

# YOUR BENEFITS GUIDE

The logo for Muskegon Community College, featuring the letters 'MCC' in white inside a blue diamond shape, which is centered between two horizontal yellow lines.

MCC

MUSKEGON **COMMUNITY** COLLEGE

HUMAN RESOURCES

BENEFITS EFFECTIVE

January 2026 – December 2026

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# Benefit Contact Information

Carrier	Contact Information	Group/Policy Number
Priority Health: Medical and Hearing	P: 800-942-0954 W: <a href="http://www.priorityhealth.com">www.priorityhealth.com</a>	#800187
DisclosedRx: Prescription and Pharmacy Savings Programs	P: 888-589-3340 W: <a href="http://www.disclosedrx.com">www.disclosedrx.com</a>	BIN: 021601 PCN: DRX RxGroup: 800187
Delta Dental: Dental	P: 800-524-0149 W: <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>	#11951
Vision Service Plan (VSP): Vision	P: 800-877-7195 W: <a href="http://www.vsp.com">www.vsp.com</a>	#40161829
Health Equity: Health Savings Account Healthcare FSA Dependent Care FSA	P: 866-346-5800 W: <a href="http://www.healthequity.com">www.healthequity.com</a>	#91800
Mutual of Omaha: Life and AD&D Insurance Short and Long Term Disability Employee Assistance Program	P: 800-877-5176 W: <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	Group Life and AD&D: #GLUG-BZ9S Vol. Life and AD&D: #GVTL-BZ9S Group LTD: #GLTD-BZ9S Vol. STD: #GUC-BZ9S EAP: Muskegon Community College
MetLife: Accident, Critical Illness and Hospital Indemnity	P: 800-638-5433 W: <a href="http://www.metlife.com">www.metlife.com</a>	#5955065
Ulliance: Life Advisor Services	P: 800-448-8326 W: <a href="http://www.LifeAdvisor.com">www.LifeAdvisor.com</a>	ID: Muskegon Community College

**MUSKEGON COMMUNITY COLLEGE  
HUMAN RESOURCES**

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# Important Information

## Eligibility

If you are newly eligible during the calendar year to elect benefits under the benefit plans, you must complete enrollment in Employee Navigator indicating your benefit elections and covered dependents within 30 days of your eligibility date. Some benefits require you to complete a Beneficiary Designation Form.

Benefits will begin on your first day of eligible employment and continue through the end of the month in which you are no longer eligible for coverage. COBRA continuation coverage will be offered to eligible faculty, staff and dependents at that time.

## Who Can Be Covered Under Your Benefits

You may elect to cover only yourself or yourself and one or more dependents. Eligible dependents can include:

- Your spouse, including same sex spouse
- Your children by birth, legal adoption, or legal guardianship
- Children of your spouse
- Children who do not reside with you, but are your or your spouse's legal responsibility for the provision of medical care (e.g., children of divorced parents and children covered under a Qualified Medical Child Support Order)
- Children placed with you under a court order of legal guardianship will be eligible to participate in the plan until the termination of the legal guardianship.
- A qualified dependent child may continue to be covered on your plan until end of the year in which a dependent turns age 26. For dependent life insurance until the day your dependent child turns 26.
- In addition, unmarried dependents who are totally and permanently disabled are eligible to any age. The disability must result from a medically determined mental or physical condition that prevents the dependent from being self-supporting. The disability must occur before age 26, and you must provide notification in writing of the condition by the end of the calendar year in which the dependent turns 26 years

## Qualifying Life Event Changes

**Please Note: Qualifying event plan changes go into effect as of the day of the event.**

A life event is a change that may affect your benefit status outside of the open enrollment period. Some of the most common changes in status may include:

- Marriage, divorce, or death of a spouse
- Spouse's change in employment status
- Birth, death, or adoption of a dependent child
- Dependent child no longer meets eligibility requirements
- Loss of coverage by a spouse or dependent

If you have a life event, where your family status changes, you must change your benefit elections within **30 days** of the qualifying event. Otherwise, you will need to wait until the next annual open enrollment period. Divorced spouses must be removed from the plan within 30 days due to their ineligible coverage status. You must provide HR documentation of the qualifying life event.

## Definitions

**Coinsurance** The percentage of total costs that you pay out of pocket for covered expenses after you meet the deductible.

**Coinsurance Maximum** The maximum amount of coinsurance you pay in a plan year.

**Copay (Copayment)** The set fee you have to pay out of pocket for certain services, such as a doctor's office visit or prescription drug.

**Deductible** The amount you pay out of pocket before the health plan will start to pay its share of covered expenses.

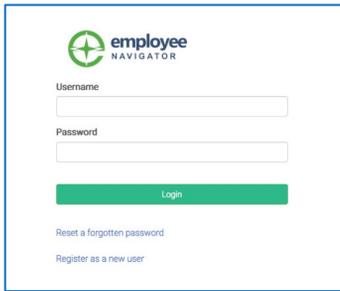
**Network** The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

**Out-of-Pocket Maximum** The most you pay each year out of pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses for the remainder of the plan year.

**Preventive Care Services** you receive to help you stay healthy (rather than when you're sick or injured). Preventive care services include annual physicals, wellness screenings, and well-baby care.

**For additional definitions please see the Glossary of Health Care Terms at the end of the book**

# Enroll in Your Benefits



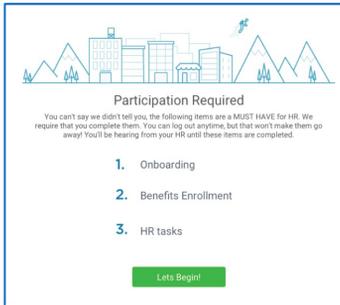
## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

- **Returning users:** Log in with the username and password you selected.  
Click **Reset a forgotten password** if needed.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account and create your own username and password.

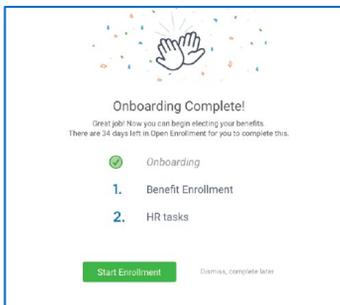
### Company Identifier: MUSKCC

*Please be aware that when first registering you will be required to provide your first name; last name; Company Identifier; PIN (last four of SSN); and date of birth.*



## Step 2: Welcome!

After you login, click **Let's Begin** to complete your required tasks.

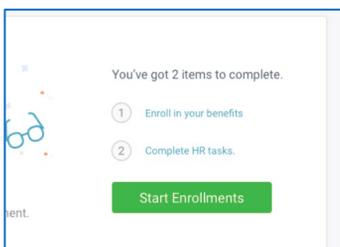


## Step 3: Onboarding (for first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks, click **Start Enrollment** to begin your enrollments.

