



CHAMPLAIN
COLLEGE

2021

BENEFIT GUIDE



Green Mountain
Higher Education Consortium
Champlain • Middlebury • Saint Michael's

Supporting you to
bring your best self
to life everyday



Welcome to your 2021 benefits!

We are pleased to present our 2021 benefit plan offerings, and we sincerely hope that you take the time to learn as much as possible about what is available to you and your family.

You will see on the next page expanded programs offered in 2021 to support your overall health and wellbeing.

THIS YEAR, YOU WILL BE COMPLETING YOUR OPEN ENROLLMENT PROCESS VIA SELF-SERVICE WITHIN ORACLE HCM.

Since 2013, the Green Mountain Higher Education Consortium (GMHEC) has partnered with our college benefit team to design and implement benefit programs in support of our institution. Over the past several years, we have been able to bend the cost curve for both the College and our employees while also providing access to additional programs as a result of our GMHEC partnership.

Starting this year, the GMHEC Benefits Team is managing the open enrollment process. As we continue to move forward, the GMHEC Benefits team will expand Shared Services and administer and manage most of our benefit plans. Questions on your benefits can be sent to benefits@gmhec.org or you may call 802-443-5485.

We wish all of you the best in health.

JENNIFER ARCHAMBAULT
People Center
Vice President, Human Resources

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Enrollment Info

ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **October 30 – November 15.**

NOTE: ALL CIGNA ENROLLEES WILL RECEIVE A NEW ID CARD IN LATE-DECEMBER.

REMEMBER TO REFER TO THIS GUIDE YEAR-ROUND

Your 2021 Benefit Guide should be used as a reference tool to help you get the most out of your plans and as a resource throughout the year.

LEARN MORE

There will be several live Benefit Overview Sessions for you to attend via Zoom meetings. These will include sessions on 2021 Benefit highlights, Cigna medical plan options and programs, Health Equity tutorial on Health Savings Accounts. If you can't make a session there are recorded videos on the Overviews, Medical & Dental Plans, Health Savings Accounts, Vision Plans, Flexible Spending Accounts and Unum benefits for you to view. These can be found on the People Center website under Benefits.

What's New for 2021

ONE GUIDE PROGRAM THROUGH CIGNA: This program will give you access to a Cigna representative who can guide you through making decisions or answering questions regarding your health care needs, small or large. If you have not enrolled in Cigna yet, they can assist you in determining which health plan may be the best for you and your family. Read more below.

OMADA – CIGNA'S PRE-DIABETES PROGRAM: If you are pre-diabetic you may enroll in this program at no cost to you. A new campaign will begin in January. More details can be found in this Guide.

COLON CANCER SCREENING: For those enrolled in Cigna and are between the ages of 50 to 64 you will be eligible to participate in this non-invasive test done in your home. More information can be found in this Guide.

ENHANCED CRITICAL ILLNESS AND ACCIDENT PLANS THROUGH UNUM: If you are currently enrolled in the Critical Illness and Accident Plans, they are ending as of 12/31/20. If you wish to participate in the New Enhanced Plans for 2021, you will need to enroll during Open Enrollment. More information can be found in this guide.

Cigna One Guide

CHOOSE THE RIGHT MEDICAL PLAN WITH CONFIDENCE

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why Cigna One Guide® service is available to you now.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you



Steps to Enroll

Follow these steps for a successful enrollment

1

Read through this Benefit Guide to get familiar with the many benefits that are available to you and your family.

2

Collect your dependents' information if you intend to add them to your plans. You'll need information like, full names, birth dates, and Social Security numbers.

3

Decide on your beneficiaries. Some of our benefits require you to provide beneficiary information. Be sure to have full names and dates of birth.

4

Enroll via Oracle to lock in your choices for 2021 benefits. **The plans you enroll in will be effective January 1 through December 31, 2021.**

Benefits Enrollment: Easy as 1, 2, 3

To get started with self-service enrollment, you will need to access Oracle in the **PEOPLE CENTER** under **BENEFITS**. From here, you're ready to dive into the quick three-step process. Keep in mind that these steps need to be completed in the order below for everything to work most smoothly.

STEP ONE: ADDING CONTACT AND BENEFICIARY INFORMATION

- The first step in benefits enrollment is to review or choose your contacts and beneficiaries, you will need to click **CHANGE BENEFIT ELECTIONS**. You will then have the option to **ADD** contacts under **CREATE CONTACT**. More specifically, this step is where you add or update all people that you want to designate as dependents or beneficiaries. You do not need to delete anyone.
- While you are at it, do not forget to provide all the information that is required to determine eligibility for each contact. This ensures that the contacts are available for designation when you elect benefits. Be sure to include the person's date of birth. Click **CONTINUE**.

STEP TWO: ELECTING BENEFITS

- This button will only be available during an open enrollment period or if you have a qualifying life event.
- Choose the **HEALTH & WELFARE PROGRAM** tile. In the process of electing benefits, you will need to select benefits offerings and designate beneficiaries and dependents for each offering by checking the box with their name. Starting at the top, go through each benefit offering. Once you have completed the page, go back to the top and click on **NEXT**.
- You may need to add contribution amounts for the FSA's or HSA, the IRS requires you enroll in these each year. This is one of those situations where little details really matter, so do not forget to review your choices before submitting.

STEP THREE: REVIEWING AND RESOLVING ACTION ITEMS

Just one more step and you will be a benefits enrollment pro. Carefully review the **PENDING ACTION ITEMS** section to see if any lingering details remain. Perhaps you did not elect a beneficiary for your Life insurance. Review your elections and click on **SUBMIT**. You now have the option to Print and we suggest you print to be able to view you benefits at a later date. Click **PRINT**, you may then need to right click to print your elections.



Benefit Basics

ELIGIBILITY

Employees

You are eligible to participate on the first day of the month coincident with or next following your employment, or your classification as an Eligible Employee.

Dependents

Your legally married spouse and any biological, adopted, foster or stepchildren, or any child for whom you are court appointed as legal guardian (up to age 26).

KEY TERMS TO KNOW

Deductibles are the amount you pay for covered health care services before your insurance plan starts to pay.

