

Northwestern Michigan College

# 2025 BENEFITS GUIDE



Northwestern  
Michigan  
College

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/ Benefits Department.

## OVERVIEW & ELIGIBILITY

**At Northwestern Michigan College, we value our people. Our goal is to offer a rewards package that enhances your and your family's health and lifestyle. We also recognize our employees and their families each have unique needs, so we offer options in benefits so that you can choose what you need to have health and security each day.**

### OVERVIEW

**At Northwestern Michigan College**, we value our people. Our goal is to offer a benefits package that enhances your and your family's health and wellbeing. We also recognize our employees and their families each have unique needs, so we offer options in benefits so that you can choose what you need to have the health and security that you deserve.

You share the costs of some benefits (medical and dental), and Northwestern Michigan College provides other benefits at no cost to you (life, accidental death & dismemberment, STD, LTD). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### BENEFITS OFFERED

- Medical
- Voluntary Dental
- Voluntary Vision
- Health Savings Account
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Leave Benefits
- Additional Benefits
- Retirement Options
- Voluntary Payroll Deductions

### ELIGIBILITY

You and your dependents are eligible for Northwestern Michigan College benefits on date of hire plus 29 days.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Northwestern Michigan College eligible dependents. Children are covered until the end of the year in which they turn 26.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

### THINGS TO CONSIDER

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse/domestic partner have benefits coverage available through another employer?
- Do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year?



# MEDICAL BENEFITS

Administered by Priority Health

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	CORE PLAN		HIGH DEDUCTIBLE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE	\$500 SINGLE / \$1,000 FAMILY	\$1,000 SINGLE / \$2,000 FAMILY	\$1,650 SINGLE / \$3,300 FAMILY	\$2,900 SINGLE / \$5,800 FAMILY
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$6,350 SINGLE / \$12,700 FAMILY	\$12,700 SINGLE / \$25,400 FAMILY	\$2,300 SINGLE / \$4,600 FAMILY	\$4,600 SINGLE / \$9,200 FAMILY
COINSURANCE	20%	40%	20%	40%
PRIMARY CARE OFFICE VISIT	\$20 COPAY PER VISIT	40% AFTER DEDUCTIBLE PER VISIT	20% AFTER DEDUCTIBLE PER VISIT	40% AFTER DEDUCTIBLE PER VISIT
SPECIALIST OFFICE VISIT	\$20 COPAY PER VISIT	40% AFTER DEDUCTIBLE PER VISIT	20% AFTER DEDUCTIBLE PER VISIT	40% AFTER DEDUCTIBLE PER VISIT
<b>PRESCRIPTION DRUGS</b>				
RETAIL—GENERIC DRUGS (31-DAY SUPPLY)	\$10 COPAY PER PRESCRIPTION	NOT COVERED	\$10 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
RETAIL—PREFERRED BRAND DRUGS (31-DAY SUPPLY)	\$40 COPAY PER PRESCRIPTION	NOT COVERED	\$40 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
RETAIL—NON-PREFERRED BRAND DRUGS (31-DAY SUPPLY)	\$80 COPAY PER PRESCRIPTION	NOT COVERED	\$80 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
PREFERRED SPECIALTY DRUGS (31-DAY SUPPLY)	\$40 COPAY PER PRESCRIPTION	NOT COVERED	\$40 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
NON-PREFERRED SPECIALTY DRUGS	\$80 COPAY PER PRESCRIPTION	NOT COVERED	\$80 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
RETAIL & MAIL ORDER—GENERIC DRUGS (90-DAY SUPPLY)	\$20 COPAY PER PRESCRIPTION	NOT COVERED	\$20 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
RETAIL & MAIL ORDER—PREFERRED BRAND DRUGS (90-DAY SUPPLY)	\$80 COPAY PER PRESCRIPTION	NOT COVERED	\$80 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
RETAIL & MAIL ORDER—NON-PREFERRED BRAND DRUGS (90-DAY SUPPLY)	\$160 COPAY PER PRESCRIPTION	NOT COVERED	\$160 COPAY PER PRESCRIPTION AFTER DEDUCTIBLE	NOT COVERED
<b>HOSPITAL SERVICES</b>				
EMERGENCY ROOM	\$150 COPAY PER VISIT	COVERED AT THE NETWORK BENEFIT LEVEL; R&C LIMITATIONS APPLY	20% AFTER DEDUCTIBLE PER VISIT	COVERED AT THE NETWORK BENEFIT LEVEL; R&C LIMITATIONS APPLY
	(COPAY WAIVED IF ADMITTED)			
INPATIENT	20% AFTER DEDUCTIBLE PER VISIT	40% AFTER DEDUCTIBLE PER VISIT	20% AFTER DEDUCTIBLE PER VISIT	40% AFTER DEDUCTIBLE PER VISIT