### TIP

If you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



## Step 4: Start Enrollments

After clicking Start Enrollment, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security Number.

# Enroll in Your Benefits

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** At the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

## Step 7: Review & Confirm Elections

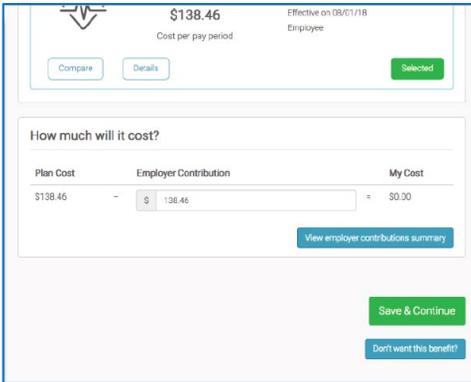
Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step, you'll see Enrollment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click Start Tasks. If your HR department has not assigned any tasks, you're finished!



\$138.46 Effective on 08/01/18  
Cost per pay period Employee

Compare Details Selected

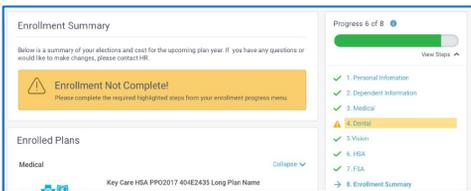
How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

View employer contributions summary

Save & Continue

Don't want this benefit?



Enrollment Summary

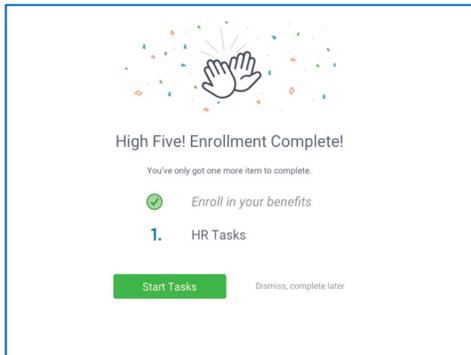
Progress 6 of 9

Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Key Care HSA PP02017 404E2435 Long Plan Name

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary



High Five! Enrollment Complete!

You've only got one more item to complete.

- Enroll in your benefits
- 1. HR Tasks

Start Tasks Dismiss, complete later



# Choosing Your Health Plan



## Medical & Pharmacy Coverage

Muskegon Community College offers two medical plans to choose from. For January 2026, the plans are administered by **Priority Health**. Both medical plan options are **PPO plans**, offering out of network coverage for a reduced benefit level. Pharmacy coverage is also included and is administered by **DisclosedRx**. Employees will receive a single card from Priority Health that also includes the DisclosedRx pharmacy information.

**For a detailed review of the plan coverage, including out of network coverage, please refer to the Priority Health and DisclosedRx coverage documents in Employee Navigator Document tab and MCC Benefit Page.**

In Network Coverage		HDHP	TRADITIONAL 750
Deductible	Single	\$2,500	\$750
	Family	\$5,000	\$1,500
Coinsurance (Plan Pays)		100% for most services	80% after deductible
Coinsurance Max	Single	N/A	\$3,000
	Family	N/A	\$6,000
Out of Pocket Max	Single	\$4,000	\$6,350
	Family	\$8,000	\$12,700
Preventive Care		100% Covered	100% Covered
Online Visit		100% after deductible	\$0 Copay
Primary Care Visit (PCP)		100% after deductible	\$25 Copay
Specialist Visit		100% after deductible	\$40 Copay
Chiropractic Visit		100% after deductible 30 visit max	\$25 Copay 30 visit max
Urgent Care Visit		100% after deductible	\$60 Copay
Emergency Room Visit		100% after deductible	\$150 Copay
<b>Pharmacy Benefits (In Network)</b>			
Generic		\$10 Copay after deductible	\$15 Copay
Brand/Preferred		\$40 Copay after deductible	\$50 Copay
Brand/Non-Preferred		\$80 Copay after deductible	\$100 Copay
Specialty/Preferred		50% up to \$100 maximum after deductible	50% up to \$150 maximum
Specialty/Non-Preferred		50% up to \$200 maximum after deductible	50% up to \$300 maximum

# Choosing Your Health Plan



## Additional Coverage Under your Medical Plan – With No Additional Premium Cost!

### Hearing Benefit

	HDHP	TRADITIONAL 750
<b>Benefit Frequency</b>	Once every 36 months	
<b>Exam Cost</b>	Exam cost will vary and applies to your deductible	\$0 – does not apply to the deductible
<b>Maximum Allowance</b>	\$3,000 Monaural Hearing Aid; \$6,000 Binaural Hearing Aid	



## Medical Plans for Full-Time Employees

Our health plan offering include two plans administered by Priority Health. Employees may choose one of the following medical plan options:

- High Deductible Health Plan (HDHP) PPO with HSA
- Traditional 750 PPO

### Employee Cost Per Pay

	HDHP EMPLOYEE COST	TRADITIONAL 750 EMPLOYEE COST
<b>SINGLE</b>	\$37.01	\$70.58
<b>DOUBLE</b>	\$173.88	\$263.68
<b>FAMILY</b>	\$187.60	\$295.04
<b>EMPLOYEE COST BASED ON 26 PAY PERIODS</b>		

### Employee Cost Per Month

	HDHP EMPLOYEE COST	TRADITIONAL 750 EMPLOYEE COST
<b>SINGLE</b>	\$80.19	\$152.92
<b>DOUBLE</b>	\$376.74	\$571.31
<b>FAMILY</b>	\$406.47	\$639.25
<b>EMPLOYEE COST BASED ON 12 MONTHS</b>		

### MCC Cost Per Month (based on PA 152 limits)

<b>2026 PA 152 Hard Cap Limits</b>	
<b>SINGLE</b>	\$661.84
<b>DOUBLE</b>	\$1,384.12
<b>FAMILY</b>	\$1,805.03

# Shopping for Prescriptions



Muskegon Community College has partnered with DisclosedRx for prescription drug management.

Members will receive a single card from Priority Health that includes the DisclosedRx logo and Rx/BIN information needed at the pharmacy!

## Ways you can reduce Rx costs:

- Use generic when possible.
- If you take a specialty or high-cost drug, talk to your doctor:
  - Lower cost alternatives
  - DisclosedRx utilizes manufacturer programs, coupons and international sourcing (replacing ElectRx) to help you take advantage of the lowest cost for your prescriptions. Examples of eligible drugs include:

- |            |            |                     |
|------------|------------|---------------------|
| • Stelara  | • Otezla   | • Descovy           |
| • Embrel   | • Dupixent | • Ozempic           |
| • Cosentyx | • Tramfya  | • Trulicity         |
| • Xeljanz  | • Verzenio | • Jardiance         |
| • Taltz    | • Biktarvy | Just to name a few! |

**BIN: 021601**  
**PCN: DRX**  
**RxGroup: 800187**

**Members:**  
For information on benefits, eligibility, and other questions about your health plan you can call the Customer Service helpline at 800.566.1934, log in at [priorityhealth.com](http://priorityhealth.com) to send us a message or check your plan documents.  
For mental health and substance abuse benefits and assistance call 800.566.1934.  
**NOTE:** All inpatient hospital services (except ERI) and some outpatient services need pre-approval (prior authorization) from Priority Health. Please speak with your provider or call us for more information.  
To find a provider in your network, log in at [priorityhealth.com](http://priorityhealth.com) to access the Find a Doctor tool.