Copayments (copays) are the fixed dollar amounts (for example, \$15) you pay for covered health care, typically at the time of service.

Coinsurance is the percentage of costs of a covered health care service that you pay (20%, for example) after you've paid your deductible.

Generic drugs contain the same active ingredients as brand-name drugs, but generally are less expensive.

Preferred brand drugs are brand-name drugs that are listed on the plan's preferred list of prescription drugs.

Non-preferred brand drugs are brand-name drugs that are not listed on the plan's preferred list of prescription drugs. These may not be covered under the plan.

Specialty drugs are used to treat certain complex health problems. These drugs tend to be very expensive.

A **Preferred Provider Organization (PPO)** plan provides coverage to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs.

A **High Deductible Health Plan (HDHP)** combines traditional medical coverage and a tax-advantaged **Health Savings Account (HSA)** to help save for future medical expenses.

WHEN CAN YOU MAKE CHANGES TO BENEFITS?

Generally, changes are only allowed under the following circumstances.

Annual Open Enrollment Period

Once a year we conduct an Annual Open Enrollment (usually in the fall). During this time, you can add or drop benefit plans, enroll in a FSA or HSA, and add or remove dependents from your coverage for the coming plan year.

Qualifying Life Events (QLEs) / Change in Family Status

Outside of Annual Open Enrollment, you may change your benefit elections during the year only if you experience a Qualifying Life Event. Below are examples of life events that may allow you to make a change.





Medical Overview

Champlain College offers employees the choice of three medical plans through Cigna: the Gold Plan Open Access Plus Plan (OAP), the Silver HDHP Plan with HSA, and the Bronze HDHP Plan with HSA. All of our medical plans include 100% coverage for preventive care services in the Cigna Network. See below for an overview of how the plans work and refer to the comparison chart on page 10 to see how certain common and minimum essential services are covered.

HOW THE GOLD PLAN WORKS



Does not come with a college-funded Health Savings Account.

\$0

You pay nothing for **in-network preventive care** for you and your family.



%



Certain medical services (like office visits) and prescription drugs are not subject to the plan's **deductible**.



Cigna's Telehealth Connection is covered at a low cost per visit.

20%

Other medical services (like hospital stays) are covered at 80% after the plan's **deductible** has been met.



After the plan's **deductible** has been met, eligible in-network medical expenses are covered at 80%.



100%

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

HOW THE SILVER AND BRONZE HDHPs WORK



They come with a college-funded Health Savings Account. We'll contribute \$1,500 /\$3,000 for the Bronze Plan or \$1,200/\$2,400 for the Silver Plan.

Read more on page 10.

\$0

You pay nothing for **in-network preventive care** for you and your family.



100%



You pay **100%** for your non-preventive medical care and prescriptions until the plan's deductible is met. *You can use your HSA funds to pay these expenses.*



Cigna's Telehealth Connection is covered at a low cost per visit.

After the plan's **deductible** has been met, eligible in-network medical expenses are covered 80% by the plan and prescriptions are covered 90% (generics), 70% (preferred brands), or 60% (non-preferred brands).



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

100%



Finding In-Network Doctors

Is your doctor, dentist or hospital in the Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

HOW TO SEARCH CIGNA'S NETWORK

1. Go to www.Cigna.com, and click on "Find a Doctor" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school."

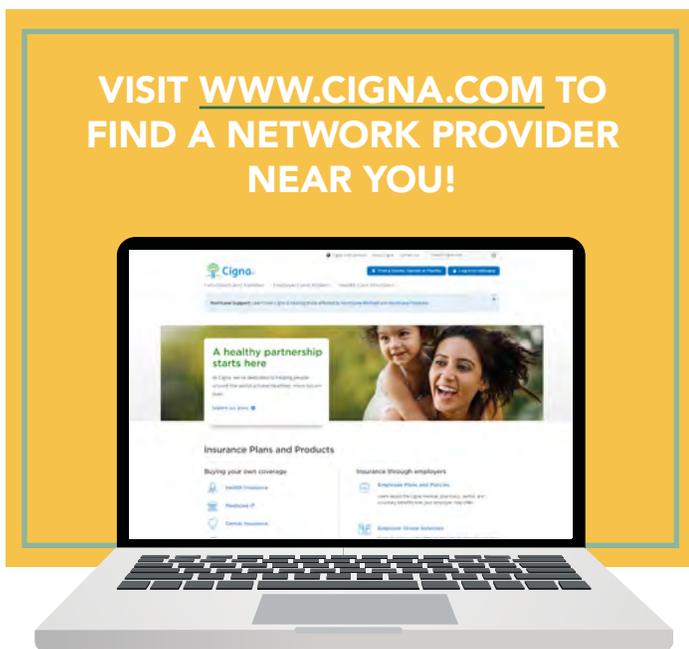
(If you're already a Cigna customer, log in to myCigna.com or the myCigna® app to search your current network. To search other networks, use the Cigna.com directory.)

2. Enter the location in which you want to search.
3. Optional – Select one of the plans offered by the college.
4. Type in who or what you are looking for. Or browse the A-to-Z glossary of providers and procedures or keywords option.

CIGNA'S WITH YOU, WHEREVER YOU ARE myCigna Mobile App

Download the myCigna mobile app and get access to your medical benefits info from anywhere...any time! The myCigna app uses one-touch access, making it easy for you to personalize, organize, and access your health information on the go. Use it to:

- Get a digital ID card
- Track your claims and deductible
- Get answers to frequently asked questions
- View a snapshot of your benefits



Cigna's Telehealth Connection Services



INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna's Telehealth Connection services. You can interact with in-network, U.S. board certified physicians 24 hours a day/365 days a year via secure video chat or phone. No need to leave your home or office ... and no appointment is necessary!



A SMART AND AFFORDABLE CHOICE FOR QUICK CARE

Using Cigna's Telehealth Connection can help get you the doctor visit and prescription you need, while also saving you time and money.

