

2025 Employee Benefits Guide

July 1, 2025 — June 30, 2026



Scan the QR code with your smartphone to view a short presentation about your benefits or visit www.brainshark.com/hilbgroup/ChesapeakeCollege

Chesapeake College takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

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Don't understand what a qualified change-in-status event is?

Scan the QR code or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.



Who is eligible for benefits?

All full-time budgeted employees who work a minimum of 30 hours per week and budgeted part-time employees working a minimum of 17.5 hours a week are eligible for benefits. For new hires, benefits are effective on the first of the month following date of hire. After one year of employment, all employees working in budgeted positions of at least 17.5 hours or more per week are automatically enrolled in short-term and long-term disability.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by ceremony
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the month in which the child turns age 26

Change-in-Status Events

The benefits plan year runs July 1 through June 30. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:



Marriage or divorce



Birth, adoption, or death



Change in employment, or employment status for you, your spouse, or your dependent child



Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.

Important Notice about Your Prescription Drug Coverage and Medicare—see page 21.

EMPLOYEE RESOURCES



Plan	Phone Number and Website/Email
PSA Benefits Hotline	1-877-716-6618 Email: benefitshotline@psafinancial.com
Medical CareFirst Administrators (CFA)	1-877-889-2478 www.cfablue.com
24/7 Nurse Hotline	1-800-535-9700
Prescription CVS/CareMark PrudentRx	1-800-386-7951 www.caremark.com/mailservice 1-800-578-4403
Dental Delta Dental of PA	1-800-932-0783 www.deltadentalins.com
Vision EyeMed	1-866-800-5457 www.eyemed.com
Flexible Spending Accounts Optum	1-800-243-5543 www.optumhealthfinancial.com
Life and Disability Insurance Reliance Standard	1-800-351-7500 www.reliancestandard.com
Employee Assistance Program Optum EAP	1-866-248-4096 www.liveandworkwell.com

PSA Benefits Hotline

The Benefits Hotline at PSA features a team of Client Advocates who can help you and your eligible family members with your benefit needs such as the below:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday–Friday, 8:30 a.m. to 5 p.m. ET.

Please provide your Member ID (this can be found on your ID card) and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

Employee Assistance Program (EAP)

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help. You and your family members have access to confidential and professional counseling **at no cost to you**. Licensed counselors are available 24 hours a day, seven days a week, 365 days a year to help you handle stress, grief, loss, and other personal issues. The EAP is offered through **Optum EAP**.

Employees and their dependents receive unlimited telephonic consultations and up to three face-to-face counseling sessions per issue per year. Some of the issues the EAP can help with are below:

- Crisis
- Family and parenting issues
- Stress and anxiety
- Emotional well-being
- Marital and relationship concerns
- Substance abuse
- Grief and loss
- Communication issues
- Anger management
- Coworker conflict

To take advantage of the EAP services, call Optum EAP to speak with a Care Coordinator today at **1-866-248-4096**, or visit www.liveandworkwell.com (Password: Chesapeake)



YOUR BENEFIT CHOICES

Eligible Dependents

The subscriber's legal spouse or an unmarried child of the subscriber or the subscriber's spouse. The term child includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A Dependent includes any dependent child under 26 years of age.

Making Careful Choices

As you make your benefit elections, please keep in mind that these elections and the related payroll deductions generally cannot be changed until the next open enrollment, unless you experience a qualified life event. If you experience a qualified life event, Human Resources must receive notification within 30 days of the event. Qualified life events include:

- Change in legal marital status
- Loss of outside coverage
- Birth or adoption of a child
- Termination of employment for you, your spouse, or dependent child (under age 26)
- Your dependent ceases to qualify as a dependent as defined in the benefit plan eligibility rules

Chesapeake College provides a wide variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you choose them. Check the guide to see which benefits you need to make a successful program designed just for you.

Benefit	Who Pays for Cost
Medical and Rx Coverage Carefirst Administrators/CVS Caremark Networks are BlueChoice Advantage and Retail 90/PrudentRx	College and You
Dental Coverage Delta Dental	College and You
Vision Coverage EyeMed	You
Basic Life and Accidental Death & Dismemberment Reliance	College
Short-Term Disability Chesapeake College	College
Long-Term Disability Reliance	College
Supplemental Life and Accidental Death & Dismemberment Reliance	You
Employee Assistance Program Optum	College
Flexible Spending Accounts Optum	You

CFA Mobile App

Download the CFA mobile App **zConnect** to access your health plan and ID cards.



Google Play



Apple





BENEFIT RATES

Medical Rates

Chesapeake College offers its employees the opportunity to participate in the EPO plan through **CareFirst Administrators (CFA)**.

For Plan Year July 1, 2025 to June 30, 2026, the College will offer each employee the opportunity to select a medical/dental combination or elect to opt out of coverage and receive \$2,000 in taxable income. The \$2,000 waiver is divided over 24 pay periods at a rate of \$83.33 or \$41.66 for Part-timers.

