other individual.

The "cost" of the coverage in excess of \$50,000 must be included in the employee's gross income. "Cost" as used here does not refer to the premium paid by the employer but to the cost determined under the Uniform Premium Table contained in IRS regulations. The "cost" of the coverage added to an employee's gross income is commonly referred to as "imputed income".

Union employees covered by a collective bargaining agreement are eligible for a flat \$50,000 benefit.

If necessary, please contact Human Resources to update your beneficiaries.

FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That's why Albion College offers *all employees* an employer-sponsored flexible spending account (FSA).

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars through payroll deductions to pay for certain health care and dependent care expenses. Plus, you can reduce your tax obligations.

- Your contributions will still be via pre-tax payroll deduction.
- You will receive a debit card to use for making eligible payments.
- Real-time access to information through secure web portal including election amount, available balance, claims submitted/paid/pending

LOWER YOUR TAXES WITH FSA(s)

Each year during Open Enrollment, benefits-eligible employees have the option of enrolling in the following:

- Health Care FSA: You can contribute up to \$3,050 per year to pay for eligible out-of-pocket health care expenses when you enroll in a non-Qualified High Deductible Health Plan.
- Limited Purpose FSA: You can contribute up to \$3,050 per year to pay for eligible dental and vision out-of-pocket expenses when you enroll in Qualified High Deductible Health Plan.
- Dependent Care FSA: You can contribute up to \$5,000 per year to pay or eligible out-of-pocket dependent care expenses. Typically, available for dependent children up through age 12.

End result: You pay less tax on a smaller amount of income and get to keep more take home pay!

Your contributions will be deducted from your paychecks in equal amounts during the plan year. As you pay for eligible expenses out of your own pocket, you are reimbursed from your account(s).

Money can't be transferred between accounts for expense reimbursements. You can't stop or change your FSA contributions during the plan year unless you have a qualified life event.

FSA DECISION GUIDELINES

Before participating in an FSA, ask yourself questions such as:

- How much were my out-of-pocket health care and dependent care expenses last year?
- Do I expect to pay for some health care costs that are not totally covered by my benefits?

GRACE PERIOD

The "grace period" allows you the opportunity to spend your 2024 Medical/Dependent Care Flexible Spending Account funds up until March 15, 2025.

You have until May 15, 2024 to submit any claims incurred during the plan year or during the "grace period".

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) for *non-union benefit-eligible employees* are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount you can contribute in **2024 is \$4,150 for individual coverage and \$8,300 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA CASE STUDY

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1	
HSA Balance	\$1,000
Total Expenses:	
- Prescription drugs: \$150	(-\$150)
HSA Rollover to Year 2	\$850
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



Year 2	
HSA Balance	\$1,850
Total Expenses:	
- Office visits: \$100	
- Prescription drugs: \$200	(-\$300)
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 3	\$1,550
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

EMPLOYEE ASSISTANCE PROGRAM

Albion offers two Employee Assistance Programs for your mental health needs.

SUMMIT POINTE

This service is completely confidential and is available to all benefit eligible employees. Enrollment is automatic for all employees and Albion College pays the full cost for this coverage. Benefits include confidential access to 4 face-to-face counseling sessions with a counselor in your area.

Contact Information and Locations: <http://www.summitpointe.org>

Hours for general information call the Summit Pointe general information number at (269) 966-1460 or 1-800-632-5449, Monday - Friday, 8:00 a.m. - 5:00 p.m.

- Summit Pointe - South - 269/979-8333
- Summit Pointe - Albion - 517/629-5531
- Summit Pointe - Downtown - 269/966-1460

In cases of emergency, call our 24-hour Emergency Response line at: 1-800-632-5449.

HEALTH ADVOCATE

An added benefit, included with your employer-sponsored long-term disability program, is access to The Standard's Employee Assistance Program (EAP).

This program provides you with confidential access to experienced master's-degreed clinicians who will provide you with free, telephonic consultations (3 visits per issue) or direct to you the resources you need. EAP services can help with childcare and elder care; substance abuse; life improvement; difficulties in relationships; stress and anxiety with work or family; depression; financial and legal concerns; grief and loss; online preparation, etc.

To access EAP services 24/7/365, contact (888) 293-6948 or visit www.Healthadvocate.com/standard3

SUPPLEMENTAL INCOME INSURANCE

Albion College offers supplemental income insurance through Aflac to pay cash benefits fast for qualifying illness and injuries.

Albion College carries two (2) Aflac plans:

- Accident/ Injury
- Critical Illness

All Aflac plan are voluntary, 100% employee-paid benefits. Each employee who chooses to enroll, crates a contract with Aflac. The College's role is to collect the per-pay premiums through payroll deductions.

The Aflac products **do not** replace any existing benefits; it is an additional, voluntary benefit offered at a group rate.

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

QUESTIONS & ANSWERS

WHERE CAN I LOCATE PLAN INFORMATION?

Please reference the Summar Plan Document.

DO I NEED TO COMPLETE AN ENROLLMENT FORM?

All non-union benefit-eligible employees need to complete an enrollment form electing or waiving coverage(s).

Union employees covered under the collective bargaining agreement need to work with MCTWF to make eligible changes to their medical, dental and vision coverages.

FSA elections must be made annually to continue participation.

WHAT IF I WAIVE (OPT-OUT) OF MEDICAL COVERAGE?

Provided you present Human Resources with proof of other health insurance coverage along with a completed Opt-Out Employee Waiver Form, you may be eligible to receive a \$100 monthly stipend.

Although waiving medical coverage, you are still eligible to enroll in the dental but will receive a reduction in the \$100 monthly stipend for waiving medical coverage.

Please contact Human Resources for cost information.

WHEN ARE THE FORMS DUE AND WHERE DO I RETURN THEM?

All forms must be returned to Human Resources by November 20, 2023.

WHEN ARE CHANGES EFFECTIVE?

All benefit changes are effective January 1, 2024 and, unless you have a qualifying event, are effective through December 31, 2024.

WHO DO I CONTACT WITH ADDITIONAL QUESTIONS?

Contact Human Resources at hr@albion.edu or 517-629-0205 with any questions.

GLOSSARY OF TERMS

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common open enrollment terms to help you navigate your benefits options.

- **Coinsurance**—The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.
- **Consumer Driven Health Care (CDHC)**—Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.
- **Copayment**—A flat fee that you pay toward the cost of covered medical services.
- **Covered Expenses**—Health care expenses that are covered under your health plan.
- **Deductible**—A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.
- **Dependent**—Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.
- **Flexible Spending Account (FSA)**—An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.
- **Health Savings Account (HSA)**—An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).
- **High Deductible Health Plan (HDHP)**—A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.
- **In-network**—Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.
- **Inpatient**—A person who is treated as a registered patient in a hospital or other health care facility.
- **Medically Necessary (or medical necessity)**—Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.
- **Medicare**—An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.
- **Member**—You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

- **Out-of-network**—Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.
- **Out-of-pocket Expense**—Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.
- **Out-of-pocket Maximum (OOPM)**—The highest out-of-pocket amount paid for covered services during a benefit period.
- **Preferred Provider Organization (PPO)**—A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.
- **Premium**—The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.
- **Primary Care Physician (PCP)**—A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.
- **Usual, Customary and Reasonable (UCR) Allowance**—The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.