It's a great tool for when:

- You are traveling
- Your dependent is traveling or away at school
- You need help after hours or on the weekend
- Anytime you can't get in to see your regular provider

Some of the most common uses include:

- Cold and flu symptoms such as cough, fever, earaches, and headaches
- Allergies and sinus infections
- Fever
- Bladder infections, UTIs
- Pink eye

IT'S SIMPLE TO USE

1. Download the MyCigna app
2. Log in with your Cigna username and password
3. Tap "Find Care" at the bottom of your screen
4. Tap Cigna Telehealth Connection, then choose MDLive.

GO AHEAD AND SIGN UP TODAY!

No one plans to get sick ... it seems to happen out of nowhere! That's why we highly encourage you to download the MyCigna app now, before you need it, and get signed in so that when you need to use the Telehealth Connection services, all you need to do is connect through the app.

In the world of COVID one thing to understand is the difference between Telehealth and Telemedicine. **Telehealth** (MDLive) is not a visit with your doctors. **Telemedicine** is the new tagline used when you see your doctor via a virtual meeting or phone, but not in person. This rate is normally higher than the Telehealth rate.



Prescription Drugs

PREFER TO HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR?

Express Scripts, Cigna's home delivery pharmacy, will deliver maintenance medication to you at the location of your choice. Standard Shipping is always free. For more information, please call Customer Service at **800.244.6224**, or visit www.Cigna.com/home-delivery-pharmacy or mycigna.com.

CIGNA MEMBERS WILL RECEIVE A NEW ID CARD



Use your new ID card every time you fill a prescription. It has important information on it that the pharmacy needs to process your prescription.

- Throw away your old ID card. It no longer works.
- Your pharmacists will need to use the BIN, PCN, and Rx Group number on your ID card to access your benefits and process your claim.
- If you forget your ID card, you can access it using the myCigna® app. You can also download and print a temporary Cigna ID card from the myCigna website.

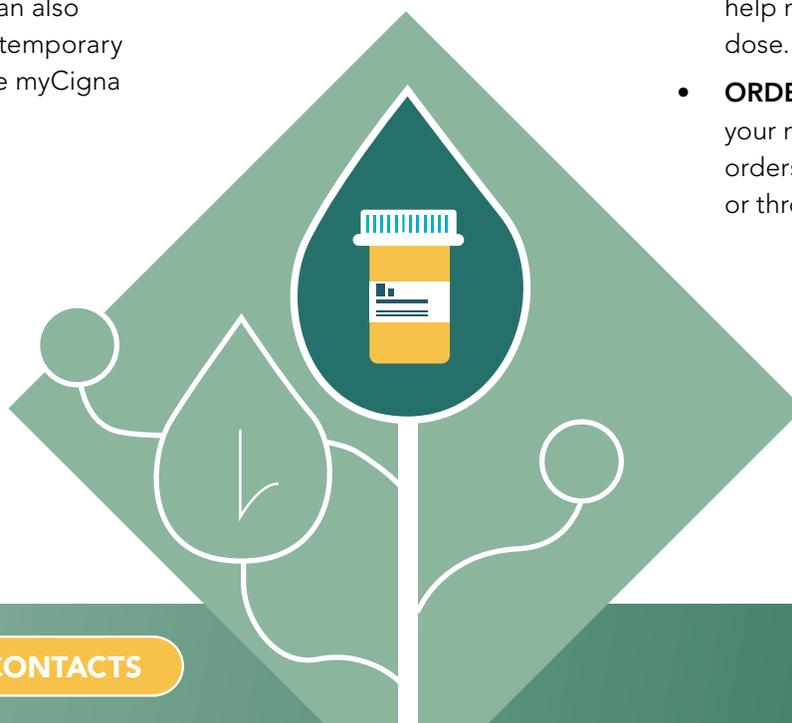
CHOOSE THE FILL OPTION THAT WORKS BEST FOR YOU

You can fill your medications in a 30-day or 90-day supply:

- To fill a 90-day supply, you must use a 90-day retail pharmacy in the plan's network OR Express Scripts, Cigna's home delivery pharmacy.
- You can fill a 30-day supply at any retail pharmacy in your plan's network OR Express Scripts, Cigna's home delivery pharmacy.

BENEFITS OF HOME DELIVERY

- **24/7 ACCESS TO LICENSED PHARMACISTS.** If you have a medication question, you can talk with a pharmacist anytime, day or night.
- **CONVENIENT DELIVERY.** We provide free standard delivery right to your home or work address within the United States. Your medication is shipped in packaging that protects your privacy and is designed to stand up to harsh weather.
- **EASY REFILLS.** Fill up to a 90-day supply of your medication at one time, so you fill less often.
- **REFILL REMINDERS.** You can sign up to get free refill reminders by email or text to help make sure you don't miss a dose.
- **ORDER ONLINE.** You can refill your medication and track your orders on the myCigna website or through the mobile app.





