2022-2023 MICA Part-Time Employee Benefits Guide

MARYLAND INSTITUTE COLLEGE OF ART

MICA

WELCOME!

MICA takes pride in offering a comprehensive and competitive benefits package to employees. MICA, through all of its benefit partners, offers you a benefit program that allows choice and flexibility.

One of the most important things you can do is learn about your benefits options. MICA's benefit program offers a number of options with a variety of costs so you can choose your own benefits package that meets your needs and your budget. Think about what benefits were important to you in the past and try to anticipate your needs for the next year. You will probably want to work through these decisions with your family.

PLAN YEAR

Open enrollment is held in April each year, which allows you the opportunity to change your benefits for the upcoming plan year. If you miss the open enrollment period, you will not be able to make changes to your benefits until the next open enrollment, unless you have a life status change.

All new employees' coverage begins on the first day of the month following or coinciding with your hire date. Enrollment is required through WorkDay, MICA's HR system. All newly hired employees will receive a benefits task in WorkDay within 31 days of your start date which allows you to elect your benefits. Be sure to enroll in your benefits on time. If you miss the enrollment period, you will not have an opportunity to make changes to your benefits until the next open enrollment period.

Exceptions: You may enroll or make changes to the 403(b) Retirement Plan and/or Commuter Benefits throughout the year.

ELIGIBILITY

Who is Eligible?

- Part-time employees
  - Staff who are regularly scheduled to work 29 hours or less per week.
  - Faculty who are regularly scheduled to work 29 hours or less per week. It includes teaching hours and hours spent performing administrative duties.
- 403(b) - Employees must work at least 20 hours per week to be eligible for the 403(b) program.

Eligible Dependents Include:

- Spouse
- Domestic Partner
- Dependent children to age 26 (Children are eligible until the end of the calendar year that they turn 26)

TIP REMEMBER! Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.

THE BENEFIT PLAN YEAR RUNS FROM JUNE 1ST THROUGH MAY 31ST OF THE FOLLOWING CALENDAR YEAR TO CORRESPOND WITH THE FISCAL YEAR.

LIFE CHANGING EVENTS

You can make changes to your medical, dental, and vision during the year only if you have an IRS approved "qualified status change." You must make a change within 31 days of the event. If you experience a life status change, keep in mind that the benefits changes you make must relate to the life status change. For example, you may add or drop dependents if these changes are related to your life status change, but you cannot change plan types.

You can change your benefits within 31 days if you experience one of the following life changes:

- Marriage, divorce, or legal separation
- Birth or adoption of child
- Death of a covered dependent
- Job status change (Part-time to full-time or vice versa)
- Your spouse becomes eligible for medical benefits through new employment
- Your spouse becomes unemployed and loses benefit coverage
- A significant change in your spouse's health coverage attributable to your spouse's employment
- Ineligibility of your covered dependents due to:
  - Marriage
  - Change in dependent status
- Loss of other coverage due to circumstances not listed (you will be required to provide a detailed explanation)

If you experience a life status change, log in to your WorkDay account and complete a Benefits Change within 31 days of the status change. You are required to attach additional documentation to ensure that requested changes become effective on the first day of the following month of the life status change, not the date of the life status change (except for birth or adoption.)

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24HR FIRST HELP (NURSE)
CareFirst
800-535-9700

MEDICAL
CareFirst BCBS
833-794-2266
CareFirst.com

PRESCRIPTION/RX
CVS Caremark
800-241-3371
caremark.com

DENTAL
United Concordia
DHMO: 866-357-3304 / PPO: 800-332-0366
unitedconcordia.com

VISION
EyeMed
866-939-3633 or 866-800-5457
eyemedvisioncare.com

COMMUTER PLAN
Benefit Resource, Inc.
800-473-9595
benefitresource.com

MICA PEOPLE, BELONGING & CULTURE
Bunting Building, Room 310
410-225-2363
pbc@mica.edu

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

As an employee of MICA, you have the choice between two CareFirst medical plan options: the Basic BlueChoice Advantage 90/70 and the Premium BlueChoice Advantage 100/80.

Your deductible will run from **January 1 — December 31.**

While both plans give you the option of using out-of-network providers, you can save money by using in-network providers because CareFirst has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and CareFirst's Allowed Benefit charge, plus your out-of-network deductible and coinsurance.

TIP **Get the most out of your insurance by using in-network providers.**

FREQUENTLY ASKED QUESTIONS

Will I receive a new Medical ID card?

All plan participants will receive a new Medical ID card for the 2022-2023 plan year.

Does the deductible run on a calendar year or policy year basis?

Calendar year (January 1st through December 31st).

How long can I cover my dependent children?

Dependent children are eligible until the end of the calendar year in which they turn age 26.

I just got hired. When will my benefits become effective?

Coverage begins on the first day of the month following or coinciding with your hire date.