# MEDICAL BENEFITS EMPLOYEE COSTS

Administered by Priority Health



Below are the costs for the different plan options. The options on the left are the costs for full time employees. The costs on the right are for part-time employees.

<b>NMC 2025 Employee Contributions Full Time Employees - FINAL</b>		
<b>CORE PLAN</b>	<b>Cost per Pay</b>	<b>Cost per Month</b>
Employee	\$75.35	\$150.70
Employee & Spouse	\$158.23	\$316.46
Employee & Child	\$105.49	\$210.98
Employee & Children	\$143.16	\$286.32
Family	\$210.97	\$421.94
<b>High Deductible Plan</b>	<b>Cost per Pay</b>	<b>Cost per Month</b>
Employee	\$70.74	\$141.48
Employee & Spouse	\$148.56	\$297.12
Employee & Child	\$99.04	\$198.08
Employee & Children	\$134.41	\$268.82
Family	\$198.08	\$396.16

<b>NMC 2025 Employee Contributions Part Time Employees - FINAL</b>		
<b>CORE PLAN</b>	<b>Cost per Pay</b>	<b>Cost per Month</b>
Employee	\$188.37	\$376.74
Employee & Spouse	\$395.58	\$791.15
Employee & Child	\$263.72	\$527.44
Employee & Children	\$357.90	\$715.80
Family	\$527.43	\$1,054.86
<b>High Deductible Plan</b>	<b>Cost per Pay</b>	<b>Cost per Month</b>
Employee	\$212.23	\$424.45
Employee & Spouse	\$445.69	\$891.37
Employee & Child	\$297.12	\$594.24
Employee & Children	\$403.24	\$806.47
Family	\$594.25	\$1,188.49

# MEDICAL BENEFITS

Choosing the right plan for you



**You have the choice of two types of health plans: a traditional co-pay plan or a high deductible health plan with HSA option.**

## HOW THE PLANS WORK

Both plans use the Priority Health network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. 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 calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

You have the option of contributing to a Health Savings Account( HSA) with the HDHP Plan. Learn more about HSA's on page **9**.

The PPO plan has 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 calendar year out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

You have the option of contributing to a Flexible Spending Account( FSA) with the PPO Plan. Learn more about FSA's on page **10**.

## TERMS TO KNOW

### 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. You pay the percentage noted in the table above, and the medical plan pays the rest.

### Out-of-pocket Maximum

What you have to pay before the plan pays 100% of your covered costs.

### Network

The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.



## MEDICAL BENEFITS

The Importance of your calendar year preventive care exam

**Calendar Year preventive exams are covered at 100% under both plan options. Haven't seen your doctor for your calendar year preventive exams in awhile? Here are fives reasons to schedule it now.**

### **PREVENT HEALTH PROBLEMS.**

calendar year physicals allow your doctor to review any changes that have occurred since your last visit.

### **BUILD A RELATIONSHIP WITH YOUR DOCTOR**

The more comfortable you are with your doctor, the more likely you are to see him or her when you don't feel right; to be honest; and to follow his/ her advice.

### **ESTABLISH BASELINES**

Getting a routine physical will help establish baselines for your weight, blood pressure and cholesterol, which can help identify future progression or regression.

### **UPDATE VACCINATIONS**

Staying up-to-date on your vaccinations (e.g. your flu and tetanus shots) is an important way to prevent illness and its consequences such as missed work.

### **REVIEW AND RENEW MEDICATION PRESCRIPTIONS.**

Reviewing your medications with your physician, including over-the-counter medications, will ensure you are treating your medical problems the best way possible and with minimal side effects.