**If you're a provider:**  
Within Michigan, call 800.342.2765 for Eligibility/Benefits/Prior Authorization.  
Outside of Michigan, call 833.300.3829 for Eligibility/Benefits/Prior Authorization.  
Submit medical claims to: Priority Health  
PO Box 232, Grand Rapids, MI 49501-0232  
EDI Provider ID: 38217

For electronic claims submission instructions, visit [priorityhealth.com/claims](http://priorityhealth.com/claims).  
**NOTICE:** Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

SF This plan is sponsored by: **GROUP NAME**  
Benefits are not insured by Cigna or affiliates.



Rx BIN: 021601  
Rx PCN: DRX  
Rx Group #: 800187  
[www.disclosedrx.com](http://www.disclosedrx.com)  
Phone: 888.589.3340



**MANUFACTURER CARD**

## Did you know that millions of people save with GoodRx every month?

With Disclosed Rx's new GoodRx partnership, you will find better prices on your prescriptions. We've integrated the GoodRx discount program into your benefits to help ensure you don't miss out on potential cost savings

## How the program works:

- 1 Present your Priority Health/DisclosedRx card at the pharmacy. The pharmacy will submit a claim
- 2 A price comparison will be made between your insurance and the price using GoodRx.
- 3 You pay whichever price is lower: the price using your member plan or the price using GoodRx

## Benefits to you:

- Automatic GoodRx price comparison on your behalf
- Credit towards your deductibles and/or out-of-pocket maximums
- Medication information is shared back with the plan, allowing for increased health and safety checks
- Seamless process – no additional steps required from you!

Questions? Call DisclosedRx at 888-589-3340

# Meet your Care Manager



Understanding your health can be confusing.

## We're here to help you:



Manage your conditions like asthma, hypertension and diabetes.



Connect with resources to help you be your healthiest.



Find an in-network doctor or specialist.



Navigate the health system and coordinate your care.



**Jenifer, CDCES, RN,** is passionate about helping members get the care they need to prevent and manage their health conditions.

**Contact:**

*jenifer.b@priorityhealth.com*  
616.575.2789

*Available to connect over phone,  
email or video visit*

# How to Use Your Health Savings Account

## What is an HSA?

An HSA is a tax-exempt savings account established for the purpose of paying for qualified medical expenses of an individual and/or his or her spouse and tax dependents. HSAs are designed to provide eligible individuals with triple federal tax benefits:

1. HSA contributions are tax-free.
2. Interest and other earnings on HSA contributions accumulate tax-free.
3. Amounts distributed from an HSA for qualified medical expenses are tax-free as well.

Due to an HSA's potential tax savings, federal tax law imposes strict eligibility requirements for HSA contributions. Only an eligible individual can establish an HSA and make HSA contributions (or have them made on his or her behalf).

## Who is Eligible?

1. Active employees who are enrolled in the High Deductible Health Plan.
2. Employees who are NOT covered by another plan, unless it's HSA-qualified.
3. Employees who are NOT enrolled in Medicare (Part A or B) or Medicaid.
4. Employees are NOT eligible if they are claimed as a dependent on someone else's tax return or if they are enrolled in a "General Purpose" Flexible Spending Account (FSA).

## HSAs Are a Great Way to Save for Retirement:

It is estimated that a couple should have \$250,000 saved for healthcare expenses when they retire. Once you attain the age of 65, you can pull from your HSA for any reason other than for qualified medical expenses and pay ordinary income tax.

## HSA Annual Contribution Limits

Health Savings Account (HSA) 2025 Calendar year Contribution Limits	
HSA Contribution Limit (Employer + Employee)	Single: \$4,400 Double/Family: \$8,750
HSA Catch-up Contribution (Age 55+)	\$1,000

## Muskegon Community College Contributes to Your HSA!

Take advantage of MCC's contribution and build your HSA funds.

Tiers	MCC Contribution	Maximum Employee HSA Contribution
Single	\$225	\$4,175
Double	\$300	\$8,450
Family	\$500	\$8,250
Age 55 Catch – Up	N/A	\$1,000

# How to Use Your Health Savings Account

## At the Doctor's Office:



Go to the doctor  
Present your medical ID card. Do not pay anything at the time of service.

Doctor submits your claim.  
If billed as preventive, service is covered 100%. If not, discounted charges apply to your deductible.

Receive EOB. Your EOB will outline charges.  
Choose whether to pay out of pocket or use your HSA debit card.

## At the Pharmacy:



Go to the pharmacy  
When picking up your prescription, present your medical ID card at the pharmacy.

Pay for your prescription  
You choose whether to pay for your prescription out of pocket or by using your HSA debit card.

Pharmacy submits your claim. The pharmacy will submit the claim and apply the charges to your deductible.



## HSA ELIGIBLE EXPENSES

- Alcohol/Drug Rehab
- Ambulance
- Chiropractor
- Copays
- Dental Care
- Medical Equipment
- Eye Care/Lasik Surgery
- Hearing Aids/Batteries
- Home Health Care and Nurses' Fees
- Diabetic Supplies
- Laboratory fees
- Obstetrical expense
- Pediatrician
- Pregnancy Tests
- Podiatrist
- Prescription drugs
- Psychiatrist
- Smoking Cessation
- Surgery
- Weight Loss Program (if prescribed)
- X-ray

## HSA INELIGIBLE EXPENSES

- Childbirth Classes
- Childcare Classes
- Cosmetic Surgery
- Cosmetics
- Dancing Lessons
- Swimming Lessons
- Reimbursed Expenses
- Food
- Gym Membership
- Herbal Supplements
- Insurance Premiums
- Swimming Pools
- Hot Tubs
- Exercise Equipment
- Toothpaste
- Vitamins (non-prescription)
- Weight Loss Programs (non-prescription)

## HSA Benefits

### Savings

Use your HSA for both short-term and long-term health care needs.

### Tax Advantage

Tax free deposits, tax free growth, tax free withdrawals.

### Ownership & Portability

You fully own your HSA account and take it with you wherever you go.