Medical Plan Comparison

CIGNA MEDICAL PLANS						
	GOLD PLAN OAP		SILVER HDHP		BRONZE HDHP	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible – "CYD" (how much you pay out of pocket before the plan pays)	Individual: \$450 Ind.+1: \$900 Family: \$1,350	Individual: \$900 Ind.+1: \$1,800 Family: \$2,700	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000	Individual: \$2,500 Family: \$5,000	Individual: \$5,000 Family: \$10,000
Medical Coinsurance (% you pay for services)	20% after CYD (calendar year deductible)	30% after CYD (calendar year deductible)	20% after CYD (calendar year deductible)	30% after CYD (calendar year deductible)	20% after CYD (calendar year deductible)	50% after CYD (calendar year deductible)
Out-of-Pocket Maximum (Medical and Prescription Drugs)	Individual: \$3,000 Ind.+1: \$6,000 Ind. in Family: \$6,850 Family: \$9,000	Individual: \$6,000 Ind.+1: \$12,000 Family: \$18,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000	Individual: \$5,000 Ind. in Family: \$6,650 Family: \$10,000	Individual: \$10,000 Family: \$20,000
WHAT YOU PAY FOR SERVICES						
Preventive Care	\$0; Plan pays 100%	30% after CYD	\$0; Plan pays 100%	30% after CYD	\$0; Plan pays 100%	50% after CYD
Primary Care Physician (PCP) Visit	20%, CYD does not apply	30% after CYD	20% after CYD	30% after CYD	20% after CYD	50% after CYD
Specialist Visit	20%, CYD does not apply	30% after CYD	20% after CYD	30% after CYD	20% after CYD	50% after CYD
Urgent Care	20% after CYD	30% after CYD	20% after CYD	30% after CYD	20% after CYD	50% after CYD
Hospitalization	20% after CYD	30% after CYD	20% after CYD	30% after CYD	20% after CYD	50% after CYD
Mental Health/ Substance Abuse	20% after CYD	30% after CYD	20% after CYD	30% after CYD	20% after CYD	50% after CYD
Emergency Room	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
PRESCRIPTION DRUG COVERAGE						
RETAIL PHARMACY (30-DAY SUPPLY)						
Generic	10%, no CYD		10% after CYD		10% after CYD	
Preferred Brand	30%, no CYD		30% after CYD		30% after CYD	
Non-Preferred Brand	40%, no CYD		40% after CYD		40% after CYD	
MAIL ORDER (90-DAY SUPPLY)						
Generic	10%, no CYD		10% after CYD		10% after CYD	
Preferred Brand	30%, no CYD		30% after CYD		30% after CYD	
Non-Preferred Brand	40%, no CYD		40% after CYD		40% after CYD	
2021 MEDICAL PLAN PREMIUMS (BI-WEEKLY)						
Employee Only	\$116.51		\$76.37		\$55.08	
Employee + 1	\$221.83		\$142.70		\$102.91	
Family	\$303.66		\$194.31		\$140.14	



Health Savings Account

A Health Savings Account, commonly known as an “HSA,” is an individual account you can open, add money to, and spend on eligible health care expenses.

HSA BASICS

An HSA is unique because money used for eligible expenses is not taxed, investment earnings are not taxed, money spent on eligible expenses is not taxed, and the money rolls over year to year. You own the account and you control how money is spent. Contributions can be made with pre-tax dollars via payroll deduction or using post-tax dollars, allowing you to claim a deduction on your tax return.

SETTING UP YOUR HSA

If you are eligible for an HSA Account (by electing the Silver or Bronze HDHP medical option), you will receive a Welcome Kit at your home address with registration information. We partner with Health Equity to administer our employees’ Health Savings Accounts. It is important to get your HSA set up as quickly as possible. Money cannot be deposited until the account is set up.

If you currently have an HSA through Champlain, you do not need to set up a new plan. A new card will not be issued unless your current card is expiring.

ADDING MONEY

The IRS sets the annual dollar maximum that can be made to an HSA depending on if you are enrolled in a qualified high deductible health plan. Coverage of two or more people is considered family coverage. People who are age 55 or older can make additional catch-up contributions.

SILVER OAP HDHP	2021 EMPLOYER CONTRIBUTION	2021 TOTAL IRS CONTRIBUTION LIMIT
EE Only	\$1,200	\$3,600
Family	\$2,400	\$7,200
55+ Catch Up	N/A	\$1,000

BRONZE OAP HDHP	2021 EMPLOYER CONTRIBUTION	2021 TOTAL IRS CONTRIBUTION LIMIT
EE Only	\$1,500	\$3,600
Family	\$3,000	\$7,200
55+ Catch Up	N/A	\$1,000

USING HSA MONEY

HSA money can be used tax-free for any eligible health care expenses. If you pay out of pocket for an eligible medical expense, you can reimburse yourself for the expense from your HSA.

Once you turn age 65, you may use your HSA money for any expense, medical or not, but you will pay income taxes on those non-medical expenses.

Distributions made for any non-qualified medical expenses are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability or once the account owner reaches age 65.

MANAGE YOUR ACCOUNT ONLINE

At my.healthequity.com, you can:

- Check your account balances
- Make payments to providers
- Transfer funds to your personal checking account
- Record your beneficiary
- Use the HSA Tool Kit for as an additional resource

Eligibility

- You must be covered under a high deductible health plan (HDHP).
- You have no other health coverage except what is permitted under Other Health Coverage (See Publication 969 located at www.irs.gov).
- You are not enrolled in Medicare (if you or your spouse is enrolled in Medicare please contact Benefits@GMHEC.org to discuss alternative solutions)
- You haven’t claimed Veterans Administration benefits (See Publication 969 located at www.irs.gov).
- You cannot be claimed as a dependent on someone else’s (current year’s) tax return.

Eligible Expenses

The money in your HSA must be used for eligible medical, dental, vision, and prescription drug expenses. If you use money for a dental, vision or medical expense that is not covered by the medical plan, it is important you understand your medical plan deductible will still need to be met if an expense is incurred.

Supplementing Your Medical Plan



Our medical plans provide great coverage for your health needs, but an unexpected injury or illness can mean unexpected medical bills that you didn't necessarily budget for. That's where these new voluntary plans come in. If you experience a covered condition, you'll receive a cash reimbursement benefit to help offset your out of pocket expenses.

FOR THOSE EMPLOYEES CURRENTLY ENROLLED IN THESE BENEFITS: If you are currently enrolled in the Critical Illness Insurance or Accident Insurance Plans for 2020 and want to continue your coverage, you must ENROLL in these plans during the 2021 Open Enrollment period (October 30 - November 15). The current plans will be ending on December 31, 2020 and you will not be automatically enrolled in the Enhanced plans that are being introduced for 2021. For more information about these plans, please contact Benefits@gmhec.org or contact Unum directly at **800.879.4088**.

CRITICAL ILLNESS INSURANCE

If serious illness strikes, Unum's Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery. If you elect this coverage and are diagnosed with a covered illness, you get a lump-sum cash reimbursement benefit — even if you receive benefits from other insurance.

Coverage Amounts

- Employee – \$5,000 to \$50,000
- Child – All eligible children are automatically covered at 50% of the employee benefit amount (no additional cost)
- Spouse – \$5,000 to \$30,000 (must also purchase employee coverage; spouse may only have half the employees amount)

Covered illnesses include (but are not limited to):

- Heart Attack
- End Stage Renal (Kidney) Failure
- Stroke
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- Cancer and Carcinoma in Situ
- Benign brain tumor
- Blindness

Wellness Benefit

You can receive a wellness benefit of \$50 per calendar year per person covered under your Critical Illness plan if a covered health screening test is performed. Contact Unum at **800.350.1775** to inquire about claiming your wellness benefit.