If you are hired after July 1, the amount is pro-rated based on your start date. These benefits are available for full-time employees working 30.0 hours per week. Employees in budgeted, part-time positions working 17.5 hours per week will receive 50% of the full-time allowance for benefits.

Chesapeake College EPO Plan	24 Pay Contribution Rates	18 Pay Contribution Rates	Part-Time 24 pays Contribution Rates
Employee w/ annual income under \$40,000	\$22.85	\$30.46	\$263.57
Employee w/ annual income over \$40,000	\$45.70	\$60.93	
Employee + Child(ren)	\$128.97	\$171.96	\$362.18
Employee + Spouse	\$265.06	\$353.41	\$522.92
Family	\$351.89	\$469.19	\$595.98

Dental Rates

Rates	(24 pays)	(18 pays)	Dental without Medical Coverage (24 pays)	Dental without Medical Coverage (18 pays)
Individual	\$1.45	\$1.93	\$17.97	\$23.95
Double	\$5.46	\$7.28	\$32.14	\$42.85
Family	\$10.00	\$13.33	\$51.30	\$68.40

Vision Rates

Rates	(24 pays)	(18 pays)	Part-Time
Individual	\$2.80	\$3.73	\$2.80
Double	\$5.32	\$7.09	\$5.32
Family	\$7.80	\$10.40	\$7.80

PrudentRx

Chesapeake College offers the PrudentRx Co-Pay program to help you manage the cost of specialty medications by applying financial co-pay assistance from drug manufacturers. By enrolling in the voluntary PrudentRx program, your out-of-pocket costs for covered medications would be \$0. If you take one or more medications included in the PrudentRx Program Drug List, you will receive a welcome letter and phone call from PrudentRx with specific information about the program and your medication. The PrudentRx patient advocate will help you enroll in the PrudentRx Co-Pay Program if you choose, along with other available manufacturer copay assistance programs.



MEDICAL AND PRESCRIPTION OVERVIEW

www.cfable.com

- See who and what is covered under your health plan
- Review the status of all your claims
- View and order ID cards
- Access customized health and wellness information
- Find a doctor
- Check the status of your deductible and out-of-pocket maximum

www.caremark.com

- Research drug costs using the Drug Pricing tool"

Mandatory Generic Drugs

Generic drugs provide savings for members and for group plans, and generally have the same efficacy as brand drugs. The College will continue to have a Mandatory Generic prescription program. If you fill a prescription for a brand drug when a generic is available, you will pay the brand copay plus a product penalty (the difference in cost between the brand and generic drug cost), even if the physician writes dispense as written on the prescription.

If you fill a prescription for a brand drug when a generic is available AND your physician can show a valid medical reason that you must take the brand drug, you will only be responsible for paying the brand copay. If you fill a prescription for a brand drug and there is no generic available, you will only be responsible for paying the brand copay.

The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. Chesapeake College offers medical coverage and prescription drug coverage through **CareFirst Administrators**.

24-Hour Nurse Advice Line

When your doctor is not available, call the First Help Nurse Advice Line 24/7 at 1-800-535-9700 to speak with a registered nurse about your health questions and treatment options.

Telemedicine through MDLive

When your primary care provider (PCP) isn't available, you can connect with a doctor any time day or night through your smartphone, tablet, or computer. The cost for a Virtual Visit is typically the same as an office visit and is subject to the medical plan deductible. MDLive is intended for the treatment of common, uncomplicated, non-emergency health concerns.

Behavioral health visits are also offered as part of the MDLive telemedicine program!

To visit a doctor online, download the MDLive app from your app store or visit www.mdlive.com/asm. Click on any of the MDLive links to be taken to the platform landing page and register using your email address and password.

CloseKnit Virtual Care

CloseKnit is a virtual-first primary care practice. That means that most illnesses are treated over video or phone without going into a doctor's office. Visits can be done online anytime, anywhere, 24/7/365—from primary and urgent care to therapy and more through your desktop or by phone using the convenient CloseKnit mobile app.