### Have Questions?

# Flexible Spending Account (FSA)

FSAs are a way of making pre-tax payroll deductions for either dependent care or non-reimbursable health care expenses. FSAs allow you to increase your disposable income! You do not pay taxes or Social Security on the amounts of your FSA payroll deductions. Health Equity administers the FSA plans. Once you elect to participate in an FSA, you must continue to participate throughout the plan year, unless you experience a Qualifying Life Status Change (QLSC).

Types of Flexible Spending Accounts		
	WHAT CAN IT BE USED FOR?	PLAN SELECTION
<b>OPTION 1 HEALTH CARE FSA – up to \$3,400</b>	<ul style="list-style-type: none"> <li>• Deductible</li> <li>• Copays</li> <li>• Dental/Ortho</li> <li>• Prescriptions</li> <li>• Vision</li> <li>• Hearing</li> </ul>	If enrolled in Traditional 750
<b>OPTION 2 DEPENDENT CARE FSA – up to \$7,500</b>	Dependent care expenses that are provided to allow you to attend work. The services may either take place in or outside of your home.	Available for employee with dependents under age thirteen (13), dependents who are mentally or physically incapable of self-care or dependent adults

## Know the Rules

The Internal Revenue Service has set up specific guidelines that govern FSA plans:

- Plan Year: January 1<sup>st</sup>– December 31<sup>st</sup>
- This is a *use it or lose it plan!*
- Once you elect to participate, you must continue to participate throughout the year unless you have a Qualifying Life Event.
- Please retain all of your receipts for proof of eligible expenses until the plan year is over.

## Run Out Period

Each year, you have a 90 day run out period after January 1st in which to submit claims from the prior year before account balances are forfeited. So, for example, your FSA dollars that are payroll deducted between January 1 and December 31, 2026 must be used before December 31st and claims for that period must be submitted to Health Equity before March 30th, 2027.

# Know Where to Go For Care



## Medical & Pharmacy Coverage

### Access to Care Options

High Cost

#### Emergency Care

When considering the emergency room, make sure you are experiencing a true emergency and not something that can be handled through urgent care. Emergency room visits are very expensive and wait times are typically significant.

#### Urgent Care

Look to urgent care centers for things like stitches or staples, significant pain or a sprain. Urgent care is a great blend of primary and emergency care for a lower cost alternative to the emergency room.

#### Primary Care Visit

If you prefer speaking with someone in person, always check with your primary care physician (PCP). You'll need to follow up with your PCP following an urgent care or emergency room visits, so why not start there!

Low Cost

#### Online Visits

Online visits are available 24 hours a day, 7 days a week, 365 days a year. Online visits are convenient and much less expensive than other options. The provider you speak with can prescribe medication and will call it in to your preferred pharmacy. If they can't provide treatment, they will direct you to an appropriate place for care.

Select [Find virtual care](#) in the [Find care](#) menu and then access virtual providers using the appropriate [Get started](#) button:

- Download the [Corewell Health App](#) or visit [MyChart](#) to access virtual care from Michigan.
- Select [Behavioral Health](#) to access virtual mental health and substance use care by trusted behavioral health partners in Michigan.
- Select [MDLive](#) to schedule a virtual care visit while traveling outside of Michigan or for an additional behavioral health option from anywhere.



# Cost Estimator Tool

As a reminder, MCC is a self-funded health plan! This means employees play a crucial role in helping to keep costs down, by being better consumers. Search for hundreds of procedures to find costs based on location and type.

**Before you schedule your next appointment, search for the medical service you need in Cost Estimator.**

## Here's how:

Scan the QR code with your phone's camera to login or sign up for a Priority Health member account to access Cost Estimator.

Once logged in, click "Cost & Spending" > "Estimate procedure cost" and you will be directed to the tool through the trusted partner Healthcare Bluebook

Enter procedure name and search for locations where the service is available. From the location pricing list, select a facility to see your personal out-of-pocket estimate.

You can also compare cost at facilities in your network and in some cases, narrow your search by selecting a specific provider.



Healthcare Bluebook.



Priority Health™

# Diabetes and Hypertension Management Programs



## Teladoc Health means living healthier at no cost to you



Scan to get started



An advanced blood glucose meter and blood pressure monitor, plus the support you need.

### Diabetes Management

Connected meter  
Unlimited strips and lancets

### Hypertension Management

Connected monitor  
One-on-one coaching



### Get started

Join by visiting [TeladocHealth.com/Smile/GETSUPPORT](https://TeladocHealth.com/Smile/GETSUPPORT) or call **800-835-2362** and use registration code: **GETSUPPORT**



Take control.  
Get support.  
Prevent diabetes.

## Participate in a diabetes prevention program

One in three adults have prediabetes or are at risk to develop type 2 diabetes, yet only 20% are aware of their risk. You can improve your health and your life with our free\* diabetes prevention program. It's a proven way to reduce your risk of developing type 2 diabetes by up to 58% (71% for people over 60 years old).\*\*

### What is DPP?

The National Diabetes Prevention Program (DPP) is an evidence-based structured lifestyle change program for adults over age 18. Through a year-long program, participants learn to make lifestyle changes to reduce their risk for type 2 diabetes. A trained lifestyle coach works with groups of participants to:

- ✓ Lose 5–7% of their starting body weight and adopt healthy eating habits
- ✓ Increase your weekly exercise
- ✓ Learn to recognize and overcome barriers to healthy eating and physical activity
- ✓ Lower medication usage
- ✓ Decrease risk for other chronic disease conditions like heart disease, stroke and kidney disease

### Who's eligible?

If you're a Priority Health member, age 18 or older, with a body mass index (BMI) over 25 and you're diagnosed with pre-diabetes or at risk for developing diabetes, you're eligible for this prevention program.



**1 in 3**

adults have prediabetes  
or are at risk to develop  
type 2 diabetes



Reduce your risk of  
developing type 2  
diabetes by up to

**71%**

Visit [priorityhealth.com/prevent-diabetes](https://priorityhealth.com/prevent-diabetes) for more information on each option and to learn if this program is right for you.

Questions? Contact our customer service team by calling the number on the back of your member ID card or visit [priorityhealth.com](https://priorityhealth.com) and click Contact us.

# Hormonal Health, Fertility and Family Building Support



## Your Carrot benefit

We've partnered with Carrot to provide inclusive hormonal health, fertility, and family-building benefits worldwide. Members can use Carrot to get personalized support — regardless of age, race, income, sex, sexual orientation, gender, marital status, or geography.

