

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: www.priorityhealth.com	#800187
DisclosedRx: Prescription and Pharmacy Savings Programs	P: 888-589-3340 W: www.disclosedrx.com	BIN: 021601 PCN: DRX RxGroup: 800187
Health Equity: Health Savings Account Healthcare FSA Dependent Care FSA	P: 866-346-5800 W: www.healthequity.com	#91800
Mutual of Omaha: Life and AD&D Insurance Employee Assistance Program	P: 800-877-5176 W: www.mutualofomaha.com	Group Life and AD&D: #GLUG-BZ9S EAP: Muskegon Community College
Ulliance: Life Advisor Services	P: 800-448-8326 W: www.LifeAdvisor.com	ID: Muskegon Community College



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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.

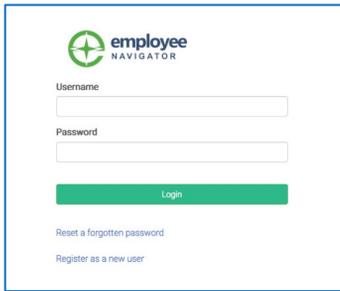
Network The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

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



The login screen for Employee Navigator features the company logo at the top left. Below it are two input fields for 'Username' and 'Password', each with a small eye icon to toggle visibility. A green 'Login' button is positioned below the password field. At the bottom left, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

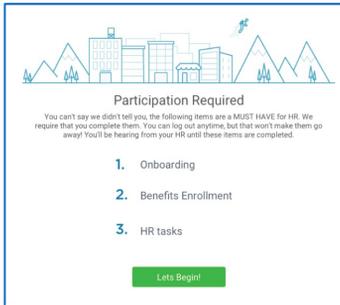
Step 1: Log In

Go to 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

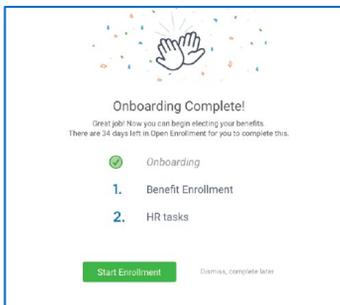
Please be aware that when first registering you will be required to provide your first name; last name; Company Identifier; PIN (last four of SSN); and date of birth.



The 'Participation Required' screen features a header with a cityscape illustration. Below the header, a paragraph explains that certain items are required for HR and that users will be notified when complete. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Lets Begin!' button is at the bottom.

Step 2: Welcome!

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



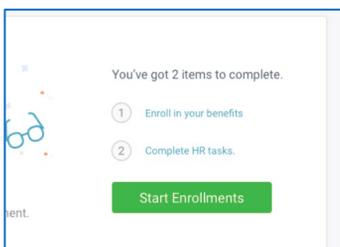
The 'Onboarding Complete!' screen features a hand icon surrounded by confetti. A paragraph congratulates the user and states that they can begin electing benefits and that there are 34 days left in Open Enrollment. A green checkmark icon is next to the word 'Onboarding'. A numbered list follows: 1. Benefit Enrollment and 2. HR tasks. A green 'Start Enrollment' button is at the bottom, with a link 'Dismiss, complete later' to its right.

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"**



The 'Start Enrollments' screen features a header stating 'You've got 2 items to complete.' Below this is a numbered list: 1. Enroll in your benefits and 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

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

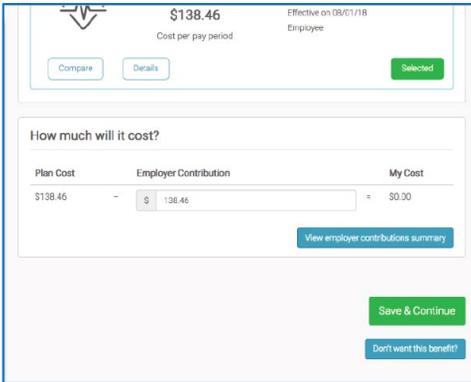
Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