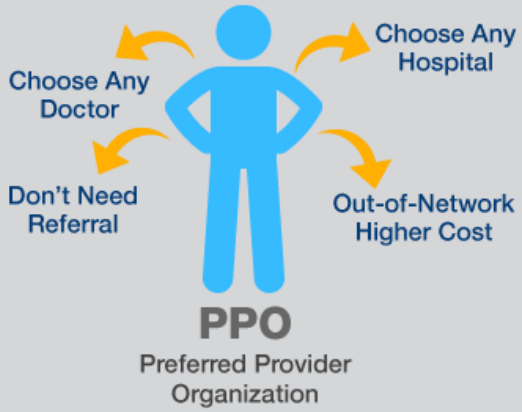
For important vaccines information and Know Before You Go, please click here.

Medical Plans Explained

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- OPTION 1: BASIC BLUECHOICE ADVANTAGE 90/70
- OPTION 2: PREMIUM BLUECHOICE ADVANTAGE 100/80



MEDICAL INSURANCE

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your CareFirst primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting CareFirst.com/needcare.

PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

FIRSTHELP—FREE 24 HOUR NURSE ADVICE LINE

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CAREFIRST VIDEO VISIT

- Cold/flu
- Diarrhea
- Fever
- Pinkeye
- Sinus problems

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit CareFirst.com/needcare for more information.

CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots
- Pregnancy tests
- Vaccines
- Rashes
- Screenings

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

- Sprains
- Small cuts
- Strains
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours — or if you can't be seen by your doctor immediately — you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

Primary Care vs. Urgent Care vs. ER

MEDICAL INSURANCE

BLUECHOICE ADVANTAGE MEDICAL PLANS

BlueChoice Advantage offers in- and out-of-network coverage to help control your out-of-pocket costs. There's no referral to see a specialist and you are not forced to select a Primary Care Physician (PCP). We offer online tools and resources at www.carefirst.com to give you the flexibility to manage your healthcare and wellness goals.

RECEIVING CARE INSIDE THE CAREFIRST SERVICE AREA

When you need care in Maryland, Washington, D.C. or Northern Virginia, select a provider in the CareFirst BlueChoice network to receive in-network coverage and pay the lowest out-of-pocket costs. If you receive care within our service area but outside the BlueChoice network, your benefits will be paid at the out-of-network level, but you'll incur lower costs by using a participating national BlueCard PPO provider. If you receive services from a provider outside of the BlueChoice network, you may be balance billed.

RECEIVING CARE OUTSIDE THE CAREFIRST SERVICE AREA

Members seeking care outside the CareFirst service area will pay the lowest costs by using a national BlueCard PPO provider. Members will still have the option to opt-out of this network but will pay a higher out-of-pocket expense.

If you receive services from a provider outside of the national BlueCard PPO network when you are out of the CareFirst service area, you may be balance billed.

	Plan Network Highlights	
	Inside CareFirst service area (MD, D.C. and Northern VA)	**Outside CareFirst service area**
In-network	BlueChoice Network - only available in MD, DC and Northern VA. LabCorp is the in-network lab in the BlueChoice Network*	BlueCard PPO Network
Out-of-network	All other providers. Note, you may be balance billed with out-of-network providers	All other providers. Note, you may be balance billed with out-of-network providers

*If you are seeing a BlueChoice network provider, it is their contractual obligation to send lab work to LabCorp. You do not need to take any action once you've presented your BlueChoice ID card to your BlueChoice network provider.

MEDICAL INSURANCE

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

CareFirst	Basic BlueChoice Advantage 90/70	
	Part-Time Employee Monthly Cost	
Individual Individual/Child Individual/Adult Individual/Children Family	$ 787.81 $1,063.54 $1,890.74 $1,339.27 $2,442.21	
	In-Network	**Out-of-Network**
Deductible (calendar year) Individual / Family	$300/$600	$500/$1,000
Coinsurance (Member Pays)	10%	30%
Out-of-Pocket Maximum (calendar year) Individual / Family *(includes deductible, coinsurance & copays)*	$2,200/$4,400 $3,500/$7,000 Rx	$3,000/$6,000 All drug costs subject to in-network out-of-pocket maximum
Office Visit Primary Care Physician / Specialist	$20 copay/$20 copay	Deductible, then 30% of allowed benefit
Preventive Care Well-Child Care Adult Physical Exam	 No charge No charge	 30% of allowed benefit Deductible, then 30% of allowed benefit
Diagnostics Lab and X-ray Major Diagnostics *(MRI, CT, PET…)*	 Deductible, then 10% of allowed benefit Deductible, then 10% of allowed benefit	 Deductible, then 10% of allowed benefit Deductible, then 10% of allowed benefit
Urgent Care	$35 copay	$35 copay
Emergency Room	$100 copay	$100 copay
Outpatient Surgery	$35 copay	Deductible, then 30% of allowed benefit
Inpatient Hospital Services	Deductible, then 10% of allowed benefit	Deductible, then 30% of allowed benefit

For a detailed benefit summary, please click here.