ACCIDENT INSURANCE

The Accident Insurance plan provides benefits to help cover the costs and out-of-pocket expenses associated with unexpected bills. When a covered accident occurs, the last thing you should have to worry about is paying for the charges that may be accumulating while you're not at work. Those costs can add up — fast.

If you buy this insurance through Unum and get hurt in a covered accident, they send you a reimbursement check for covered injuries and let you decide the best way to spend it.

Examples of Covered Injuries

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Lacerations

Dental



Champlain College offers two dental plans through Cigna. You'll see from the chart below, there are slight differences in coverage, so it's important you choose which plan is right for your needs. Look at the factors such as the amount you pay for coverage, annual deductible, annual maximum, and your out-of-pocket costs on services.

SAVE MONEY IN THE NETWORK

Although Cigna allows you to visit any provider you would like, staying in the Cigna network will provide you with highest level of benefits. Non-network providers are allowed to balance bill you for any amount above what Cigna considers "Usual and Customary." Visit mycigna.com or log on to the myCigna mobile app to see who is in the network.

CIGNA DENTAL PLANS		
	ENHANCED DENTAL PLAN*	BASIC DENTAL PLAN*
	In-Network	In-Network
Deductible (Single/Family)	\$25/\$75	\$100/\$300
Calendar Year Benefits Maximum	\$2,000 per person	\$1,250 per person
Preventive Services (4 per year in the Enhanced Plan, 2 per year in the Basic Plan)	Covered 100%, no deductible	Covered 100%, no deductible
Basic Services	Covered 80% after deductible	Covered 50% after deductible
Major Services	Covered 50% after deductible	Covered 50% after deductible
Dental Implants	Covered 50% after deductible	Covered 50% after deductible
Orthodontics	Covered 50%, no deductible Coverage for employee and all dependents	Covered 50%, no deductible Coverage for dependent children to age 19
Orthodontics Lifetime Maximum (Plan pays)	\$2,000 per person	\$1,250 per child

*For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge. The dentist may balance bill up to their usual fees.

2021 DENTAL PLAN PREMIUMS (BI-WEEKLY)		
Employee Only	\$10.57	\$8.02
Employee + 1	\$18.97	\$14.34
Family	\$31.27	\$23.77

Vision



You have a choice between two voluntary vision plan options, both provided by Vision Service Plan (VSP). There is a Basic Plan and an Enhanced Plan with enhanced benefits. Review the plans and choose which works best for you.

SAVE MONEY IN THE NETWORK

Remember, you'll save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. To learn what doctors are in your network, call **800.877.7195** or visit [vsp.com](https://www.vsp.com).

VSP VISION PLANS				
VSP ENHANCED PLAN			VSP BASIC PLAN	
IN-NETWORK BENEFITS*	COPAY	FREQUENCY	COPAY	FREQUENCY
WellVision Exam	\$15 for exam & glasses	Every calendar year	\$15 for exam & glasses	Every calendar year
FRAMES				
(Plus up to 20% discount on balance after allowance is exhausted)	Covered by exam copay; \$200 frame allowance (\$220 allowance for featured brands)	Every calendar year	Covered by exam copay; \$150 frame allowance	Every other calendar year
LENSES				
Single vision, lined bifocal, and lined trifocal lenses	Covered by exam copay	Every calendar year	Covered by exam copay	Every calendar year
CONTACT LENSES (IN LIEU OF EYEGASSES)				
Elective	\$60 copay for contacts fitting and evaluation; \$200 allowance for contacts	Every calendar year	\$60 copay for contacts fitting and evaluation; \$150 allowance for contacts	Every calendar year
Medically Necessary	No Cost	12 months	No Cost	12 months
EXTRA SAVINGS				
Glasses and Sunglasses	Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or, get 20% from any VSP provider within 12 months of your last WellVision Exam.			
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities			
2021 VISION PLAN PREMIUMS (BI-WEEKLY)				
Employee Only	\$9.48		\$7.69	
Employee + 1	\$13.75		\$11.15	
Family	\$24.66		\$19.98	



Flexible Spending Accounts

HEALTHCARE FSA

A Flexible Spending Account (FSA) allows you to set aside money from your paycheck before income taxes are withheld. This money is available to pay for eligible medical, dental, and vision expenses, such as coinsurance, deductibles, eyeglasses, contact lenses and other health-related expenses that are not reimbursed by insurance.

If you are enrolled in a High Deductible medical plan, you are not eligible to enroll in the Healthcare FSA but you can instead elect a Limited Purpose FSA, as described below.

How It Works

You decide how much to contribute to your Health Care FSA each year, up to \$2,750. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

\$500 Rollover Feature

After December 31, 2021, any unused Health Care FSA funds up to \$500 can roll over to the next plan year if you re-enroll in the FSA. Funds in excess of \$500 will be forfeited.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)

If you are enrolled in a High Deductible Health Plan, you may enroll in a Limited Purpose FSA. The annual contribution limit for this plan is \$2,750.

You would use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses. The Limited Purpose FSA is subject to the same rules as the Health Care FSA, including the \$550 rollover feature.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for daycare expenses to allow you and your spouse to work or attend school full-time. Eligible dependents are your tax dependent children under 13 years of age or a child over 13, spouse or elderly parent residing in your home, who is physically or mentally unable to care for himself or herself.

How Much Can I Contribute to a Dependent Care FSA?

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

Eligible Expenses

Some examples of eligible Dependent care Expenses include day care facility fees, before and after-school care, in-home babysitting fees (income must be reported by your care provider), and elder care.

Things to Consider Before You Contribute to A Dependent Care FSA

- Be sure to fund the account wisely. Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any balance in the Dependent Care FSA after December 31, 2021.
- You cannot take income tax deductions for expenses you pay with your Dependent Care FSA.
- You cannot stop or change contributions to your Dependent Care FSA during the year unless you have a change in status consistent with your change in contributions.

