

# Employee Benefits

# ENROLLMENT GUIDE

October 1, 2022 - September 30, 2023



## Livingstone College

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# Eligibility and Enrollment

## Eligible Employees:

You may enroll in the Livingstone College Employee Benefits Program if you are a Full-Time employee.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal spouse or domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

## When Coverage Begins:

Enrolling newly hired employees and dependents will be effective on the date of full-time employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

## Family Status Change:

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

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

If such a change occurs, you must make the changes to your benefits within 30 days (60 days if change is due to Medicaid or CHIP) of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change.

**You must notify Human Resources within the required timeframe of a qualifying life event, and they will guide you through the change of benefit(s) process.**

# What's New

Livingstone College is pleased to announce that the medical plans are remaining with BlueCross BlueShield with minor plan changes. Please see pages 5 & 6 for details.

The contributions for the Employee Only base plan are decreasing and all other medical plan contributions are staying the same.

The dental and vision plans are remaining with BlueCross BlueShield with no plan changes. The dental plan contributions are changing slightly.

The Basic Life and AD&D plan provided by Livingstone College is moving to UNUM and the benefit is increasing to \$50,000.

We are also pleased to offer you the choice of additional supplemental term life insurance for yourself and eligible dependents. Please see page 9 for details.

The voluntary Short-Term Disability and Long-Term Disability coverages are moving to UNUM. The STD benefit is remaining the same and contributions are decreasing. The benefit maximum on Long-Term Disability is increasing from a maximum of \$5,000 to a monthly maximum of \$6,500.

Individual Voluntary coverages offered through Allstate, Globe Life and Transamerica will no longer be deducted through payroll. Livingstone College will also stop payroll deductions for AFLAC Cancer. The only additional Voluntary Benefit coverages that will be payroll deducted are the AFLAC Group Accident, Critical Illness and Hospital Indemnity. If you are currently covered under one of the individual plans through Allstate, Globe Life and Transamerica or the AFLAC Cancer plan, you may continue these programs but will need to pay premiums direct to the insuring company. Each of them will be contacting you to arrange for direct premium payment.

# How to Enroll

We are excited to announce the start of Open Enrollment on the Employee Self Service\* website. The Open Enrollment period will last 1 week starting Monday, September 19, 2022 and ending Monday, September 26, 2022. All changes to your benefits must be completed by Monday, September 26. The changes that you make to your benefits will take effect on October 1, 2022. Log in to Workforce Now to access the Employee Self-Service\* website.

<https://workforcenow.adp.com>

Enter your User ID and password, and then click Sign In. If you do not remember your user ID, click "Forgot User ID". The system will locate your User ID. If you do not know your password, click "I DON'T KNOW MY PASSWORD" to reset your password.

The system will guide you through the open enrollment steps. If you need additional instruction, please see the ADP Enroll instructions emailed to you.

# Contact Information

Benefit Plans	Carrier	Phone Number	Website
Medical	Blue Cross and Blue Shield of North Carolina	1-877-258-3334	<a href="http://www.BlueConnectNC.com">www.BlueConnectNC.com</a>
Dental	Blue Cross and Blue Shield of North Carolina	1-800-305-6638	<a href="http://www.BlueConnectNC.com">www.BlueConnectNC.com</a>
Vision	Blue Cross and Blue Shield of North Carolina	1-855-400-3641	<a href="http://www.Blue2020NC.com">www.Blue2020NC.com</a>
Life and AD&D Voluntary life and AD&D	UNUM	1-800-858-6843	<a href="http://www.unum.com">www.unum.com</a>
Short Term Disability Long Term Disability	UNUM	1-800-858-6843	<a href="http://www.unum.com">www.unum.com</a>
Voluntary Benefits: - Critical Illness - Hospital Indemnity - Accident	AFLAC	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>

# Medical Benefits

Livingstone College will continue to offer you a choice of 2 medical benefit plans through BlueCross BlueShield of North Carolina. The charts below and on the next page provide a side by side comparison of the 2 plan options.