### **TO FIND A PHYSICIAN:**

To locate a primary care physician in-network, use the tool on [Find a doctor tool for Priority Health members](#) or call the customer service number on the back of your card.



## DENTAL BENEFITS

Administered by BlueCross BlueShield of Michigan

**Great dental care can contribute to great overall health.  
As many as 120 systemic diseases can be visible in your mouth.  
Research shows that people who have regular dental care have lower  
healthcare cost burdens—thanks to prevention and early detection.**

SERVICES	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE	\$0 PER PERSON; \$0 FAMILY LIMIT	\$0 PER PERSON; \$0 FAMILY LIMIT
CALENDAR YEAR BENEFIT MAXIMUM	\$1,800	\$1,800
PREVENTIVE DENTAL SERVICES	100%	100%
BASIC DENTAL SERVICES	85%	85%
MAJOR DENTAL SERVICES	60%	60%
ORTHODONTIA SERVICES (COVERED TO AGE 19)	60% TO \$2,000 LIFETIME MAXIMUM	60% TO \$2,000 LIFETIME MAXIMUM

### TO FIND A DENTIST:

To locate an in-network dentist, use the tool on [Find Care](#) | [Members](#) | [BCBSM](#) or call the customer service number on the back of your card



# DENTAL BENEFITS EMPLOYEE COSTS

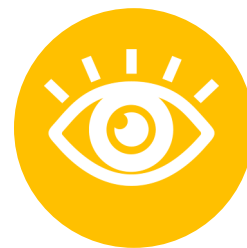
Administered by BlueCross BlueShield of Michigan



Below are the costs for the optional dental plan.

LEVEL OF COVERAGE	COST PER PAY	COST PER MONTH
EMPLOYEE	\$12.92	\$25.83
EMPLOYEE + SPOUSE	\$27.12	\$54.24
EMPLOYEE + CHILD	\$18.08	\$36.16
EMPLOYEE + CHILDREN	\$24.54	\$49.08
FAMILY	\$36.16	\$72.32





## VOLUNTARY VISION BENEFITS

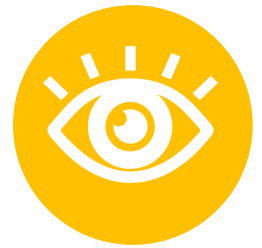
Administered by EyeMed Vision Care

**Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.**

SERVICE	IN-NETWORK (ANY EYEMED INSIGH PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
EYE EXAM — ONCE EVERY 12 MONTHS	\$0 COPAY	REIMBURSE UP TO \$30
LENSES — ONCE EVERY 12 MONTHS		
SINGLE VISION LENSES	\$0 COPAY	REIMBURSE UP TO \$25
BIFOCAL LENSES	\$0 COPAY	REIMBURSE UP TO \$40
TRIFOCAL LENSES	\$0 COPAY	REIMBURSE UP TO \$60
FRAMES — ONCE EVERY 12 MONTHS	\$200 ALLOWANCE PLUS 20% OFF	REIMBURSE UP TO \$100
CONTACT LENSES —ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
ALLOWANCE	CONVENTIONAL: \$200 ALLOWANCE PLUS 15% OFF; DISPOSABLE: \$200 ALLOWANCE	REIMBURSE UP TO \$160
MEDICALLY NECESSARY	COVERED IN FULL	REIMBURSE UP TO \$210
SEPARATE FITTING ALLOWANCE	STANDARD: \$0 COPAY & 2 FOLLOW UP VISITS; PREMIUM: \$55 ALLOWANCE PLUS 10% OFF RETAIL PRICES	REIMBURSE UP TO \$40

### TO FIND A VISION PROVIDER:

To locate an in-network vision provider, use the tool on [Vision Provider Locator](#) or call the customer service number on the back of your card



## VOLUNTARY VISION BENEFITS EMPLOYEE COSTS

Administered by EyeMed Vision Care

Below are the costs for the optional vision plan.

LEVEL OF COVERAGE	COST PER PAY	COST PER MONTH
EMPLOYEE	\$6.08	\$12.15
EMPLOYEE + ONE	\$11.55	\$23.09
EMPLOYEE + TWO OR MORE	\$16.96	\$33.91



# HEALTH SAVINGS ACCOUNT (HSA)

Employee Choice



## A HSA is a tax advantaged account that lets you save for medical expenses and reduce your taxable income.

You are eligible to participate in the HSA if you enroll in the High Deductible Plan, are not enrolled in Medicare, and not a dependent on someone else's tax returns.