[Claim your benefit](#)

**Steph**  
Carrot member



Visit [app.get-carrot.com/signup/info](https://app.get-carrot.com/signup/info) to claim your benefit and start exploring available resources, **at no cost to you.**

### Get support with:

- Perimenopause and menopause
- Low testosterone (low T)
- Infant care and parenting (ages 0-12)
- Pregnancy and postpartum
- Fertility health and wellness (e.g., hormone testing, trying to get pregnant)
- Adoption and surrogacy
- Gender-affirming care

### Tips for using Carrot:

- ▶ Share your benefit by adding a partner or spouse to your account for joint access
- ▶ Get your questions answered — connect with Benefit Experts around the clock in any language
- ▶ Attend Carrot webinars to learn from highly sought-after experts

### Through Carrot, you'll get:

- ✓ Personalized advice from Carrot Experts to help you make the most of your benefit
- ✓ A Carrot Plan — customized next steps to help you move forward, at no cost to you
- ✓ Unlimited, free video chats with medical experts and specialists
- ✓ Help finding providers near you
- ✓ Exclusive partnerships and discounts
- ✓ Expert-produced educational resources — no more endless online searching

### Employees love Carrot



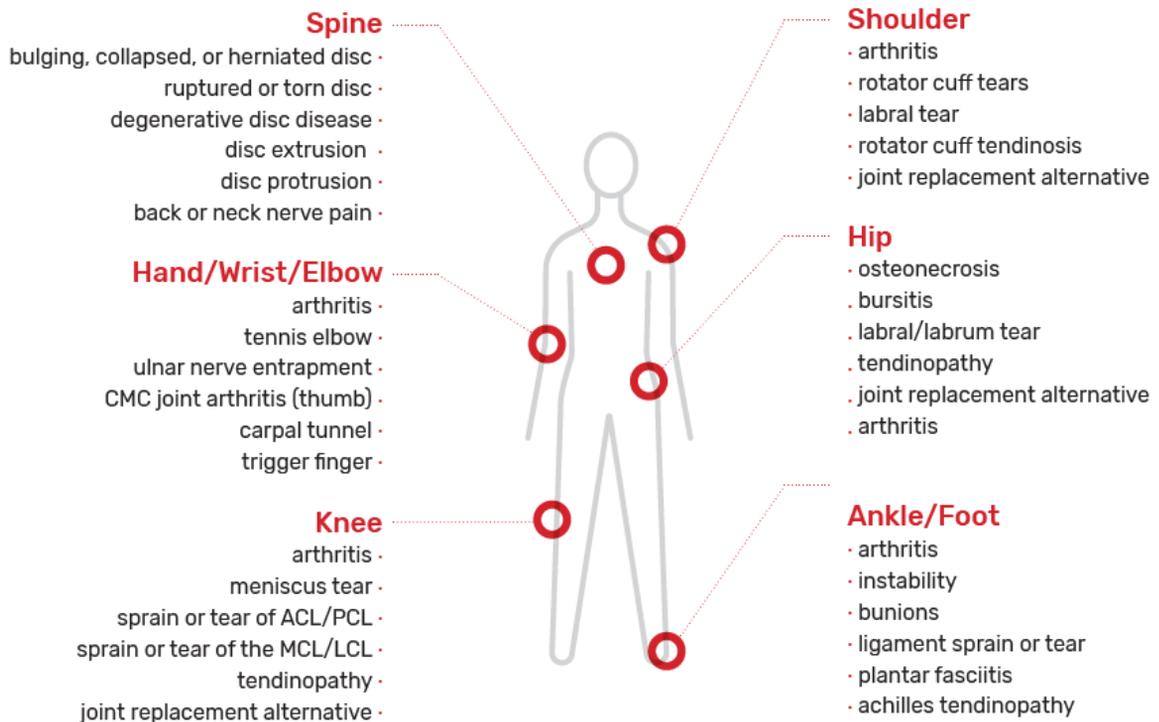
This benefit has changed my life for the better. I would not feel confident and empowered if not for this experience.

**T.J.**  
Carrot member

Regenexx specializes in minimally invasive Interventional Orthopedics, a medical specialty that uses precise image-guided injections of your own stem cells and blood platelets which are your body's natural healing agents. For qualified candidates, Regenexx procedures have substantial benefits over traditional orthopedic options including less risk, less downtime, and much shorter and less painful rehabilitation. This non-surgical approach to treating orthopedic injuries and degeneration uses your body's own healing cells to treat your damaged or degenerated tissue, bone, cartilage, muscle, tendons, and ligaments. Each Regenexx treatment is customized to your specific condition and needs, giving you the best opportunity to improve pain and function.

## What kinds of conditions can Regenexx treat?

If you have pain, we're here to help. **Regenexx** procedures treat a wide range of common joint injuries and degenerative joint conditions such as:



Find the location nearest you by visiting online at [regenexxbenefits.com](http://regenexxbenefits.com) or by calling **888-547-6667**.

# Dental Insurance



Muskegon Community College offers dental coverage to you and your family through Delta Dental. This coverage is employer-paid: **you pay \$0 in premiums.**

Delta Dental has one of the largest provider networks in Michigan and offers lower costs for dental services, making your annual maximum spread further.

*Note: Delta Dental does not issue ID cards. You may print a paper copy or locate an electronic version through the Delta Dental Mobile App or the Member Portal website. Providers do not require a card for proof of coverage, Employee's SSN can be used to locate coverage.*

## KEY THINGS TO KNOW:

- Your plan utilizes the PPO and Premier Networks. The PPO network provides the lowest out of pocket cost.
- Seeking services from a PPO participating provider will lower your out-of-pocket costs tremendously. Participating providers are required to accept the contracted payment and are not allowed to balance bill you. They also accept a lower reimbursement, meaning your annual maximum will last longer.

IN-NETWORK DENTAL COVERAGE AND SERVICES	
Deductible	No Deductible
Annual Benefit Maximum	\$2,500 Per Person
Lifetime Ortho Maximum	\$1,500 Per Person (Age 18 and Under)
Class 1: Preventative Services	Covered at 80% Exams, Cleanings, Fluoride, Space Maintainers, Emergency Palliative Treatment, Sealants, X-Rays
Class 2: Major Services	Covered at 80% Fillings, Relines and Repairs, Endodontics, Periodontics, Crowns, Other Miscellaneous Services
Class 3: Major Services	Covered at 80% Bridges, Dentures, Implants
Class 4: Orthodontia	Covered at 60% Braces (For Dependents Age 18 and Under Only)

Muskegon Community College offers vision coverage to you and your family through VSP. This coverage is employer-paid: **you pay \$0 in premiums.**

The **VSP Choice** Vision Plan is designed to meet your needs and provide personalized care. This coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services. VSP has an extensive network of vision specialist and medical professionals.

### KEY THINGS TO KNOW:

- Your plan utilizes the VSP Choice Network.
- You may go to any eye doctor, however, if you go to a VSP network provider you will usually pay less
- Progressive lenses, anti-reflective coating and scratch resistant coating are available to you at with an additional cost.
- 20% off Non-prescription sunglasses
- Average 15% off regular price laser correction surgery, or 5% off promotional price at contracted facilities.