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify People, Belonging & Culture within 30 days of the event.

Both plans are detailed in the CareFirst 2021-2022 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

MEDICAL INSURANCE

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

CareFirst	Premium BlueChoice Advantage 100/80	
	Part-Time Employee Monthly Cost	
Individual Individual/Child Individual/Adult Individual/Children Family	$ 825.27 $1,114.11 $1,980.65 $1,402.95 $2,558.33	
	In-Network	**Out-of-Network**
Deductible (calendar year) Individual / Family	$150/$300	$500/$1,000
Coinsurance (Member Pays)	0%	20%
Out-of-Pocket Maximum (calendar year) Individual / Family *(includes deductible, coinsurance & copays)*	$2,200/$4,400 $3,500/$7,000 Rx	$2,500/$5,000 All drug costs subject to in-network out-of-pocket maximum
Office Visit Primary Care Physician / Specialist	$20 copay/$20 copay	Deductible, then 20% of allowed benefit
Preventive Care Well-Child Care Adult Physical Exam	 No charge No charge	 Deductible, then 20% of allowed benefit Deductible, then 20% of allowed benefit
Diagnostics Lab and X-ray Major Diagnostics *(MRI, CT, PET…)*	 No charge No charge	 Deductible, then 100% of allowed benefit Deductible, then 100% of allowed benefit
Urgent Care	$35 copay	$35 copay
Emergency Room	$100 copay	$100 copay
Outpatient Surgery	$40 copay	Deductible, then 20% of allowed benefit
Inpatient Hospital Services	No charge after deductible	Deductible, then 20% of allowed benefit

For a detailed benefit summary, please click here.

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify People, Belonging & Culture within 30 days of the event.

Both plans are detailed in the CareFirst 2022-2023 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

MEDICAL INSURANCE

PHARMACY BENEFIT

Plan Feature	Amount You Pay	Description
Individual Deductible	None	Your plan does not have a deductible
Family Deductible	None	Your plan does not have a family deductible
Out-of-Pocket Maximum	$3,500 Individual $7,000 Family	If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Preventive Drugs Up to 34-day supply	$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.
Oral Chemotherapy Drugs and Diabetic Supplies Up to a 34-day supply	$0	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) Up to a 34-day supply	$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) Up to a 34-day supply	$30	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) Up to a 34-day supply	$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
Maintenance Drugs Up to a 90-day supply	Generic: $20 Preferred Brand: $60 Non-Preferred Brand: $100	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or retail pharmacy.
Visit CareFirst.com/rxgroup for the most up-to-date drug lists, including prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.		

For a detailed benefit summary, please click here.

DENTAL INSURANCE

2. REVIEW YOUR DENTAL PLAN

UNITED CONCORDIA IS THE DENTAL CARRIER FOR 2022-2023

MICA offers two types of dental plans for our employees to choose from: DHMO and a PPO plan. A plan comparison between these two plans is available here. Please note the different networks and cost sharing- especially when accessing out of network providers, as dentists can balance bill you.

The PPO dental plan:

- Gives you and your dependents a larger network of participating dentists
- You can select a dentist at the time of service
- Freedom of using in and out-of-network benefits
- There are both deductible and co-insurance requirements
- You have a calendar year maximum

For a PPO benefit summary, please click here.

The DHMO dental plan:

- Provides you with a "Schedule of Benefits"
- There are fees associated with each procedure
- You know exactly what the charge will be for any given procedure
- You are required to select a Primary Dentist from the Concordia Plus Provider Directory (If you want to change your Primary Dentist, you must call UCCI customer service)
- No out-of-network benefits

Please note, you may be limited in your provider selection by providers that are currently accepting new patients.

FIND A DENTIST

To locate a provider, please visit unitedconcordia.com or call Customer Service at 800-332-0366 (FFS) or 866-357 -3304 (DHMO).

What Is Dental Insurance?

UNITED CONCORDIA® DENTAL

COLLEGE TUITION BENEFIT

Did you know your dental plan includes a College Tuition Benefit savings program? Much like a frequent flier program, you earn Tuition Rewards points that can be redeemed for tuition discounts at more than 400+ participating colleges nationwide. Click here to learn more.