### TRIPLE TAX SAVINGS:

1. Contributions to your HSA are tax-free and lower your taxable income.
2. If you are able to invest your HSA, the interest earnings are not taxed.
3. You can use your HSA to pay for eligible medical expenses, and you won't be taxed on that withdrawal.

### YOUR MONEY, YOUR DECISIONS

With an HSA-qualified plan, you're the one in control. You have the power to make smarter health care choices. Did you know an MRI of the spine can range from under \$500 to over \$1,000, depending on the provider. If you have any out-of-pocket costs, you can save significantly by taking a few minutes to find quality, affordable providers.

### USE YOUR HSA NOW... OR SAVE IT FOR RETIREMENT

Your HSA is designed to help you pay for medical expenses now, or you can choose to save it in a tax-free savings account to pay for future qualified health care expenses. Annual Contribution maximums are set by the Internal Revenue Service (IRS). If you are over 55, you can make additional "catch up contributions" up to \$1,000 to help increase your HSA balance. Your account balance rolls over year after year and continues to grow with your contributions.

### ELIGIBLE MEDICAL EXPENSES

Use the money in your HSA to pay for eligible medical expenses such as:

- Doctor's visits
- Prescriptions
- Diagnostic tests
- Dental work
- Acupuncture

This is just a small list of the medical expenses you can pay for with your HSA. See IRS Publication 502 for the types of expenses that may be eligible.

### HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2025, contributions are limited to the following:

- Individual: \$4,300
- Family: \$8,550
- Catch-Up Contribution (ages 55+): \$1,000

# FLEXIBLE SPENDING ACCOUNTS (FSA)

Administered by Meritain Health



**Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll dollars to pay for eligible medical expenses.**

## WHY FUND AN FSA?

By having pre-tax deductions made from your regular paychecks, you will be able to put money into a flexible spending account (FSA). You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.)

## HEALTHCARE FSA

The money in your healthcare FSA can be used to pay for qualified medical costs, such as;

- Copayments
- Co-insurance
- Prescriptions
- Dental expenses
- Vision expenses

See IRS Publication 502 for the types of expenses that may be eligible.

## HEALTHCARE FSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to FSA healthcare accounts. For 2025, contributions are limited to \$3,300.

## DEPENDENT CARE FSA

A Dependent Care Flexible Spending Account (DCFSA) can be used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

With the Dependent Care FSA, you are allowed to set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.

- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves.

## ELIGIBLE EXPENSES IN A DCFSA

Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services (not by an individual you claim as a dependent)
- Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Day Care

## CONSIDER HOW MUCH TO CONTRIBUTE

Unlike an HSA, funds in an FSA do not rollover to next year, so think carefully about how much to contribute.



# LIFE INSURANCE

Administered by New York Life Insurance Company

**Life insurance provides financial security  
for the people who depend on you.**

## LIFE INSURANCE

Your beneficiaries will receive a lump sum payment if you die while employed by Northwestern Michigan College. The company provides basic life insurance of FT Regular Employee \$50,000; PT Regular Employee \$25,000 at no cost to you.

## ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Northwestern Michigan College provides AD&D coverage of FT Regular Employee \$50,000; PT Regular Employee \$25,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

## VOLUNTARY LIFE AND AD&D INSURANCE

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without providing evidence of insurability. (up to \$150,000, and up to \$30,000 for your spouse)

### Voluntary Life and AD&D Insurance Details:

Employee— In increments of \$10,000; \$500,000 maximum amount

Spouse— In increments of \$10,000; \$500,000 maximum amount

Children— Life: Under age 15 days: \$500; 15 days to less than 6 months: \$1,000; 6 months to age 26: Increments of \$2,500 to max \$10,000

## BENEFICIARY DESIGNATION

Making and maintaining beneficiary designations is an essential part of everyone's financial plan. Neglecting your beneficiary designations might mean that assets that typically avoid probate may become part of your estate and be subject to the associated time and costs of that process. Making and maintaining your beneficiary designations allows you to show your love, appreciation, and support for those important to you.