In order to receive the highest benefit level and reduce your potential out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose to use an out-of-network provider, you may be responsible for balance billing.

Benefit Coverage	BlueCross BlueShield of North Carolina Base Plan - 123		BlueCross BlueShield of North Carolina Buy-Up	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>				
Individual	\$3,500	\$7,000	\$3,500	\$7,000
Family	\$7,000	\$14,000	\$10,500	\$21,000
Coinsurance	80% /60%	50%	70%	50%
<b>Maximum Out-of-Pocket</b>				
Individual	\$7,000	\$14,000	<b>\$8,700</b>	<b>\$17,400</b>
Family	\$14,000	\$28,000	<b>\$17,400</b>	<b>\$34,800</b>
<b>Physician Office Visit</b>				
Primary Care	\$35 copay	50% after deductible	\$35 copay	50% after deductible
Specialty Care	60% after deductible	50% after deductible	\$70 copay	50% after deductible
<b>Preventive Care</b>				
Adult Periodic Exams	100%	70% after deductible	100%	70% after deductible
Well-Child Care	100%	70% after deductible	100%	70% after deductible
<b>Diagnostic Services</b>				
X-ray and Lab Tests	60% after deductible	50% after deductible	70% after deductible	50% after deductible
Complex Radiology	60% after deductible	50% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	\$100 copay	\$200 copay	\$70 copay	\$140 copay
Emergency Room Facility Charges*	60% after deductible	60% after deductible	\$500 copay waived if admitted	\$500 copay waived if admitted
Inpatient Facility Charges	\$250 copay + 80% after deductible	\$500 copay + 50% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	60% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Mental Health</b>				
Inpatient	\$250 copay + 80% after deductible	\$500 copay + 50% after deductible	70% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible	\$35 copay	50% after deductible
<b>Substance Abuse</b>				
Inpatient	\$250 copay + 80% after deductible	\$500 copay + 50% after deductible	70% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible	\$35 copay	50% after deductible
<b>Other Services</b>				
Chiropractic	60% after deductible	50% after deductible	\$70 copay	50% after deductible

Benefit Coverage	BlueCross BlueShield of North Carolina Base Plan - 123		BlueCross BlueShield of North Carolina Buy-Up	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Retail Pharmacy (30 Day Supply)</b>				
Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	100% to a max of \$75	100% to a max of \$75*	100% to a max of \$75	100% to a max of \$75*
Tier 3	100% to a max of \$75	100% to a max of \$75*	100% to a max of \$75	100% to a max of \$75*
Tier 4	100% to a max of \$150	100% to a max of \$150*	100% to a max of \$150	100% to a max of \$150*
Tier 5	100% to a max of \$150	100% to a max of \$150*	100% to a max of \$150	100% to a max of \$150*
<b>Mail Order Pharmacy (90 Day Supply)</b>				
Tier 1	\$30 copay	Not covered	\$30 copay	Not covered
Tier 2	100% to a max of \$225	Not covered	100% to a max of \$225	Not covered
Tier 3	100% to a max of \$225	Not covered	100% to a max of \$225	Not covered
Tier 4	100% to a max of \$450	Not covered	100% to a max of \$450	Not covered
Tier 5	100% to a max of \$450	Not covered	100% to a max of \$450	Not covered

\*Any Out-of-Network charges over the allowed amount are not included in this maximum. You are responsible for charges over the allowed amount received from an Out-of-Network pharmacy.

Monthly Employee Contributions		
Base Plan – Blue Options 123	12 Month Employee	10 Month Employee
Employee	\$108.83	\$130.60
Employee & Spouse	\$595.36	\$714.43
Employee & Child(ren)	\$497.15	\$596.58
Family	\$1,150.00	\$1,380.00

Monthly Employee Contributions		
Buy Up Plan – Blue Options PPO	12 Month Employee	10 Month Employee
Employee	\$168.02	\$201.62
Employee & Spouse	\$666.45	\$799.74
Employee & Child(ren)	\$525.12	\$630.14
Family	\$1,353.56	\$1,624.27

# Dental Benefits

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is more basic, and costs are much lower. As a full-time employee of Livingstone College you have access to a valuable dental plan through BlueCross BlueShield of North Carolina.