VISION COVERAGE AND FREQUENCIES			
	In-Network	Out-of-Network	Frequency
<b>Eye Exam</b>	\$10 Copay	\$39 Allowance	Every 12 Months
<b>Lenses</b>	\$10 Copay	Single: \$30 Allowance Bifocal: \$50 Allowance Trifocal: \$65 Allowance Lenticular: \$100 Allowance	Every 12 Months
<b>Frames</b>	\$130 Allowance	\$70 Allowance	Every 12 Months
<b>Elective Contacts</b>	\$130 Allowance	\$105 Allowance	Every 12 Months
<b>Medically-Necessary Contacts</b>	Covered After Copay	\$210 Allowance	Every 12 Months

*Contact Lenses are obtained in lieu of lenses and frames in a benefit period.*

# Employee Opt-Out Benefit

In today's "dual income" world, many employees are provided health insurance coverage not only through their employers' group plan, but also through their spouses' group plan. Maintaining two insurance plans is expensive for employers and not always advantageous for the employees. In addition, complicated coordination of benefit rules applies to the insurance plans and make claim filing difficult.

The Opt-Out benefit allows our employees who have dual medical coverage options to waive coverage under our plan and receive an Opt-Out amount. If you elect the Opt-Out option and then lose your other medical coverage, there are special re-enrollment provisions that apply to you and your dependents.

When you re-enter the Muskegon Community College plan as the result of one of the family status changes outlined under "Special Enrollment Events", your Opt-Out amount will be prorated when coverage goes into effect and discontinued for the remainder of the year. You must notify the Office of Human Resources, within 30 days of the loss of other coverage in order to reenter our plan.

Your election to waive coverage must be made prior to the first day of the plan year or the first day you are eligible for coverage, and will remain in effect until December 31, 2026, unless you lose coverage as described above. Opt-out now or you will not be able to opt-out until next open enrollment unless you have a qualifying event.

In order to qualify for the 2026 Opt-Out option, you must satisfy both of the following conditions:

- **Be eligible to participate in the medical plan.**
- **If you are opting out of medical coverage, then you will need to provide proof of your other coverage**
  - (e.g., copy of an I.D. card or a letter from your spouse's employer).
- **The annual Opt-Out is \$2,600 for eligible employees.**
- **Enrollments are prorated after January 1<sup>st</sup> to start on the first of the month following eligibility.**



# Life and AD&D Insurance



## Employer Paid Life/AD&D Insurance

Muskegon Community College purchases Group Life and Accidental Death and Dismemberment (AD&D) for eligible employees. This coverage is offered through Mutual of Omaha at **no cost to you**, except for the required taxes for coverage exceeding \$50,000.

### FEATURES:

- **Accelerated Benefit** – In the event life expectancy is less than 12 months, employees can accelerate the payment of their life insurance for amounts up to 50% to the maximum available.
- **Age Reduction** – At age 70 the life insurance benefit will reduce to 65%. At age 75 the life insurance benefit will reduce to 50%.

## Voluntary Dependent Life:

You may purchase a \$5,000 benefit for your spouse and a \$1,250 benefit for you child(ren). This coverage is offered through Mutual of Omaha and is **100% paid by you**.

## Voluntary Life and AD&D Insurance

You also have the option to purchase additional term life insurance for yourself through Mutual of Omaha. If you purchase this additional term life insurance, you will pay the full premium through payroll deduction with after-tax dollars. **This coverage is 100% paid by you.**

### VOLUNTARY LIFE COVERAGE SUMMARY

<b>Minimum</b>	\$5,000
<b>Increments</b>	\$5,000
<b>Maximum</b>	\$100,000, Up to 5X Annual Earnings
<b>Guarantee Issue</b>	\$100,000



### KEY THINGS TO KNOW:

Make sure your beneficiary is up to date in Employee Navigator. In the event you pass away your life insurance will be paid to the beneficiary most recently noted.

(continued on next page)

# Life and AD&D Continued



## Future Open Enrollments:

As long as you have some coverage, you may increase your coverage by up to \$5,000 without medical questions, subject to the guaranteed issue amount.

## Evidence of Insurability/Medical Questionnaire will be required if:

- You elect coverage for yourself for the first time
- You increase your coverage by more than \$5,000
- You increase your coverage to more than the guaranteed issue amount

Your voluntary life premiums are based on your age. The below worksheet can be used to help calculate the monthly cost of coverage:

You: Coverage Dollar Amount \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual Benefit Cost

VOLUNTARY LIFE INSURANCE PER \$1000			
AGES	LIFE RATE	AD&D RATE	TOTAL
0-19	\$ 0.042	\$ 0.028	\$ 0.070
20-24	\$ 0.042	\$ 0.028	\$ 0.070
25-29	\$ 0.042	\$ 0.028	\$ 0.070
30-34	\$ 0.082	\$ 0.028	\$ 0.110
35-39	\$ 0.082	\$ 0.028	\$ 0.110
40-44	\$ 0.122	\$ 0.028	\$ 0.150
45-49	\$ 0.182	\$ 0.028	\$ 0.210
50-54	\$ 0.252	\$ 0.028	\$ 0.280
55-59	\$ 0.502	\$ 0.028	\$ 0.530
60-64	\$ 0.582	\$ 0.028	\$ 0.610
65-69	\$ 1.202	\$ 0.028	\$ 1.230
70-74	\$ 1.942	\$ 0.028	\$ 1.970
75-79	\$ 3.201	\$ 0.028	\$ 3.229
80-84	\$ 6.485	\$ 0.028	\$ 6.513
85-89	\$ 6.485	\$ 0.028	\$ 6.513
90-99	\$ 6.485	\$ 0.028	\$ 6.513

## Important to Know

**Evidence of Insurability** (statement of health) – You would need to provide evidence of insurability, also known as a statement of health, to Mutual of Omaha if you are enrolling in new or increased coverage for yourself.

**Beneficiary** – make sure your beneficiary is up to date in Employee Navigator. In the event you pass away, your life insurance will be paid to the beneficiary most recently noted.

# Disability Insurance



## Employer Paid Long-Term Disability

Long Term Disability insurance offers an extended income replacement if you are ill or injured outside of the workplace. **This is provided at no cost to you.** This plan is administered by Mutual of Omaha.

EMPLOYER-PAID LONG-TERM DISABILITY SUMMARY	
<b>Benefit Percentage</b>	60% of Monthly Income
<b>Monthly Benefit Maximum</b>	Please See Employee Navigator
<b>Elimination Period</b>	90 Days
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age
<b>Pre-Existing Condition</b>	<b>3 / 12:</b> If treated for a medical condition 3 months prior to effective date, it will not be covered for 12 months.

## Voluntary Short-Term Disability

Short Term Disability insurance offers temporary income replacement if you are ill or injured outside of the workplace. Coverage is **100% paid by you.** This plan is administered by Mutual of Omaha.