DENTAL INSURANCE PLAN OPTIONS AND COSTS

United Concordia	Dental PPO		Dental DHMO
	Part-Time Employee Monthly Cost		Part-Time Employee Monthly Cost
Individual Individual + Spouse/Partner Individual + Child Family	$ 35.11 $ 70.16 $ 59.56 $116.89		$17.02 $33.67 $33.02 $47.74
	In-Network	Out-of-Network	To access the DHMO Schedule of Benefits, please click here.
Deductible Individual / Family	$25/$75	$50/$150	
Annual Maximum	$2,000	$1,500	
	In-Network	Out-of-Network	
Diagnostic/Preventive Services	100%	100%	
Basic Services	80%	80%	
Major Services	50%	50%	
Orthodontia Services Child(ren) and Adult	50% $2,000 lifetime max/per person	50% $1,500 lifetime max/ per person	

VISION INSURANCE

3. REVIEW YOUR VISION PLAN

EYEMED IS THE VISION CARRIER FOR 2022-2023

Eligible employees have the option to sign up for vision coverage. Vision coverage includes:

- An examination and lenses every 12 months
- Frames every 12 months
- You can receive care from a network provider or out-of-network provider
- Using out-of-network providers will generate higher out-of-pocket expenses

Your benefits are based on a rolling 12 month period. For example, if you receive an exam on 6/1/22, you aren't eligible for another until 6/1/23.

For additional plan information please click here.

FIND A PROVIDER

For a complete list of in-network providers near you, use Eyemed's **Enhanced** provider locator on eyemed.com or call 866-804-0982.

For Lasik providers, call 877-5LASER6.

DID YOU KNOW? There are discounts available for Lasik surgery.

VISION INSURANCE PLAN OPTIONS AND COSTS

EyeMed	Part-Time Employee Monthly Cost	
Individual Individual + One Family	$ 7.77 $14.76 $21.67	
	In-Network	**Out-of-Network**
Examination Copay	$10 copay	Up to $45
Frequency of Service Exam Lenses Frames	 Every 12 months Every 12 months Every 12 months	 Every 12 months Every 12 months Every 12 months
Lenses Single Bifocal Trifocal Lenticular Standard Progressive Lenses	 $25 copay $25 copay $25 copay $25 copay $90 copay	 Up to $40 Up to $60 Up to $80 Up to $80 Up to $60
Frames	$0 copay; $160 allowance, 20% off balance over $160	Up to $88
Conventional Contacts *(allowance includes materials only)*	$0 copay; $160 allowance, 15% off balance over $160	$128
Disposable Contacts	$0 copay; $160 allowance, plus balance over $160	$128
Medically Necessary Contacts	$0 copay, paid-in-full	$210

What Is Vision Insurance?

COMMUTER BENEFIT

4. SELECT YOUR COMMUTER BENEFIT

You may deposit up to **$280** per month for qualified workplace mass transit. Eligible expenses include: buses, trains, subways, ferries, and vanpools.

WHAT ARE ELIGIBLE COMMUTING EXPENSES?

Qualified (or eligible) workplace commuting expenses must be for mass transit and/or parking expenses incurred between a residence and place of employment.

Qualified mass transit expenses include: buses, trains, subways, ferries and vanpools. Ridesharing services like LyftLine and uberPOOL can be qualified commuting expenses when using the Beniversal® or eTRAC® Prepaid Mastercard®.

Qualified parking expenses include parking expenses incurred near your workplace (e.g. SpotHero) or at a location from which you commute to work (e.g. park-and-ride).

HOW MUCH SHOULD MY ELECTION BE?

Pre-tax Only Example
Mass transit expenses: **$104 per month**
Election: **$104 per month**
Deduction: **$104 per month** (tax-free)
Beniversal Card loaded: **$104**

Post-tax Example
Mass transit expenses: **$300 per month**
Election: **$300 per month**
Deduction: **$300 per month** ($260 tax-free, $40 after-tax)
Beniversal Card loaded: **$300**

USING YOUR CARD

After initial enrollment, you will receive the Beniversal Prepaid Mastercard or eTRAC Prepaid Mastercard to use at qualified mass transit and/or parking vendors. As of January 1, 2016, workplace mass transit expenses must be purchased using the card. In the unlikely event that a merchant does not accept the card for eligible parking and vanpooling expenses, claim reimbursement is available.

FOR QUESTIONS, CONTACT PARTICIPANT SERVICES

Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

Email: ParticipantServices@BenefitResource.com

Live Chat: Available through the participant log in at BenefitResource.com

BRi Benefit Resource, Inc.

Tax Savings Example

Monthly commuter expense	$200
Monthly tax savings (Federal, State, FICA)	$60
Annual tax savings	$720

The figures above are for illustration purposes only. Actual savings and tax rates may vary.

SUBMITTING A CLAIM

If a merchant does not accept the card, claim reimbursement is available for eligible parking and vanpooling expenses.

For eligible parking expenses:

- Online at BenefitResource.com *Once logged in, go to the Submit Claims/Receipts section. Follow the on screen instructions.*
- Through the BRiMobile app *Download the BRiMobile app from the Apple App Store or Google Play.*
- By faxing/mailing a claim form *Claim forms can be downloaded and printed from the Forms tab of BenefitResource.com.*

For eligible vanpooling expenses (including Shared Rides and uberPOOL):

- By faxing/mailing a claim form along with a receipt or supporting documentation *Claim forms can be downloaded and printed from the Forms tab of BenefitResource.com.*

What are Commuter Benefits?