Visit [www.BlueConnectNC.com](http://www.BlueConnectNC.com) to look up in-network dentists.



BlueCross BlueShield of North Carolina Dental		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$25	\$25
Family	\$75	\$75
Waived for Preventive Care?	Yes	Yes
<b>Annual Maximum</b>		
Per Person/Family	\$1,000	\$1,000
Preventive	100%	80%
Basic	80%	60%
Major	50%	50%
<b>Orthodontia</b>		
Benefit Percentage	50%	50%
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,000	\$1,000

Monthly Employee Contributions		
Dental Plan	12 Month Employee	10 Month Employee
Employee	\$27.99	\$33.59
Employee & Spouse	\$55.98	\$67.18
Employee & Child(ren)	\$68.42	\$82.10
Family	\$104.78	\$125.74

# Vision

Livingstone College offers an excellent vision insurance plan. Vision plans provide coverage for routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them. You can see in- or out-of-network providers, however, keep in mind that out-of-network providers require you to pay up front and be reimbursed at a lower benefit level than in-network providers.



To find a participating eye care provider or to review your plan coverage before your appointment, visit [www.Blue2020NC.com](http://www.Blue2020NC.com) or call 1-855-400-3641.

Benefit Coverages	BlueCross BlueShield of North Carolina Vision
<b>Copay</b>	
Routine Exams	\$10 copay
Materials	\$25 copay
<b>Lenses</b>	
Single Vision Lenses	\$25 copay
Bifocal Lenses	\$25 copay
Trifocal Lenses	\$25 copay
<b>Frames</b>	
Retail Equivalent	\$130 Allowance
<b>Contact Lenses</b>	
Necessary / Prescribed	\$0 copay
Elective	\$130 Allowance
<b>Other Services</b>	
Laser Corrective Surgery	Discount available
<b>Frequency</b>	
Routine Exams	12 months
Lenses	12 months
Frames	24 months
Contact Lenses (Elective)	12 months

Percentages indicated represent member's financial responsibility.

\* See benefit booklet for list of covered services, limitations, and exclusions.

\*\* An estimate of benefits is not required in order for you to receive your vision benefits. However, we suggest that your vision care provider submit an estimate for any proposed vision services if the total charge will exceed \$300.

An estimate may also clarify, before services are rendered, treatment that is not covered in whole or in part. This can protect you for unexpected out-of-pocket expenses.

The estimate of benefits should not be considered a guarantee of payment. Payment of any service will be based on your eligibility and benefits available at the time services are rendered.

Monthly Employee Contributions		
Vision Plan	12 Month Employee	10 Month Employee
Employee	\$7.85	\$9.42
Employee & Spouse	\$14.92	\$17.90
Employee & Child(ren)	\$15.70	\$18.84
Family	\$23.08	\$27.70

# Life and Accidental Death & Dismemberment Insurance

Livingstone College provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. This year we are increasing the life and AD&D benefits to \$50,000.

UNUM Life & AD&D	
Benefit Maximum	\$50,000
Guaranteed Issue	\$50,000

The above benefits will begin to decrease at age 65 by 35%, then again at age 70 by 50% of the original amount. Waiver of premium is included with a 9-month elimination period.

**Conversion:**

The employee may convert life insurance to an individual permanent life insurance policy without submitting evidence of insurability by applying for an individual policy and paying the first premium within 31 days of termination.

**Beneficiary:**

Remember to keep your beneficiary updated, which can be done anytime throughout the year.

*Rates are completely paid by Livingstone College!*

# Voluntary Supplemental Life Insurance

This year with UNUM, we are adding the option for you to purchase additional voluntary term life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your contributions will depend on your age and the amount of coverage you elect.