VOLUNTARY SHORT-TERM DISABILITY SUMMARY	
<b>Benefit Percentage</b>	60% of Weekly Income
<b>Weekly Benefit Maximum</b>	\$2,000
<b>Elimination Period</b>	Benefits Begin on Day 8 After Accident or Illness
<b>Maximum Benefit Duration</b>	12 Weeks
<b>Pre-Existing Condition</b>	<b>3 / 6:</b> If treated for a medical condition 3 months prior to effective date, it will not be covered for 6 months.

### KEY THINGS TO KNOW:

- Maternity is considered an illness and benefit payments begin on the 8th day.
- Benefits are subject to medical necessity and serve as financial support in the event you are ill or injured and unable to work. Medical documentation is required, and benefits end once it is determined you can return to work.



# Accident, Critical Illness, and Hospital Indemnity



Includes Health Screening Benefit!

## Accident Insurance

Accident Insurance provides a cash benefit if you injured or require care due to an accident, helps aid in covering out-of-pocket expenses that medical coverage may not cover. Accident coverage is voluntary, which means **you pay 100% of the premium.**

ACCIDENT SAMPLE BENEFITS		ACCIDENT BIWEEKLY RATES	
Ambulance	\$300 Ground / \$1,000 Air	Employee	\$4.71
ER Treatment	\$100	Employee + Spouse	\$8.96
Concussion	\$400	Employee + Child(ren)	\$9.75
Physical Therapy	\$25	Employee + Family	\$12.21

Includes Health Screening Benefit!

## Critical Illness Insurance

Critical Illness Insurance pays you a lump sum benefit based on the diagnosis of a covered illness. It can be used however you choose. Critical Illness coverage is voluntary, which means **you pay 100% of the premium.** Rates are based on your issue age and tobacco usage – please see Employee Navigator for details.

- **Benefit Amount:** up to \$30,000 for employee coverage
- **Dependent Benefit:** spouse & dependent children receive 50% of the employee benefit
- **Maximum Benefit Payable:** 300% of the initial benefit amount elected
- **Issue Age Coverage:** rates do not increase with age
- **Sample Covered Illnesses, Covered at 100%:** Heart Attack, Stroke, Major Organ Transplant  
→ See Plan Summary for Full List of Covered Conditions and Benefits!

**Pre-Existing Conditions:** (Does not apply to heart attack or stroke) – Any condition diagnosed or treated 3 months prior to the effective date, will not be covered for 6 months. (Waived if you have existing coverage).

## Hospital Indemnity Insurance

Hospital Indemnity Insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury. The cash benefit can help pay insurance deductibles, transportation, childcare, or anything else you and your family need while you receive treatment and recover. Hospital indemnity coverage is voluntary, which means **you pay 100% of the premium.**

HOSPITAL INDEMNITY BENEFITS		HOSPITAL INDEMNITY BIWEEKLY RATES	
Hospital Admission	\$500	Employee	\$7.29
ICU Supplemental Admission	\$500	Employee + Spouse	\$14.44
Hospital Confinement	\$100	Employee + Child(ren)	\$11.99
ICU Supplemental Confinement	\$100	Employee + Family	\$19.14

# Accident, Critical Illness, and Hospital Indemnity



To view all covered conditions under accident, critical illness, or hospital indemnity, please ask Human Resources for a copy of the plan summary or create a MetLife myBenefits account!

## Register on MyBenefits

Start enjoying the convenience of using MyBenefits by registering today! Benefits of registering online include:

- Faster processing time
- Less paper waste
- Submitting claims 7 days a week
- Asking questions via email

Once you're registered, you can review your benefits, access your certificate of insurance, file a claim and designate a beneficiary. To register, follow these simple steps:



### Step 1

Go to [mybenefits.metlife.com](http://mybenefits.metlife.com) and enter your company name in the **Employer or Association** field. Click **Next**.



### Step 2

Click **Register Now** to perform the one-time registration process. You'll be asked to enter your first and last name, identifying data and email address. You'll also create a unique username and password. For security purposes, you'll need to choose and answer 3 identity verification questions.



### Step 3

Once you read and agree to the website's Terms of Use and you opt into electronic consent, we'll send you a registration confirmation to the email address you provided.

## Access your certificate of insurance

1. Go to MyBenefits and log in to your account.
2. On the **My Accounts** page, go to the applicable product.
3. Use the **I want to...** drop down menu to select **View Certificate**. Your certificate details will open.
4. Click on the **View My Most Recent Certificate or Schedule of Insurance** link to download and print your certificate. Your certificate contains the specific terms and provisions of your coverage. Please read carefully and keep it in your records.

## File a claim

Submitting a claim doesn't have to be challenging. It's as simple as 1-2-3:

1. Go to MyBenefits and log in to your account to submit your claim online<sup>1</sup>; or call us at 1-866-626-3705 to obtain a claim form<sup>1</sup>.
2. On the **My Accounts** page, go to the applicable product.
3. Use the **I want to...** drop down menu to select **File a Claim Online**.
4. Click **Initiate Claim** and then click on the product you're filing a claim for. Answer some questions about your claim, upload your medical documentation to support your claim and designate the payment method. The whole process takes just minutes!
5. Visit MyBenefits often to check claim status, correspondence and benefit payments.

## Designate a beneficiary

You can designate your beneficiary quickly and securely on MyBenefits. To complete your online beneficiary designation, you'll need your beneficiary's full name, address, phone number and date of birth. For trusts, you'll need the trust name, address, phone number and trust date. Please follow these simple steps to designate your beneficiary:

1. Go to MyBenefits and log in to your account.
2. On the **My Accounts** page, go to the applicable product.
3. Use the **I want to...** drop down menu to select **Update Beneficiaries**. Follow the instructions to add or update your beneficiary. Changes to your beneficiary are effective immediately. You can easily print a copy of your designations for your records.

# Employee Assistance Program

The well - being of you and your family is our number one priority. To better support you, Muskegon Community College has two Employee Assistance Programs (EAP) to help you balance your personal and work life that include a variety of free and discounted services. Below is just a sample of what is available through Ulliance, check out their websites for a full list of resources.

## Life Advisor Well-Being Portal

You have access to our Life Advisor Well-Being Portal at [www.LifeAdvisorEAP.com](http://www.LifeAdvisorEAP.com)  
To log-in, simply enter the name of your organization and the city in which you are employed. Your company logo will appear on the main navigation page. From here, you can search for resources and toolkits, self-care quizzes and more!