RETIREMENT

5. RETIREMENT

- ELECT YOUR 403(B) CONTRIBUTION

GET STARTED NOW!

OUR 403(B) PLAN IS MANAGED BY TIAA

MICA's retirement annuity plan (403b) is referred to as a "Defined Contribution Plan" which gives part-time employees, who work at least 20 hours per week, the opportunity to participate in the plan when you are benefit eligible, (new employees first of the month following or coinciding with your hire date.)

- Participate by making contributions into the plan and receiving matching dollars each pay cycle
- You can make contribution changes at any time during the year
- Immediate vesting into the retirement plan, which means you are eligible for 100% of the college's contributions
- For each 1% contribution made by you the employee, MICA will contribute 1 ½%, up to 9%
- Choose to make traditional 403(b) pre-tax contributions and/or Roth 403(b) post-tax contributions.
- If you are over the age of 50, you are allowed to contribute an additional amount each year

The minimum contribution is 1% of your income to participate in the retirement plan. The maximum match by the College is 9% (see chart below.)

Employee pre/post-tax contribution %	MICA Match %
1%	1-1/2%
2%	3%
3%	4-1/2%
4%	6%
5%	7-1/2%
6+%	9%

If you are interested in enrolling in the retirement plan, log in to WorkDay to complete a benefit change.

Federal Guidelines limit the annual tax deferred contributions you make to a retirement plan. Please see the chart below for 2022.

Federal Limits	2022
Employee contributions to 403(b)	$20,500
Age 50 and over catch-up contributions to 403(b)	$6,500

TIP For each 1% contribution made by you, MICA will contribute 1-1/2%, up to 9%.

What Is A 403(b) Retirement Plan?

OTHER BENEFITS

LONG TERM CARE INSURANCE

Group discounts are available to you for long term care insurance. This becomes necessary if you become incapacitated due to accident, illness or aging and need assistance for more than 90 days. The assistance can take the form of someone to help with activities of daily living, such as bathing, dressing, eating, transferring, continence, or toileting. Long term care insurance is available to employees, spouses/partners, parents, parents-in-law, grandparents & grandparents-in-law, and retirees. Employees are invoiced directly from TriBridgePartners.

For further information contact Sally Leimbach at TriBridgePartners.

Phone: 410-659-3702 and Email: sally.leimbach@tribridgepartners.com

JOHNS HOPKINS FEDERAL CREDIT UNION

JHFCU extends their membership benefits to MICA employees. JHFCU offers high-rate savings accounts; the ability for you to make purchases and pay bills with an easy-to-use debit card and online bill payment system; and competitive low- rate loans to help you get an education, buy a car, or purchase a home. JHFCU also gives you convenient and easy access to your money, with 5 branches on nearby Hopkins campuses, free online and telephone banking 24 hours a day, and over 26,500 surcharge-free ATMs in Maryland and across the nation. Visit jhfcu.org or call 410-534-4500.

MICA PARKING

Parking the College lots requires a parking permit (available from Campus Safety). Parking is on a first-come, first served basis.

- Parking is free in lots.
- Parking in restricted paid lots requires a pre-tax, biweekly payroll deduction. Biweekly rates are $10 or $20 depending on the selected lot. Additional information is available here.

MICA COLLEGE STORE

Bring your employee ID to review a 10% employee discount at the MICA Store.

PET FRIENDLY WORKPLACE

MICA recognizes the role that pets can play in the lives of students, staff, and faculty. All pets must be registered with the Operations Division before they are allowed to come to campus. By bringing your pet to campus, you are assuming all culpability releasing MICA of any liability. Please go to mica.edu/About_MICA/Policies_and_Handbooks/Additional_Policies/Pets.html to learn more about the pet policies and how to register your pet.

TUITION REMISSION

Part-time staff employees are entitled to tuition remission for one credit-bearing course up to three (3) credits each semester (fall, spring, and summer terms) per family (i.e. employee, spouse/partner, or children) towards a non-degree-seeking course after one year of continuous part-time employment (spring/fall) averaging twenty (20) hours per week or greater. In lieu of the credit courses, two non-credit courses per semester per family in the Open Studies program can be substituted.

Part-time faculty employees who have one year of continuous part-time employment (Spring/Fall) teaching two 3-credit courses, are entitled to tuition remission for one credit-bearing course up to 3 credits each term (fall, spring and summer terms) per family (i.e. employee, spouse/partner, or child) towards a non-degree-seeking course. In lieu of the credit courses, two non-credit courses per semester per family in the Open Studies program can be substituted.

Additional information is available here.

WORKER'S COMPENSATION

You are covered by the College's liability insurance while acting within the scope of your responsibilities on College business. This protection, however, only covers you, the employee. It does not extend to your vehicle being used on College business. The vehicle is presumed to be covered by the owner's insurance policy. If you are unwilling to accept this limitation, you should not drive your personal vehicle on College business.