Be sure to update your beneficiary's when you complete open enrollment this year.

## DISABILITY INSURANCE

Northwestern Michigan College also provides disability insurance through New York Life Insurance Company. 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
Long-term Disability	<p><b>Core Option</b></p> <p>You receive 60% of your income up to \$1,500 per month. Benefits begin after 180 calendar days of absence from work and continue until you reach SSNRA or To age 65 or the date the 42nd monthly benefit is payable, if later.</p>	Company
	<p><b>Buy-Up Option 1</b></p> <p>You receive 60% of your income up to \$5,000 per month. Benefits begin after 180 calendar days of absence from work and continue until you reach SSNRA or To age 65 or the date the 42nd monthly benefit is payable, if later.</p>	Employee
	<p><b>Buy-Up Option 2</b></p> <p>You receive 70% of your income up to \$5,000 per month. Benefits begin after 180 calendar days of absence from work and continue until you reach SSNRA or To age 65 or the date the 42nd monthly benefit is payable, if later.</p>	Employee

# LEAVE BENEFITS

## HOLIDAYS\*

NMC holidays include Spring Holiday (Friday during NMC spring break), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Friday, and December 24 - January 1.

## VACATION\*

### **Staff**

Full time regular staff will earn vacation at the rate of 6.16 hours per pay period worked (up to a maximum 160 hours per year). Part time regular or limited annual contracts shall earn vacation on a prorated basis. Accumulation of vacation is limited to twice the annual accrual (320 hours).

### **Maintenance/Custodial Staff**

Please refer to the [SEIU Labor Agreement](#) for specific guidelines.

## SICK LEAVE\*

### **Staff**

Full time staff members will earn sick leave at the rate of 3.7 hours per-pay (up to a maximum of 96 hours per year). Part time regular or limited annual contracts shall earn sick leave on a prorated basis. Accumulation of sick leave is limited to three times the annual accrual (288 hours).

### **Faculty**

Please refer to the [Faculty Association Collective Bargaining Agreement](#) for specific guidelines.

### **Maintenance/Custodial Staff**

Please refer to the [SEIU Labor Agreement](#) for specific guidelines.

## PERSONAL BUSINESS\*

Faculty and Staff members are allowed two days (16 hours) per anniversary year, deducted from sick time.

## BEREAVEMENT LEAVE\*

Time off may be taken for three or five days for family members, upon approval of the supervisor. Exceptions to family relationships and extensions of time may be submitted to the AVP of Human Resources.

## JURY DUTY/COURT SERVICE\*

Leave with pay granted. Employees must provide a copy of notice or court document to supervisor and Human Resources. Any juror's fees received by the employee shall be paid to the college.

## MILITARY LEAVE\*

Military leave will be provided to NMC employees in compliance with federal regulations. The college will reimburse full-time employees the difference between what is paid to them during their active duty training period or involuntary call to active duty and their regular wages earned at NMC.

### SABBATICAL LEAVE\*

Each Administrative, Faculty or Professional staff member is eligible to participate in this benefit based on meeting specific criteria.

### FAMILY AND MEDICAL LEAVE\*

The college shall grant up to 12 weeks of unpaid family and medical leave in any 12-month period in accordance with the provisions of the Family and Medical Leave Act of 1993, and as may be amended, for one or more of the following reasons: To care for the employee's child after birth or placement for adoption or foster care; to care for the employee's spouse, child, or parent who has a serious health condition; for qualifying exigencies related to an employee's spouse, child, or parent on active duty or called to active duty status; or for a serious health condition that makes the employee unable to perform his or her job. An eligible employee may take up to 26 weeks of unpaid leave to care for a family member (spouse, son, daughter, parent, or next of kin) who is injured while serving on active military status. **To be eligible, an employee must have worked for NMC for at least 12 months and for at least 1,250 hours during the year preceding the start of the leave.**

Accrued paid leave shall be substituted for unpaid leave where applicable. Upon return, the employee will be returned to his or her original position or an equivalent position with equivalent pay, benefits and other employment terms.