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

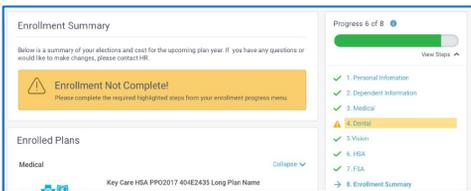
Compare Details Selected

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

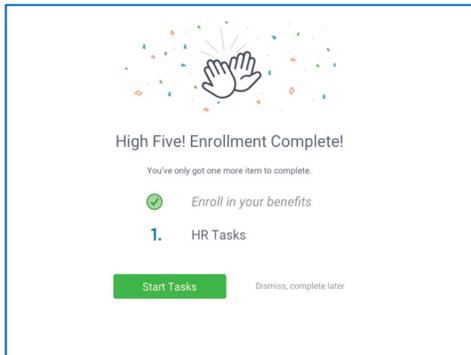
Progress 6 of 9

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. As of 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
Pharmacy Benefits (In Network)			
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
Benefit Frequency	Once every 36 months	
Exam Cost	Exam cost will vary and applies to your deductible	\$0 – does not apply to the deductible
Maximum Allowance	\$3,000 Monaural Hearing Aid; \$6,000 Binaural Hearing Aid	



Medical Plans for Part-Time Employees

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

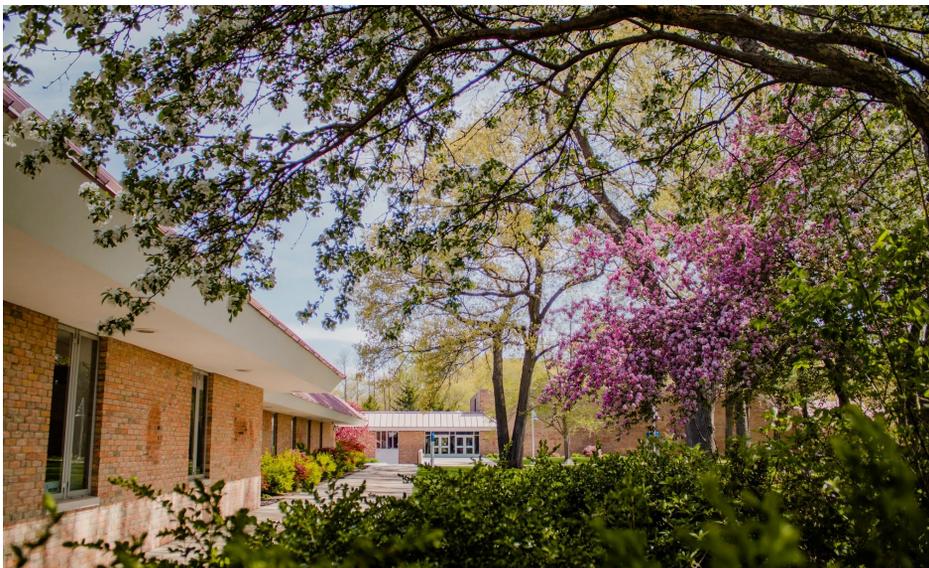
- High Deductible Health Plan (HDHP) PPO with HSA
- Traditional 750 PPO

Part-Time $\frac{3}{4}$ Employee

	HDHP EMPLOYEE COST	TRADITIONAL 750 EMPLOYEE COST
SINGLE	\$83.45	\$94.01
DOUBLE	\$200.29	\$225.63
FAMILY	\$250.36	\$282.03

Part-Time $\frac{1}{2}$ Employee

	HDHP EMPLOYEE COST	TRADITIONAL 750 EMPLOYEE COST
SINGLE	\$166.91	\$188.02
DOUBLE	\$400.58	\$451.25
FAMILY	\$500.73	\$564.06



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 888.589.3340, log in at priorityhealth.com to send us a message or check your plan documents.
For mental health and substance abuse benefits and assistance call 800.527.3943

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 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 833.300.3629 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.

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.



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

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.