	Benefit	Minimum	Guaranteed Issue	Maximum	Benefit Reduction
You	Select benefit in increments of \$10,000	\$10,000	\$110,000	The lesser of \$500,000 or 5 times your annual salary	35% reduction age 65 add'l 15% reduction at age 70
Your Spouse	Select benefit in increments of \$5,000	\$5,000	\$25,000	The lesser of 100% of the Employee Life amount or \$250,000	Coverage reduces by the same percentage and at the same time as the employee
Your Children	Select benefit in increments of \$2,000	\$2,000	\$10,000	The lesser of 100% of the Employee Life amount or \$10,000	Children are eligible up to age 26

\*Spouse or Child coverage will be delayed if that spouse or child is totally disabled on the date that insurance would otherwise be effective.

Birth - 6 months will be covered for \$1,000 only.

This is a new offering to you and guarantee issue amounts indicated above apply. If you do not enroll at this open enrollment, you may be required to provide evidence of insurability in future open enrollments.

Any employee, spouse and child who enrolls during their initial eligibility period can increase coverage up to the guaranteed Issue amount at any future annual re-enrollment without providing evidence of insurability.

Voluntary Term Life monthly rates per \$1,000 benefit. Rates are based on employee age.		
Age	Employee	Spouse
24 and under	\$.055	\$.055
25 – 29	\$.059	\$.059
30 – 34	\$.082	\$.082
35 – 39	\$.126	\$.126
40 – 44	\$.181	\$.181
45 – 49	\$.293	\$.293
50 – 54	\$.443	\$.443
55 – 59	\$.632	\$.632
60 – 64	\$.807	\$.807
65 – 69	\$1.052	\$1.052
70 – 74	\$1.926	\$1.926
75 and over	\$6.474	\$6.474
Voluntary Child Life Rate: \$0.250 per \$1,000 per month regardless of the number of children		

# Voluntary Supplemental Accidental Death & Dismemberment

This year Livingstone College is also adding the option for you to purchase voluntary accidental death and dismemberment. Your contributions will depend on the amount of coverage you elect.

	Benefit	Minimum	Guaranteed Issue	Maximum	Benefit Reduction
You	Select benefit in increments of \$10,000	\$10,000	\$110,000	The lesser of \$500,000 or 5 times your annual salary	35% reduction age 65 add'l 15% reduction at age 70
Your Spouse	Select benefit in increments of \$5,000	\$5,000	\$25,000	The lesser of 100% of the Employee Life amount or \$250,000	Coverage reduces by the same percentage and at the same time as the employee
Your Children	Select benefit in increments of \$2,000	\$2,000	\$10,000	The lesser of 100% of the Employee Life amount or \$10,000	Children are eligible up to age 26

\*Spouse or Child coverage will be delayed if that spouse or child is totally disabled on the date that insurance would otherwise be effective.

Birth - 6 months will be covered for \$1,000 only.

This is a new offering to you and guarantee issue amounts indicated above apply. If you do not enroll at this open enrollment, you may be required to provide evidence of insurability in future open enrollments.

Any employee, spouse and child who enrolls during their initial eligibility period can increase coverage up to the guaranteed Issue amount at any future annual re-enrollment without providing evidence of insurability.

**Rates are \$.03 per \$1,000 for all ages.**

# Short Term Disability Insurance



Livingstone College offers a short-term disability option through UNUM. This benefit covers 60% of your weekly base salary up to \$1,000/week. The benefit begins after 14 days of injury or illness and lasts up to 13 weeks.

## Voluntary Short-Term Disability Premium Table

Age Bracket	Rate Per \$10 of weekly benefit	Age Bracket	Rate Per \$10 of weekly benefit
Under Age 30	\$0.192	50 - 54:	\$0.374
30 - 34	\$0.221	55 - 59:	\$0.469
35 - 39:	\$0.226	60 - 64:	\$0.608
40 - 44:	\$0.246	65 +	\$0.663
45 - 49:	\$0.304		

## STD Premium Calculation

If you would like to calculate the per pay period cost of your STD benefits:

- |        |  |          |
|--------|--|----------|
| Step 1 | Indicate your weekly earnings.   | \$ _____ |
| Step 2 | Multiply by .60. If the amount is greater than \$1,000, use \$1,000.                 | \$ _____ |
| Step 3 | Divide by 10.  | \$ _____ |
| Step 4 | Multiply by the rate listed above for your age. This is your monthly cost.           | \$ _____ |
| Step 5 | If you are a 10-month employee multiply the amount in step 4 by 12 and divide by 10. | \$ _____ |

# Long Term Disability Insurance



Livingstone College offers long-term income protection through UNUM in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$6,500. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration.