CLAIMS REIMBURSEMENT

You can access your FSA funds through the plan administrator's website at mycafeteriaplan.com. Learn more about managing your account on page 16.

Managing Your FSA



You can access your FSA balances online and submit claims information using the Business Plans, Inc. website at www.mycafeteriaplan.com. Follow the steps below to register as a first-time user.

1. Go to www.mycafeteriaplan.com
2. Click "Participant Login"
3. Click on "New User" and answer the questions to establish your account.
4. If you are enrolled in the Dependent Care FSA, you must update your dependent information before claims can be filed. This information can be updated by going to the Profile tab and clicking on Dependents.

Contact Business Plans, Inc. if you need help filing a claim.

- customer_service@mycafeteriaplan.com
- 800.865.6543

FILING A CLAIM

Step 1 - Prepare

1. Confirm that the expense is eligible to be reimbursed (check Publications 502 and 503 at IRS.gov)
2. Gather documentation and/or explanations of benefits (EOB)
3. Be sure the documentation you submit includes:
 - Provider name and address
 - Patient name
 - Description of service
 - Date of service
 - Amount charged
4. Submit copies of documentation. Keep the originals for your records.

Step 2 - Submit

Choose one of the methods below to submit your claim.

ONLINE

- Log on to your account at mycafeteriaplan.com
- Click "File a Claim"
- Enter your claim and upload documentation
- Review and agree to the Terms & Conditions
- Click Submit

MOBILE

- Install the myCafeteriaPlan On-the-Go app on your smartphone
- Log in with your username and password and select "File a Claim" from the main screen
- Enter the claim information and attach a picture of your documentation.
- Click Submit

MAIL/FAX

- Download a claim form at mycafeteriaplan.com
- Print, complete, and sign your claim form
- Attach supporting documentation
- Fax (**937.865.6502**) or mail your claim form and documentation to:
myCafeteriaPlan
Attention: Claims
432 East Pearl Street
Miamisburg, OH 45342



Life Insurance Options

Remember, it is important to keep your beneficiary information up-to-date.

Please be sure to verify or update this information during Annual Enrollment or when there is a change in your beneficiaries. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

GROUP TERM LIFE AND AD&D

For eligible employees, the College pays 100% of the cost of Group Term Life coverage and Accidental Death & Dismemberment (AD&D) insurance. You are eligible to participate on the first day of the month coincident with or next following your employment, or your classification as an Eligible Employee.

COVERAGE TYPE	BENEFIT AMOUNT
Term Life Insurance	Base Life Insurance amount ("principal sum") is 2.5x your earnings up to a maximum of \$700,000 (guaranteed issue amount is \$450,000)
Accidental Death and Dismemberment Insurance (AD&D)	AD&D Insurance amount ("principal sum") is 2.5x your earnings up to a maximum of \$700,000

The Group Term Life and AD&D benefit premiums are paid by the College, however, the benefit is taxable under federal law. FICA, state and federal taxes based on the value of the benefit are currently deducted from each paycheck. The tax is on the value of the amount over \$50,000, and this is determined by using an IRS chart with your age and the dollar amount.

SUPPLEMENTAL LIFE AND AD&D

In addition to the College-provided benefits summarized here, you may purchase additional or "Supplemental" Life and Accidental Death and Dismemberment insurance for yourself and your spouse. You pay the full cost of any voluntary insurance plan coverage, which is deducted from your paycheck on an after-tax basis.

COVERAGE TYPE	BENEFIT AMOUNT
Employee Life Insurance	Lesser of .5 times salary to 4.5 times salary rounded to next multiple of \$10,000, not to exceed \$500,000
Spouse Life Insurance	Lesser of 100% of the employee amount in increments of \$10,000 rounded to the next multiple of \$10,000, not to exceed \$500,000. <i>Benefits are paid to the employee.</i>
Child Life Insurance	Lesser of 100% of the employee amount in \$2,000 increments, rounded to next multiple of \$2,000, not to exceed \$10,000. Max Benefit for child between live birth and 6 mos. is \$1,000. <i>Benefits are paid to the employee.</i>

Evidence of Insurability (EOI) is required in the following situations:

- If you enroll after your initial eligibility period (hire date)
- If you increase your coverage amount
- If you apply for a coverage amount in excess of the Guaranteed Issue Amount

An electronic link will be sent to you for you to complete the evidence of Insurance form. This form is submitted directly to Unum.

Rates are determined by your age and the amount of coverage you elect.

VOLUNTARY WHOLE LIFE INSURANCE

Whole Life insurance can provide financial support for families after the death of a loved one. Coverage is available for your dependents, even if you don't elect coverage for yourself. This coverage provides protection for a lifetime, with guaranteed renewal year after year. If you purchase this coverage, rates will not go up as you age, and coverage is portable, so you can keep it even if you leave the College, as long as you continue making payments to Unum.



Disability Insurance

SHORT-TERM DISABILITY

Short-Term Disability (STD) provides you with income when you are unable to work due to an illness, injury or maternity. This coverage is provided to you by the College at no cost to you. Unum administers all claims.

Should you be out on a short-term disability claim, you will be paid 66.67% of your basic earnings. (There is a grandfathered group of people who were hired before July 1, 2009, who receive the benefit granted before July 1, 2009.)

Short-Term Disability benefit payments are made through payroll, which means your normal benefit deductions will still occur. Short-Term Disability benefits will begin once:

- An individual has been out for 10 consecutive days for an illness or injury
- The appropriate paperwork has been filed with Unum
- Unum has approved the illness or injury as a disability

Unum will determine your disability paid-time benefit based upon your disability and the physician's diagnosis. STD may last up to 26 weeks, including the first 10 days you were absent. STD runs in conjunction with Family Medical Leave (FML).

At the time STD benefits end your employment with the College will cease. You will be eligible to COBRA your medical, dental and vision benefits. Once you are able to return to work you may apply for any open positions where you meet the qualifications.

LONG-TERM DISABILITY

Long-Term Disability (LTD) provides you with income when you are unable to work due to a disability. This coverage is provided to you by the College at no cost to you. All claims are administered by Unum. LTD payments are 66.67% of your basic monthly earnings up to \$15,000 per month. Payments are made directly to you by Unum.