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)

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

Know the Rules

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

- Plan Year: January 1st– December 31st
- 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

\$0
per month

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 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 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 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 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



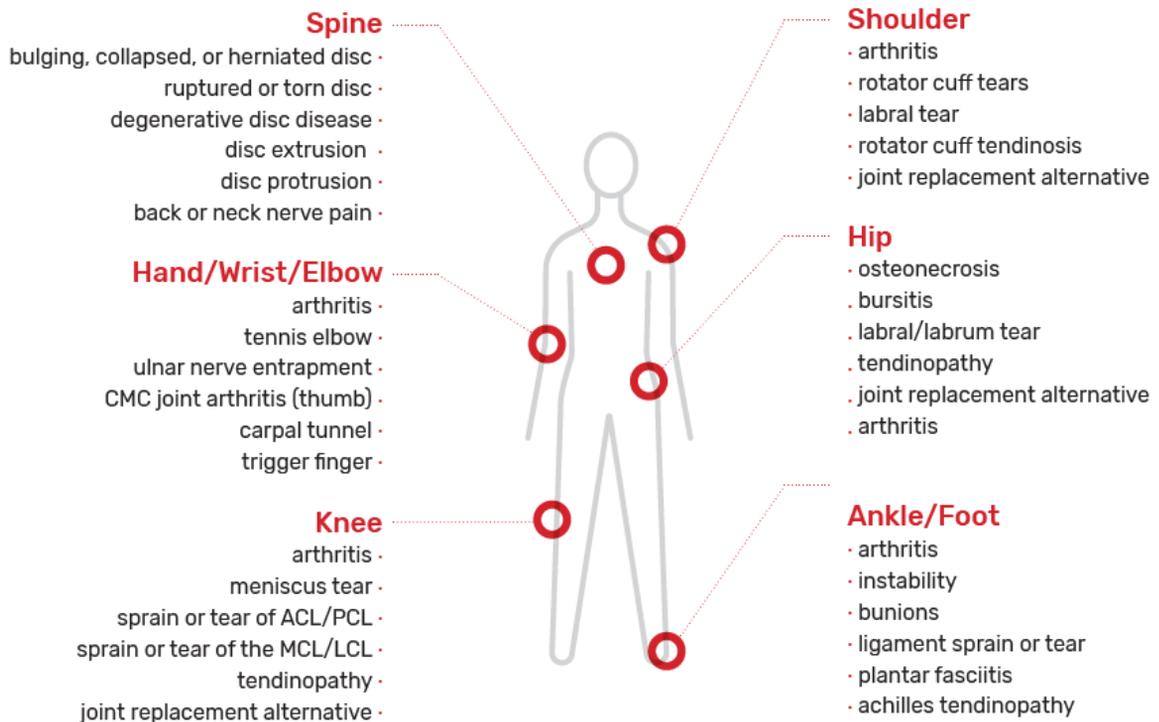
This benefit has changed my life for the better. I would not feel confident and empowered if not for this experience.

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 or by calling **888-547-6667**.

Employer Paid Life/AD&D Insurance – ESS Employees Only

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**.

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.



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
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

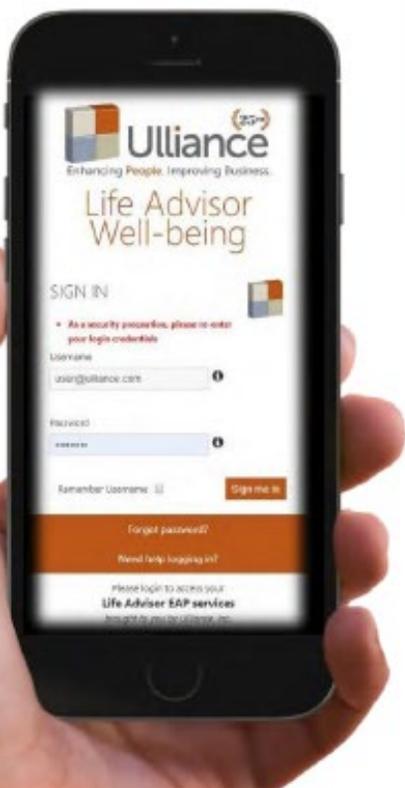
You have access to our Life Advisor Well-Being Portal at

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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

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.