## Voluntary Long-Term Disability Premium Table

Age Bracket	Rate Per \$100 of Covered Mo payroll	Age Bracket	Rate Per \$100 of Covered Mo payroll
Under Age 25	\$0.150	45-49	\$0.820
25-29	\$0.220	50-54	\$1.000
30-34	\$0.300	55-59	\$1.220
35-39	\$0.480	60+	\$0.970
40-44	\$0.650		

## LTD Premium Calculation

If you would like to calculate the per pay period cost of your LTD benefits:

Step 1	Indicate your annual earnings.	\$ _____
Step 2	Divide by 12. If the amount is greater than \$10,833, use \$10,833.	\$ _____
Step 3	Divide by 100.	\$ _____
Step 4	Multiply by the rate listed above for your age. This is your monthly cost.	\$ _____
Step 5	If you are a 10-month employee multiply the amount in step 4 by 12 and divide by 10.	\$ _____

# Aflac Group Plans

## Critical illness insurance

### Benefits

- Initial occurrence benefit for Employees: increment of \$5,000 to a maximum of \$20,000. Spouse increments of \$2,500 to a maximum of \$10,000. All dependent children are covered at 50% of the employee benefit at no extra charge.
- Pays lump-sum for critical illnesses including: Cancer, stroke, heart attack, coma, paralysis, loss of sight and hearing, brain tumor, ALS, MLS, organ transplant, kidney failure
- Additional occurrence benefit: pays 100% after 6 months
- Recurrent benefit: benefit pays 100% after 6 months
- No lifetime maximum on benefits paid
- Health screening benefit: \$50 per calendar year (35+ health screening test)

### Plan features

- Guarantee issue during open enrollment
- Benefits do not reduce with any age
- No maximum issue age for employees and spouse
- No waiting period
- No pre-existing condition exclusion (12-month treatment free for previous cancer diagnosis)

Employee Cost			
Employee Age	\$10,000 Benefit	\$15,000 Benefit	\$20,000 Benefit
18-25	\$4.86	\$6.53	\$8.20
26-30	\$6.41	\$8.85	\$11.30
31-35	\$7.59	\$10.62	\$13.65
36-40	\$9.97	\$14.20	\$18.43
41-45	\$12.01	\$17.25	\$22.50
46-50	\$14.32	\$20.72	\$27.11
51-55	\$22.24	\$32.61	\$42.97
56-60	\$21.94	\$32.15	\$42.37
61-65	\$44.82	\$66.47	\$88.12
66+	\$78.71	\$117.30	\$155.90

Spouse Cost			
Spouse Age	\$5,000 Benefit	\$7,500 Benefit	\$10,000 Benefit
18-25	\$3.19	\$4.02	\$4.86
26-30	\$3.96	\$5.19	\$6.41
31-35	\$4.55	\$6.07	\$7.59
36-40	\$5.75	\$7.86	\$9.97
41-45	\$6.76	\$9.39	\$12.01
46-50	\$7.92	\$11.12	\$14.32
51-55	\$11.88	\$17.06	\$22.24
56-60	\$11.73	\$16.84	\$21.94
61-65	\$23.17	\$33.99	\$44.82
66+	\$40.11	\$59.41	\$78.71

# Accident insurance

## Plan features

- 24-hour coverage
- 40+ benefit
- No maximum issue age for employees and spouses
- No waiting period
- Guarantee issue at open enrollment
- \$25 - \$75 wellness for employee and covered dependent

## Top utilized benefits

- Fractures
- Medical
- Accidental death
- Emergency Room
- Hospital confinement
- Accident follow-up
- Hospital admission
- Physical therapy
- Major diagnosis
- Appliances
- Dislocations