### SHORT TERM DISABILITY\*

For an extended single disability arising from illness or accident, after the initial 90-calendar-day period of employment, regular faculty and staff members will be allowed sick leave for 180 calendar days (including the fifteen work day qualifying period), irrespective of the number of sick days accumulated. Payment is prorated based on the appointment percent of the employee. Starting day 16 through day 60 will be at full pay and the remaining 120 days will be at 2/3 pay. Wage continuation will begin after the employee has been off work for fifteen consecutive days related to illness, or from day 1 for an accident. This period of disability must be certified by a physician.

### CHILD CARE LEAVE\*

Child Care leave may be granted to any full or part-time faculty or staff member on annual appointment with the college who has successfully completed at least one year of employment for the purpose of providing child care. This leave is available for a period not to exceed twelve (12) months after the child's birth or adoption of a child under 18 years of age. Child care leave will be coordinated with other leave policies as appropriate. All paid leave will be used before the employee would be on unpaid child care leave.

### WORKERS COMPENSATION\*

Worker's Compensation coverage is provided for all employees. Any injury on the job should be reported to Human Resources immediately. Unless it is a serious medical emergency, any employee injured on the job must receive authorization from Human Resources prior to seeking medical treatment.



# ADDITIONAL BENEFITS

## **ADOPTION BENEFIT**

NMC has developed a policy to provide eligible employees with adoption benefits, including financial assistance. All regular employees of NMC are eligible for adoption benefits after one year of continuous successful employment. Eligible adoption-related expenses may be reimbursed to a maximum of \$4,000 per child.

## **EMPLOYEE ASSISTANCE PROGRAM**

Employees and their dependents have access to a confidential personal counseling service at no cost to them. Services are private and confidential, with no disclosure to the employer unless you sign a release, and include consultation, assessment, brief therapy, and referral service if necessary.

## **EDUCATIONAL BENEFIT**

College policy allows full-time employees and dependent members of their immediate families to attend NMC courses with the cost of tuition being taken from the Trustees Scholarships and Grants-in-Aid. Regular, annually appointed, part-time employees and their dependents who are currently IRS dependents are covered at the percent of their appointment.

## **PROFESSIONAL DEVELOPMENT**

Each Faculty, Administrative, Professional, or Technical/Paraprofessional staff member is eligible to participate in the professional development plan.

## **VOLUNTARY INSURANCE OFFERINGS**

**LegalShield**- Is a nationwide corporation offering a variety of legal services with your membership and can be purchased through payroll deduction. Services range from will preparation and legal services to identity theft.

**Critical Illness** or **Accidental Injury** insurances offered through Cigna may be paid through payroll deduction

# RETIREMENT OPTIONS

## **Full-Time Faculty and Exempt Staff**

Full-time faculty and exempt staff have a choice available of two types of retirement plans. The employee must make a selection between retirement plans within 90 days of his/her full-time start date, and once a choice is made, it cannot be changed. If a selection is not made, the employee will remain in the MPSERS plan by default. Both plans require employee contributions.

### Option I\*

**Michigan Public School Employees Retirement System. (MPSERS)** This is a "defined benefit" plan operated by the State of Michigan Department through the Office of Retirement Services, which may include a component of "defined contribution" as well.. Mandatory contributions are deducted on a graded scale based on the member's start date and salary. For a description of this benefit, visit their website at [ORS Public School Employees' Retirement System](#).

### Option II\*

**Optional Retirement Plan (ORP)** with TIAA. This is a defined contribution plan offering an array of financial products and planning services. For more information, refer to the [plan document](#). The employee is immediately vested in this plan with a graded contribution based on their salary (about 4%). The college contributes 11.5% each pay, which is deposited in the employee's account according to their investment choices.

## **Part-Time Faculty and Part-Time Exempt Staff & Non-Exempt Staff**

Membership in the Michigan Public School Employees Retirement System (MPSERS) is required by law and includes employees of public school districts, tax-supported community colleges, and some of the four-year colleges and universities. This is a mandatory contributory plan. Contributions are deducted on a graded scale based on the member's start date and salary. For a description of this benefit, visit their website at [ORS Public School Employees' Retirement System](#).

# VOLUNTARY PAYROLL DEDUCTIONS

## **Supplemental Retirement Plans**

NMC offers several [403\(b\) investment](#) opportunities, as well as [457\(b\) investments](#), through pre-tax payroll deduction for employees. A complete list of companies and brokers is available from Human Resources.