If you sustain work-related injuries or illnesses, you should inform your supervisor immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported. This will enable you to qualify for coverage as quickly as possible if you are an eligible employee. An accident report must be completed and forwarded to People, Belonging & Culture for timely reporting to the insurance carrier.

Click here to view additional information on MICA's benefits

OTHER BENEFITS

SOCIAL SECURITY AND UNEMPLOYMENT COMPENSATION

All employees are covered by Social Security on the standard matching basis. All employees are covered by the State of Maryland Unemployment Compensation Program.

HOLIDAYS

Part-time staff employees in departments that work a standard 35-hour week receive 3 1/2 hours of holiday pay for each of the MICA holidays, provided the employee works the week in which the holiday falls. Part-time employees in departments that work a standard 40-hour week like Facilities Management, Building Services and Campus Safety, receive 4 hours of holiday pay for each of the MICA holidays, provided the employee works the week in which the holiday falls.

These Holidays include:

- New Year's Day
- Martin Luther King's Birthday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve Day
- Christmas Day

Part-time faculty employees must refer to the current Faculty Handbook for Leave policies.

VACATION

Part-time staff employees are not eligible for vacation leave. Part-time faculty employees must refer to the current Faculty handbook for Leave policies.

SICK AND SAFE LEAVE

All part-time employees are eligible for Sick and Safe Leave which provides the employee the opportunity to take paid time off to tend to their health and well-being or that of their family member. For the purposes of this policy, a family member includes a spouse, domestic partner, child, parent, grandparent, grandchild, or sibling. These include biological, adoptive, foster, step-relationships, as well as physical and legal guardianships.

Eligibility

Sick and Safe Leave applies to employees who do not have other MICA sponsored leave available. Employees who work more than 24 hours a pay period are eligible to accrue Sick and Safe Leave. This leave is accrued on a per pay period basis each accrual year (July 1 to June 30) beginning from the employee's date of hire. An employee is eligible to use their accrued sick and safe leave beginning 106 calendar days (approximately 3.5 months) after the employee's hire date. Sick pay will not be counted as "time worked" for purposes of calculating overtime pay. Sick and Safe leave may be used for the following purposes:

- To care for or treat the employee's own mental or physical illness, injury, or condition;
- To obtain preventative medical care for the employee or the employee's family member;
- To care for a family member with a mental or physical illness, injury, or condition;
    - For parental (maternity or paternity); or
    - For absences due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member. Examples include securing assistance such as:
        1. To obtain medical or mental health attention;
        2. To obtain services from a victim services organization;
        3. For legal services or proceedings; or
        4. Because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

An employee must utilize all accrued leave before utilizing leave without pay. Accumulated sick leave will not be paid to employees at the time of separation of employment.

Additional information about leave and holidays is available here.

Click here to view additional information on MICA's benefits

OTHER BENEFITS

PERSONAL LEAVE

Part-time staff employees are not eligible for personal leave. Part-time faculty employees must refer to the current Faculty handbook for Leave policies.

BEREAVEMENT

The College understands that employees may need time away from work because of a death in the family. If you suffer the loss of an immediate family member (spouse/partner, parent, or child), you may be absent from work at your regular rate of pay for up to five (5) days to attend the funeral and related matters. If an employee sustains a death of a brother or sister, mother-in-law, or father-in-law, grandparent, or a grandchild, employees are eligible for up to three (3) days leave. This leave applies to full-time employees who have completed at least ninety (90) days of continuous employment. Employees are required to notify their supervisor immediately. Bereavement leave will not be carried over from year to year and will not be paid to terminating employees at the time of separation. Documentation of the circumstances for bereavement leave may be required.

Part-time faculty employees must refer to the current Faculty handbook for Leave policies.

VOTING

MICA encourages eligible employees to exercise your constitutional right to vote in all federal, state, and local elections. You may take up to three hours* paid time off to vote including voting on Election Day, voting early in-person, and voting by mail or absentee ballot. If you are going to take time off to vote, notify your supervisor ahead of time. This policy applies to all employees (full-time and part-time) except students employed in positions that require student status as a condition of employment.

*With the approval of your supervisor, more time may be taken off if needed. MICA recognizes the time it takes to vote has always been unpredictable, and this year will be even more uncertain due to social distancing requirements at polling places, changes to polling locations, and unfamiliarity with dropbox locations.

JURY OR WITNESS DUTY

If you are called for jury or witness duty on a day you are scheduled to work, you must contact your Supervisor and complete a leave request in Workday after receiving notification to appear. You are required to attach the subpoena or jury summons to your leave request.