## Ulliance Resource Topics:

- Coaching
- Counseling
- Webinars
- Stress
- Financial and legal concerns
- Relationships
- Grief and Loss
- Anxiety and Depression
- Family Issues
- Eldercare and childcare
- Self-assessments



**Available 24/7! Just call: 800-448-8326**

## EAP Services are also available through Mutual of Omaha:

- Legal & Financial Referrals
- Child & Eldercare Referrals
- Crisis Support
- Well-being Assessments
- Discount Program

**Available 24/7! Just call: 800-877-5176**



# Employee Assistance Program

## Life Advisor Well-Being Portal

You have access to our Life Advisor Well-Being Portal at

[www.LifeAdvisorEAP.com](http://www.LifeAdvisorEAP.com)

### RESOURCE TOPICS

Stress  
Financial and legal concerns  
Relationships  
Grief & Loss

Anxiety and Depression  
Family issues  
Eldercare and childcare  
Self-assessments



To log-in, simply enter the name of your organization and the city in which you are employed. Your company logo will appear on the main navigation page. From here, you can search for resources and toolkits, self-care quizzes and more!

[LifeAdvisorEAP.com](http://LifeAdvisorEAP.com)

# Health and Wellness

## Health and Wellness Center

Muskegon Community College is pleased to offer the use of the Health and Wellness Center free for all current MCC students, staff, adjunct instructors and faculty.

**The Wellness Center offers the use of a state-of-the-art fitness area that includes:**

- 23 cardio machines
- Free weights
- Squat racks
- Bench presses and more
- A full-size gymnasium
- walking/jogging track
- Locker rooms
- TV's, charging station, day lockers and much more



**Please call (231) 777-0495 for hours or view the MYMCC page. Present your College ID when checking into the center.**

## Kasey Hartz Natural Area

Approximately 1 mile. Walking time, allowing for looking, listening, and reflecting, is about one hour; although if using the trail for a quick walking break, a loop can be walked in about fifteen minutes. Although the first 600 feet of the trail is concrete and is wheel chair accessible. **The trail is not maintained during the winter** and walking on the trail is not recommended while there is snow cover.

## University Park Golf Course

UPGC is a public golf course owned by Muskegon Community College. Opened in 1968 and located across the street from the main campus, the nine-hole course was designed by Bruce Matthews and features two different tee-off areas to make for an interesting and challenging 18-holes of golf. Open seven days a week from April until October, UPGC features leagues, a driving range and a putting green. **Call (231) 773-0023 (in-season) or (231) 777- 0527 (off-season) for more information.**



# Glossary of Health Care Terms

To help you understand how the health plans work, please review the following terms and definitions.

- **Beneficiary:** The person or persons you name to receive benefits in the event of your death. You can change your beneficiary designation at any time.
- **Benefit Year:** The coverage period, usually 12 months long, which is used for administration of a health benefits plan.
- **Brand-Name Drug:** A drug manufactured by a pharmaceutical company which has chosen to patent the drug's formula and register its brand name.
- **Calendar Year Deductible:** The amount a member pays out-of-pocket for services before plan co-insurance is applied.
- **Case Management:** Coordination of services to help meet a patient's health care needs, usually when the patient has a condition that requires multiple services from multiple providers. This term is also used to refer to coordination of care during and after a hospital stay.
- **Co-insurance:** The percentage of total costs that you pay out of pocket for covered expenses after you meet the deductible
- **Co-insurance Maximum:** The maximum amount of coinsurance you pay in a plan year.
- **Co-pay:** The set fee you have to pay out of pocket for certain services, such as a doctor's office visit or prescription drug.
- **Coordination of Benefits:** A provision in a contract that applies when a person is covered under more than one group health benefits program. It requires that payment of benefits be coordinated by all programs to eliminate over-insurance or duplication of benefits.
- **Copayment (copay):** The amount a participant pays at the time of service. Copayments are predetermined fees for physician office visits, prescriptions or hospital services. Usually, the plan pays 100% of eligible expenses after you pay the copay.
- **Deductible:** The amount you pay out of pocket before the health plan will start to pay its share of covered expenses. For example, if a plan has a \$1,000 deductible, the deductible is met once the first \$1,000 of the covered medical expenses for that year have been paid. After that, the plan begins to pay toward the cost of covered health care services.
- **Dependent:** A person eligible for coverage under an employee benefits plan because of that person's relationship to an employee. Spouses, children and adopted children are often eligible for dependent coverage.
- **Emergency Room vs. Urgent Care:** Emergency Rooms are meant for life threatening illnesses or emergency accidents. If you need to be seen by a doctor for something other than an emergency and can't wait for an appointment with your regular physician, try using an Urgent Care Center. These centers are designed to treat you in an office visit setting. The cost to you will be less than using an emergency room.
- **Explanation of Benefits (EOB):** A statement provided by the health benefits administrator that explains the benefits provided, the allowable reimbursement amounts, any deductibles, coinsurance or other adjustments taken and the net amount paid. A participant typically receives an explanation of benefits with a claim reimbursement check or as confirmation that a claim has been paid directly to the provider.

# Healthcare Terms Continued

- **Generic Drugs:** A prescription drug that has the same active-ingredient formula as a brand-name drug. A generic drug is known only by its formula name and its formula is available to any pharmaceutical company. Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and as effective as brand-name drugs and are typically less costly.
- **Health Savings Account (HSA):** Financial vehicle that allows individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. Must be enrolled in a qualifying health plan as set by the government to establish and contribute to an HSA.
- **In-Network (Preferred Care):** You are considered to be in-network if you visit providers that participate with the network. In-network coverage means the plan will pay a higher percentage of benefits and you have lower out-of-pocket costs. Participating providers have signed contracts to accept discounted/negotiated fees as payment in full.
- **Maintenance Medications:** Medication that is prescribed for long-term treatment of chronic conditions, such as diabetes, high blood pressure or asthma. Maintenance medications are often available through the carrier's mail order service for up to 90-day supply and at participating network retail pharmacies for up to a 30-day supply.
- **Master Medical:** Master Medical is an additional plan that picks up where your traditional coverage stops and covers a portion of your out-of-pocket medical expenses.
- **Network:** The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.
- **Out-of-Network (Non-Preferred Care):** You are considered to be out-of-network if you visit providers that have chosen not to participate with the network (non-participating providers). Non-participating providers do not have contractual arrangements with the network therefore they can bill you for charges in excess of the maximum allowable fee. These charges are in addition to the higher deductible and coinsurance amounts that apply to out-of-network benefits.
- **Out-of-Pocket Maximum:** The most you pay each year out of pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses for the remainder of the plan year.
- **PPACA:** Acronym for Patient Protection Affordable Care Act, also referred to as ObamaCare or Health Care Reform.
- **Preventive Services:** Physicals and eligible non-diagnostic tests, well child/baby exams, eligible immunizations, wellness visits as defined by the plan.
- **Pre-certification (Certification):** The process of assessing medical necessity, appropriateness, or utility of proposed non-emergency hospital admissions, surgical procedures, outpatient care, and other health care services. Some benefits are subject to limitations or visit maximums. Certain services require pre-certification or prior approval of coverage. Failure to pre-certify for these services may lead to substantially reduced benefits or denial of coverage.