Long-Term Disability will begin once:

- The elimination period of 180 days (length of STD) has been met
- The appropriate paperwork has been completed and submitted to Unum
- Unum has determined and approved the disability request
- Unum will determine your disability benefits based upon the disability and the physician's diagnosis

Employee Assistance Program



We offer an Employee Assistance Program (EAP) to employees and their extended families through New Directions. This program offers several different types of assistance.

EMOTIONAL WELLBEING

You are offered up to six sessions (per incident, at no cost to you) of confidential, face-to-face counseling for yourself, your household members, parents and siblings. Personal issues may include stress and anxiety, anger or depression issues, substance abuse, addiction, relationship issues, parenting issues, grief and loss.

LEGAL CONSULTATIONS & REFERRALS

Through New Directions you will be connected with an advice attorney for a free 30-minute consultation. Consultations may cover civil lawsuits, real estate transactions, divorce/ custody, criminal actions, contracts, immigration issues and elder care tools. Should your legal matter be more complex in nature, you will be referred to an attorney at a 25% discounted rate.

FINANCIAL CONSULTATION & REFERRALS

Financial issues leave you feeling stressed and confused. Having someone with whom you can discuss your options can help you feel more in control. New Directions' financial professionals are available to help you address issues, including budgeting, credit/debt issues, bankruptcy, credit card issues, tax advice, identity theft, estate planning and planning for retirement.

TELEPHONIC HEALTH, WELLNESS COACHING & REFERRALS

The health coaching program offers online resources and one-on-one coaching for health-related issues. You will be offered assistance with walking/fitness programs, diet and nutrition advice, chronic disease management, weight loss and smoking cessation, referrals to gyms/health clubs, holistic health resources and support groups.

FAMILY & CAREGIVING RESOURCES AND REFERRALS

From becoming a new parent to taking care of an aging relative to pet care needs, the New Directions specialist provides you with in-depth consultations, resources and referrals to help you make educated decisions. Common concerns include: new parent coaching, special needs programs, educational programs, child and elder care services, adoption assistance, summer camps and pet care.

SERVICES TO MAKE YOUR LIFE EASIER

New Directions can provide referrals to local vendors and resources to assist with everyday tasks, such as chore services, moving and relocation, electricians and plumbers, event and party planners, consumer comparisons, volunteer opportunities, and travel and safety.

WEBSITE & CONTACT INFORMATION

- Log on to access articles, assessments, webinars, financial calculators, searchable databases, skill builders and more.
- Website: <https://eap.ndbh.com>
Username: Champlain College
Password: guest
- Call 24 hours a day: **800.828.6025**,
Voice/TTY 23



Well-being: Supporting you to bring your best self to life everyday

The Green Mountain Higher Education Consortium is committed to supporting your well-being through comprehensive programming and strategic initiatives.

OUR THREE OVERARCHING PRIORITIES ARE TO:

1. Foster an environment that makes the healthy choice the easy choice
2. Foster an inclusive and engaging culture of well-being
3. Educate and empower employees to effectively manage and utilize the health care system

WELLBEING PROGRAMS

Some of our programs and initiatives include the Omada/Cigna Diabetes Prevention Program, discounted memberships to The EDGE, comprehensive employee and family assistance programs, fitness and well-being challenges, virtual mental and behavioral health support, mindfulness workshops, fitness and yoga classes, cooking and art classes, health coaching, annual flu clinics and department specific programming.

TO FIND OUT MORE ABOUT WHAT'S AVAILABLE AT YOUR COLLEGE:

- Check out the school specific [resource guides](#) on the GMHEC Well-Being web page.
- Sign up for the "[What's on tap for well-being?](#)" newsletter
- Check out our [events calendar](#) (password is GMHECWell-being)
- Join the GMHEC Well-being [Facebook page](#)

FOCUSING ON MENTAL HEALTH

2021 is shaping up to be another challenging year and to weather the storm it is imperative that we nurture all domains of our well-being including our mental and emotional health. Mental health diagnoses including anxiety and depression are on the rise and Cigna has some wonderful resources available to support you to manage these challenges.

- **CIGNA TALKSPACE:** Utilize your behavioral health benefits to virtually connect with a Talkspace licensed therapist via live video and private texting as well as access online resources via the Talkspace app. Go to the [Cigna Talkspace link](#) to schedule an assessment.
- **IPREVAİL:** A digital therapeutics program designed by experienced clinicians to help you take control of the stresses and challenges of everyday life. iPrevail helps you overcome feelings of anxiety and loneliness, reduce negativity and feelings of depression, decrease stress from relationships, work and daily life and build resilience and positivity. To sign up, go to [mycigna.com](#), stress and emotional wellness page and click on the iPrevail link.
- **HAPPIFY:** A free app with science-based games and activities that are designed to help you defeat negative thoughts, gain confidence, reduce stress and anxiety, increase mindfulness and emotional well-being and boost health and performance. Sign up and download the free app [here](#).

LEARN MORE ABOUT GMHEC WELL-BEING RESOURCES:
<https://www.gmhec.org/category/well-being/resources/>



Wellbeing at Champlain

Champlain College recognizes the importance of health promotion for our employees

We make a significant investment to support Wellbeing initiatives. The College and the Wellbeing Team are focused on assisting you in finding your wellbeing. This is an individual journey and will be different for everyone.

The College provides several avenues for employees to focus on their own wellbeing. These include free use of the gym and class participation at the IDX Fitness Center on campus. There is no cost for participation in on-campus wellness initiatives. Full-time staff and faculty also have the option to obtain a membership at The Edge (all five locations) for \$5.54 per pay.

COLON CANCER SCREENING AT HOME

Among cancers that affect both men and women, colon cancer is the second leading cancer killer in the United States. But symptoms for colon cancer are not always obvious. That's why screening is so important, especially if you're age 50 and older.

Cigna is teaming up with LabCorp to mail a FIT kit directly to your home at no extra cost. The FIT kit (fecal immunochemical test) is a stool test to look for possible signs of colorectal cancer. It is one of several screening options, and you can complete the collection in the privacy of your own home. Choosing to complete the kit is optional, will not affect your benefits, and your participation will be confidential. **You will receive a letter in the mail from Cigna with more information on this option, if you are eligible.**

You're covered

With your Cigna-administered plan, it may cost you nothing extra. Here's what you need to know.