- Employees will continue to receive regular pay while serving subpoenaed jury or witness time for up to five (5) days,
- The employee must furnish evidence from the Clerk of Court of time served in order to receive his/her regular pay. For jury service beyond five (5) business days, employees may use accrued vacation or may be granted a leave of absence without pay.
- If you are excused or dismissed from jury or witness duty before the close of business hours, you are expected to return to work at that time

MILITARY LEAVE

The College will grant any employee who is called to uniformed service an unpaid military leave of absence in compliance with the Uniformed Services Employment and Reemployment Rights Act (“USERRA”) and applicable state laws. To receive a military leave of absence the employee must be absent from work because of uniformed service in the United States Armed Forces or Reserves, National Guard, Commissioned Corps of the Public Health Service, or any other category of persons designated by the President of the United States in time of war or emergency.

Employees should notify their supervisor and People, Belonging & Culture in advance of any expected military leave of absence, unless military necessity prevents such notice or it is otherwise impossible or unreasonable for the employee to provide advance notice. Employees may use any accumulated sick leave or vacation time in lieu of unpaid leave. As required by USERRA, the College will provide the employee and his or her covered dependents with an opportunity to continue health insurance benefits based on the length of the employee’s leave and subject to the terms, conditions and limitations of the applicable plans for which the employee is otherwise eligible. Vacation time does not accrue during the leave and will resume only upon the employee’s return to active employment with the College. The employee’s time off from work for uniformed service will not count toward the employee’s absenteeism record.

Click here to view additional information on MICA’s benefits

OTHER BENEFITS

Upon the employee's return from a military leave, reinstatement/reemployment will be provided in accordance with USERRA. The College, at its discretion, may make adjustments and exceptions to this policy, as circumstances require and as permitted by law. The College may require the employee to provide documentation of the length and character of their uniformed service upon the employee's reinstatement if the service exceeds thirty (30) days.

The College supports the men and women of our armed forces and prohibits discrimination against any employee because of uniformed service.

WINTER RECESS WEEK

Winter Recess refers to the closing of the College's academic and administrative offices between Christmas Eve and New Year's Day. Winter Recess days are not holidays but are floating days provided in addition to the already scheduled College holidays. This is done in recognition of the season and to give the community time to rest and re-energize while letting go of some stress.

The goal of Winter Recess is to close the College. However, a few areas of the College provide critical, essential services and therefore will not close during the Winter Recess. Those areas will maintain appropriate levels of staffing for operations and continuity of service during this period. Employees in those areas who are not able to be off during the Winter Recess period will be allowed to take the equivalent number of Winter Recess days off prior to the end of that fiscal year.

All MICA benefits-eligible, full and part-time, staff are eligible to participate in Winter Recess.

Student RA's who are hired to work and support students in winter break housing will be paid for hours worked but are not eligible for an equivalent number of Winter Recess days. **All other students** are not eligible and should not be scheduled to work during the Winter Recess period.

Essential employees provide services that relate directly to the health, safety, and welfare of the MICA community and ensure the continuity of key operations. Employees in the following areas have been classified as essential during the Winter Recess: Facilities Management, Building Services and Campus Safety. Some employees in the Registrar's Office, Open Studies, Student Affairs, and Advancement may also be deemed essential by their managers.

Employees not designated as essential may not work during the Winter Recess.