## Monthly Rates

Monthly Employee Cost	
	12 Month Employee
Employee	\$17.86
Employee & Spouse	\$28.88
Employee & Child(ren)	\$37.66
Family	\$48.68

# Hospital indemnity insurance

## Benefits

- Hospital admission benefit \$2,000
- Daily hospital confinement benefit of \$200/day for 31 days
- Daily intensive care confinement benefit of \$200/day for 10 days
- Intermediate intensive care step down unit benefit of \$100/day up to 10 days
- Pregnancy covered
- Annual wellness benefit of \$50

## Plan features

- Guaranteed issue during annual enrollment
- No maximum issue age for employees and spouses
- No waiting period
- No pre-existing exclusion

Monthly Employee Cost	
	12 Month Employee
Employee	\$32.92
Employee & Spouse	\$66.58
Employee & Child(ren)	\$52.10
Family	\$85.76



# Scan the QR Code below to see the Aflac Insurance Products

Aflac helps with expenses  
health insurance doesn't cover,  
so you can care about  
everything else.\*



Or, visit your benefits page at:  
[aflacenrollment.com/LivingstoneCollege/4037151711618](https://aflacenrollment.com/LivingstoneCollege/4037151711618)



# Important Legal Notices Affecting Your Health Plan Coverage

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

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

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Dr. Jaqueline Miller  
Director of Human Resources  
701 W. Monroe Street  
Salisbury, NC 28144  
Office phone: 704-216-6080

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## **Important Notice from Livingstone College Employee Benefit Plan 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 Livingstone College Employee Benefit Plan 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. Livingstone College has determined that the prescription drug coverage offered by the Livingstone College Employee Benefit 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 15<sup>th</sup> to December 7<sup>th</sup>.

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

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## **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 Livingstone College coverage through BlueCross BlueShield will not be affected.

If you do decide to join a Medicare drug plan and drop your current Livingstone College Employee Benefit Plan through BlueCross BlueShield, be aware that you and your dependents will be able to get this coverage back at annual open enrollment or with a HIPAA special enrollment 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 Livingstone College Employee Benefit Plan through BlueCross BlueShield 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 Livingstone College Employee Benefit Plan through BlueCross BlueShield changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 09/19/2022  
Name of Entity/Sender: Dr. Jacqueline Miller  
Contact--Position/Office: Director of Human Resources  
Address: 701 W. Monroe St., Salisbury, NC 28144  
Phone Number: 704-216-6080

## 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 following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <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>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
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="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	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://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/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.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	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

<p align="center"><b>GEORGIA-Medicaid</b></p> <p>A 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</p>	<p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</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: -800-977-6740.  TTY: Maine relay 711</p>
<p align="center"><b>INDIANA-Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840</p>
<p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MINNESOTA-Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MISSOURI-Medicaid</b></p> <p>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</p>
<p align="center"><b>KENTUCKY-Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone:  1-800-694-3084</p>
<p align="center"><b>LOUISIANA-Medicaid</b></p> <p>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)</p>	<p align="center"><b>NEBRASKA-Medicaid</b></p> <p>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</p>

<b>NEVADA-Medicaid</b>	<b>SOUTH CAROLINA-Medicaid</b>
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEW HAMPSHIRE-Medicaid</b>	<b>SOUTH DAKOTA-Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY-Medicaid and CHIP</b>	<b>TEXAS-Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK-Medicaid</b>	<b>UTAH-Medicaid and CHIP</b>
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	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH CAROLINA-Medicaid</b>	<b>VERMONT-Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA-Medicaid</b>	<b>VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OKLAHOMA-Medicaid and CHIP</b>	<b>WASHINGTON-Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>OREGON-Medicaid</b>	<b>WEST VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	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)
<b>PENNSYLVANIA-Medicaid</b>	<b>WISCONSIN-Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	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
<b>RHODE ISLAND-Medicaid and CHIP</b>	<b>WYOMING-Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	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

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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

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

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

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