## **Michigan Education Savings Program (MESP)**

The State of Michigan has made available the TIAA-CREF-managed program to make higher education more accessible for all Michigan Residents. After-tax payroll deduction is available, with a tax savings when the account owner files their Michigan state taxes. Details can be found at [www.misaves.com](http://www.misaves.com) or application packages may be requested from Human Resources.

## **NMC Foundation and Dennon Museum Center**

Deductions for contributions or membership may be paid for through payroll deduction. The Foundation and The Museum periodically mail information to employees on donation opportunities and memberships available.

## EXECUTIVE BENEFITS

Employees in the executive category are eligible for the following three additional benefits:

- Term Life insurance with matching Accidental Death or Dismemberment at 2.2 times the annual compensation rounded to the next higher \$1,000, if not already a multiple thereof, plus \$50,000 CORE plan..
- The college will provide an annual allowance in the amount of \$4,800 for in-district expenses recognizing the community commitments expected as an executive staff member of the college.
- A member of the executive staff shall be allocated three days per year for purposes of speaking, writing or other professional growth activities

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## REVISIONS TO NMC BENEFITS

The benefits in this summary are effective as of the date of this document, printed below. The descriptions of benefits are subject to change at any time, after established procedures and approval.

\*Current policy or procedure located at <http://www.nmc.edu/about/policies/index.html>

*Updated/Revised November 2025*

# LEGAL NOTICES

## **Women's Health & Cancer Rights Act**

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: PPO Plan (Individual: 20% coinsurance and \$500 deductible; Family: 20% coinsurance and \$1,000 deductible)

Plan 2: PPO HDHP Plan (Individual: 20% coinsurance and \$1,650 deductible; Family: 20% coinsurance and \$3,300 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 231-995-1350 or [hdewalt@nmc.edu](mailto:hdewalt@nmc.edu).

## **Newborns' and Mothers' Health Protection Act**

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

# LEGAL NOTICES

## Notice of Creditable Coverage

### Important Notice from Northwestern Michigan 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 Northwestern Michigan 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. Northwestern Michigan 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.

#### 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### 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 Northwestern Michigan College coverage may be affected. Please see plan SPD for more information about your prescription drug coverage provisions/options.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will be able to get this coverage back at the next open enrollment or if you experience a qualified life event.

#### 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 Northwestern Michigan 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 Northwestern Michigan College changes. You also may request a copy of this notice at any time.

## LEGAL NOTICES

### **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).

<b>Date:</b>	<b>January 01, 2025</b>
<b>Name of Entity/Sender:</b>	<b>Northwestern Michigan College</b>
<b>Contact—Position/Office:</b>	<b>Hollie DeWalt - Associate Vice President of Human Resources</b>
<b>Office Address:</b>	<b>1701 East Front Street Traverse City, MI 49686 United States</b>
<b>Phone Number:</b>	<b>(231) 995-1350</b>

## LEGAL NOTICES

### 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)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The**

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

## LEGAL NOTICES

<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	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
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>



## LEGAL NOTICES

<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Phone: 1-800-356-1561            CHIP Premium Assistance 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 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>            Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>            Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>            Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>            Phone: 1-800-692-7462            CHIP Website:  <a href="http://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a>            CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>            Phone: 1-855-697-4347, or            401-462-0311 (Direct RItte Share Line)</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>            Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>            Phone: 1-888-828-0059</p>
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>            Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>            Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>            Phone: 1-888-222-2542            Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>            Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>            CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>            Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>            Medicaid/CHIP Phone: 1-800-432-5924</p>
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>            Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>            Medicaid Phone: 304-558-1700            CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
<p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>            Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>            Phone: 1-800-251-1269</p>

## LEGAL NOTICES

To see if any other states have added a premium assistance program since July 31, 2024, 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 1/31/2026)

# LEGAL NOTICES

## HIPAA Special Enrollment Rights

### Northwestern Michigan College Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Northwestern Michigan College Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Hollie DeWalt - Associate Vice President of Human Resources at 231-995-1350 or [hdewalt@nmc.edu](mailto:hdewalt@nmc.edu).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

*This benefit summary prepared by*



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