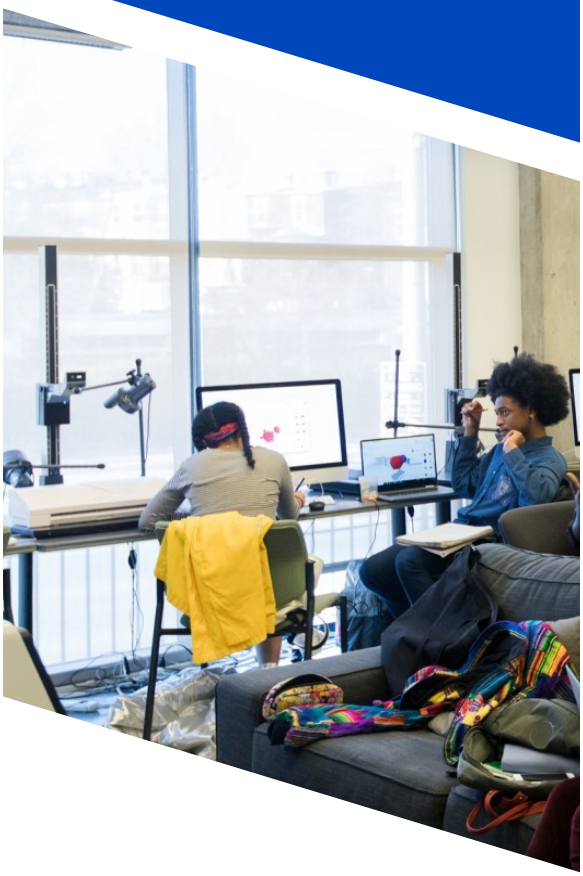
Pay and Recording time in Workday

- Employees must be in a full-time benefits-eligible position in order to receive pay for time not working during Winter Recess.
- Employees in regularly scheduled part-time positions will receive pay for time not worked during Winter Recess on a prorated basis.
    - Part-time employees in departments that work a standard 35-hour week will receive 3.5 hours of pay for each MICA Winter Recess day.
    - Part-time employees in departments that work a standard 40-hour week (Facilities Management, Building Services and Campus Safety) will receive 4 hours of pay for each MICA Winter Recess day.
- All employees who are eligible for paid Winter Recess will have floating days (Winter Recess days) added in Workday. If you do not work during Winter Recess, then you will enter these floating days in Workday.
- If you are an essential employee and work during the Winter Recess, you will enter your hours worked as you normally do.
- Employees MAY NOT use a floating holiday (Winter Recess Day) on a day that they also work.

Please note: Floating holidays will expire at the end of the Fiscal year on May 31, will not roll over to the following fiscal year, will have no cash value and will not be paid out in lieu of using them or at separation of employment.

Click here to view additional information on MICA's benefits

VIDEO RESOURCES



MEDICAL PLANS

- Medical Plans Explained
- Primary Care vs. Urgent Care vs. ER
- PPO Overview

INSURANCE 101

- Benefits Key Terms Explained
- How To Read An EOB
- What Is A Qualifying Event?

TAX ADVANTAGE SAVINGS ACCOUNTS

- What Is A 403(b) Retirement Plan?

ANCILLARY BENEFITS

- What Is Dental Insurance?
- What Is Vision Insurance?
- What are Commuter Benefits?

GLOSSARY OF MEDICAL TERMS

Coinsurance — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays — A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room — Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum — All plans are required to have an unlimited lifetime maximum.

Medically Necessary — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-Of-Pocket Maximum — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization — A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable) — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact MICA People, Belonging & Culture at 410-225-2363 or via email at pbc@mica.edu.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 410-225-2363.

NOTICE OF PRIVACY PRACTICES

MICA is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting People, Belonging & Culture.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095 -C in early March 2023. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

IMPORTANT NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility -

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	**COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.comMedicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center:1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	**FLORIDA-Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery. com/hipp/index.html Phone: 1-877-357-3268
GEORGIA-Medicaid	**MAINE-Medicaid**
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization- act-2009-chipra Phone: (678) 564-1162, Press 2	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711

IMPORTANT NOTICES

INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
IOWA-Medicaid and CHIP (Hawki)	**MINNESOTA-Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739
KANSAS-Medicaid	**MISSOURI-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KENTUCKY-Medicaid	**MONTANA-Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
LOUISIANA-Medicaid	**NEBRASKA-Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA-Medicaid	**SOUTH CAROLINA-Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	**SOUTH DAKOTA-Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345,ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	**TEXAS-Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	**VERMONT-Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	**VIRGINIA-Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	**WASHINGTON-Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

IMPORTANT NOTICES

OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspxhttp://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	**WISCONSIN-Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	**WYOMING-Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext 61565

Paperwork Reduction Act Statement

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

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

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

MARKETPLACE COVERAGE OPTIONS

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact MICA People, Belonging & Culture at 410-225-2363.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MARKETPLACE COVERAGE OPTIONS

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Maryland College Institute of Art	**Employer Identification Number (EIN): 52-0591661**
Employer Address: 1300 Mount Royal Avenue Baltimore, MD 21217	**Employer Phone Number: 410-225-2363**
Who can we contact about employee health coverage at this job? Lisa Diggs	**Phone Number: 410-225-2428** **Email Address: ldiggs@mica.edu**

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

- ☑ All employees. Eligible employees are: Regular full and part time MICA employees. Part time employees are those who work 29 or less hours/week.
- ☐ Some employees. Eligible employees are:

•With respect to dependents:

- ☑ We do offer coverage. Eligible dependents are: Married spouses, domestic partners and dependent children to age 26 (children are eligible until the end of the calendar year they turn 26).
- ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MICA and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. MICA has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th to December 7th.** However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Cigna coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at cms.hhs.gov/CreditableCoverage/)which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.
If you do decide to join a Medicare drug plan and drop your current Cigna coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with MICA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage… Contact the People, Belonging & Culture Department for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MICA changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	2022
Name of Entity/Sender:	Maryland College Institute of Art Contact: People, Belonging & Culture
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YOUR NOTES

MARYLAND INSTITUTE COLLEGE OF ART

M|I|C/A

The College has a right to change these benefits at its discretion. Changes may be approved by the Board of Trustees (or its Executive Committee), The President or Vice-President and Treasurer of the Institute, or by another official to whom one of these has delegated the amendment power. If you have any questions about these or any benefits at Maryland Institute College of Art, call the People, Belonging & Culture Dept.

This benefits summary describes the highlights of our benefits. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan specific documents for detailed plan information.