- The kit will be sent to you at no additional cost.
- You will not pay any postage to return the kit.
- There is no fee to process your test if you have 100% in-network preventive coverage.

If you are interested in having a different type of colon cancer screening, such as a colonoscopy, please contact your health care provider to discuss which screening is right for you. If you do not have a provider, call the number on your Cigna ID card or visit myCigna.com to find an in-network provider.

THE EDGE

Full-time faculty and staff (must be "benefit eligible") are eligible to join The EDGE at any of their locations. The current benefit level is the Active level, which includes classes, pools and fitness. The EDGE offers a 35% reduction on regular yearly rates for part-timers and retirees, and a 50% reduction on regular yearly rates for a spouse. You will pay The EDGE directly for these costs. Children—age 18 and under—are free as they are included in the employee's membership.

There is a nominal monthly fee of \$5.54 per pay (26 pays) for your membership to The EDGE, which is deducted through payroll each pay period. You can enroll through Oracle.

CIGNA DIABETES PREVENTION PROGRAM

More than 1 in 3 American adults have prediabetes and without meaningful intervention, 30% of those individuals will develop type 2 diabetes. We are now offering a solution to help: The Cigna Diabetes Prevention Program in collaboration with Omada. Omada is a CDC-recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through health weight loss and lifestyle changes.

How do I participate?

Cigna will identify those who are at risk based upon, Age 18+ and BMI 25 or higher and one or more of prediabetes diagnosis, high triglycerides, low HDL, high blood pressure and high blood sugar. There is also a self-enrollment process. For more information, please contact Benefits@gmhec.org or call **802.443.5485**.



MotivateMe – My Incentive Program

MotivateMe – My Incentive Program is a Wellbeing program which will reward you for focusing on your individual health and Wellbeing efforts. All full-time benefit eligible faculty and staff have access to this program. The program is administered on the Cigna site. Go to www.mycigna.com and click the “**Wellness**” tab on the top of the page. Then choose “**Rewards & Programs**” and “**Incentive Awards**”.

You will need to register with mycigna to set up your account if you have not previously done so. If you do not participate in the College’s health insurance you will also need to set up your account at mycigna. To set up an account go to www.mycigna.com, Click on “**How To Register**” on the top of the page. Follow the instructions on the “**Learn How to Register**” page. You will need to use your social security number to set up your account.

(If you are enrolled in another CIGNA program DO NOT use your account number from the NON-Champlain Plan.)

This program will allow you to be eligible for up to \$300 as an incentive by completing a list of health and wellbeing tasks. This list can be found in your www.mycigna.com account under the Wellness & Incentive Tab. Once you have completed the Gate Keeper tasks you will receive \$150 to spend however you like. By completing at least 5 of the Optional items you may receive another \$150 to spend however you like. The Gate Keeper items must be completed in order to participate in the program.



Saving for Retirement

DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN 403(B) PLAN

This self-managed plan is an opportunity to set aside pre-tax and post-tax income for retirement savings through direct payroll deductions. Employees can defer pre-tax and post-tax income into the College's 403(b) Plan. Full- and part-time employees who are regularly scheduled to work 20 hours or more per week qualify to participate on the first day of work, if administratively possible.

ANNUAL LIMITS

The 2021 IRS limit for employee deferral into the 403(b) Plan has not yet been set but is projected to be \$19,500 (not including any "catch-up contributions") of your compensation* for the calendar year. The maximum "catch-up contribution" for 2021 has not yet been set but is projected to be \$6,500.

**For the purpose of Champlain College's Defined Contribution Plan, "compensation" is defined as gross wages less severance pay, cellphone allowance, wellness incentive allowance and awards*

THINGS TO REMEMBER

- Champlain College offers both pre-tax and an after-tax (Roth) option in the 403(b) Plan.
- This plan does accept rollovers from other "qualified" plans.
- Vesting in the plan is immediate. Employees are 100% vested in all contributions to the plan immediately.
- Employees over 50 years of age before the end of the calendar year may elect to defer additional amounts (called "catch-up contributions") to the plan as of January 1 of that year.

MAKING CHANGES

To change your payroll contributions to the plan (increase or decrease the deferral amount or enroll in the catch-up option), go into your account in Oracle under the Benefits icon and "Change Retirement Savings." This change must be completed 10 days prior to the pay date to be effective the next pay date. Please contact Benefits@gmhec.org with additional questions.

It is the employee's responsibility to track and monitor their deferral contribution to maximize the College's match. Changes to your investments must be done online at tiaa.org/champlain. Beneficiary changes to your TIAA account must be done online on the TIAA website. A good practice is to review your beneficiaries on an annual basis.



2021 Benefit Contacts

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
Health Savings Account	Health Equity	866.346.5800	my.healthequity.com
Dental	Cigna	800.244.6224	mycigna.com
Vision	VSP	800.877.7195	vsp.com
Flexible Spending Accounts	Business Plans, Inc.	800.865.4485	mycafeteriaplan.com
Employee Assistance Program	New Directions	800.828.6025	eap.ndbh.com
Critical Illness, Accident Insurance, and Whole Life Insurance	Unum	866.679.3054	unum.com
Basic Life, Supplemental Life, and Disability Insurance	Unum	866.679.3054	unum.com
Retirement Savings - 403(b)	TIAA	800.842.2252	tiaa.org/champlain

Supporting you to bring your best self to life everyday

CONTACT THE GREEN MOUNTAIN HIGHER EDUCATION CONSORTIUM BENEFIT TEAM AT **BENEFITS@GMHEC.ORG** OR **802.443.5485**.

The information in this guide is a summary only. Always refer to the applicable plan documents, policies or guides before making final decisions. As such, the College reserves the right to alter, amend or suspend the terms of this document at its sole discretion, with or without notice; please refer to the plans and policies posted on the Faculty & Staff page under the People Center and Benefits for the most current version. This document does not constitute an employment contract.