Primary Care services include:

- Well care, preventive, and sick visits
- Mental health counseling
- 24/7 chat with your dedicated Care Team
- Health Guides who can answer health, benefits, and billing questions
- Available to all members age 18+

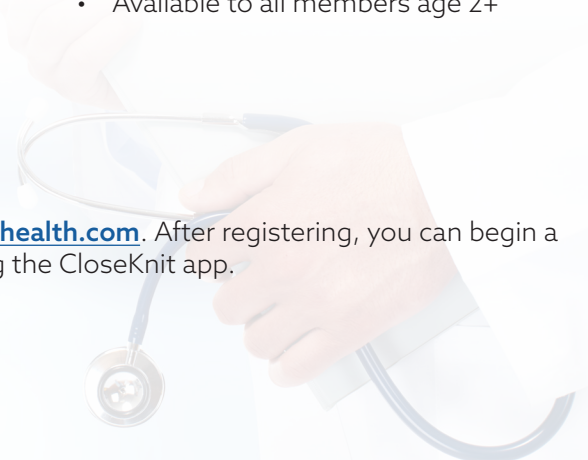
Urgent Care services include:

- Same-day care with an average wait time of 30 minutes or less
- Visits for common conditions such as cold/flu symptoms and minor injuries
- Pediatric urgent care for dependents ages 2-17
- 24/7 access anywhere in the U.S.
- Available to all members age 2+

CloseKnit also offers:

- Behavioral Health Services
- Lactation Support
- and Diet & Nutrition Counseling

Learn more and register at closeknithealth.com. After registering, you can begin a virtual visit online or by downloading the CloseKnit app.



MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

You have one medical plan option administered by **CareFirst Administrators**. The option includes prescription drug coverage. To locate a participating, in-network provider, visit www.cfblue.com.

Chesapeake College EPO Plan In-Network ONLY YOU PAY	
Plan Features	
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$500 individual / \$1,000 family
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$3,000 individual / \$6,000 family
PREVENTIVE SERVICES	
Preventative Services	No charge
OFFICE VISITS, LABS, AND TESTING	
PCP/Specialist Office Visits	\$20 copay/\$30 copay
Diagnostic Test (X-ray & Labs)	10% after deductible
Imaging (MRA/MRS, MRI, PET, CAT scans)	10% after deductible
HOSPITAL	
Inpatient/Outpatient	10% after deductible
URGENT AND EMERGENCY CARE	
Urgent Care Facility	\$35 copay
Hospital Emergency Room <i>Copay waived if admitted</i>	\$150 copay for facility / 10% for professional
MENTAL HEALTH/SUBSTANCE ABUSE	
Office Visits	\$20 copay per visit, deductible does not apply 10% coinsurance* for other outpatient services \$20/visit Telemedicine (Designated Provider)
Inpatient Services	10% after deductible
PRESCRIPTION DRUGS	
Prescription Deductible	N/A
Out-of-Pocket Maximum	\$1,500 individual / \$3,000 family
Retail Pharmacy, up to 34-day supply	
Generic	\$10
Preferred	\$35
Non-Preferred	\$75
Self-Administered Injectable	50% Coinsurance up to \$150
Specialty Drugs Excluded from PrudentRx	50% up to \$150
Mail Order, 90-day supply	
Generic/Preferred/Non-Preferred	2x retail copay

*This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.
Pre-certification is required for certain services.*

**Members enrolled in PrudentRx pay \$0 for eligible specialty medications. If you choose not to participate in PrudentRx, you will pay 30% of the cost of your eligible medication each fill; your costs will not go toward the out-of-pocket maximum. If your specialty medication is not eligible for PrudentRx, you will pay 50% up to \$150 per fill and will be applied to the out-of-pocket max.*



DENTAL PLAN HIGHLIGHTS

Prevention first!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to the deductible and the plan covers 100% of the cost if you visit an in-network provider!

Chesapeake College offers dental coverage through **Delta Dental**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	In-Network	Out-of-Network*
Network	PPO In-Network	Non-PPO
Annual Deductible Amount you must pay per year before the plan begins to pay benefits	\$25 individual \$75 family	\$25 individual \$75 family
Annual Benefit Maximum Maximum amount the plan will pay per year	Plan pays \$1,200 per person per year	Plan pays \$1,000 per person per year
Preventive and Diagnostic Services	No charge—no deductible	Covered 100%*—no deductible
Basic Services	Deductible, then 20%	Deductible, then 20%*
Major Services	Deductible, then 50%	Deductible, then 50%*
Orthodontia Services Children up to age 26 \$1,200 lifetime maximum per person	50%, no deductible	50%*, no deductible

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

**Reimbursement is based on the maximum contract allowances and not necessarily each dentist's submitted fees.*

Need to locate a participating, in-network provider?

To locate a participating provider, visit www.deltadentalins.com, and select "Find a Dentist" at the top of the page. Enter your location and select "Delta Dental PPO," then select "Find a dentist."

VISION PLAN HIGHLIGHTS



Your vision coverage provides a full range of vision care services provided through **EyeMed**. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in the INSIGHT network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to EyeMed for reimbursement.

Plan Features	In-Network	Out-of-Network Reimbursement
Vision Exam <i>Once every plan year</i>	\$10 copay \$0 copay at Plus Providers	Up to \$40
Eyeglass Frames <i>Once every other plan year</i>	\$100 plan allowance; 20% off balance	Up to \$70
Eyeglass Lenses <i>Once every plan year</i>		
Single vision	\$10 copay	Up to \$30
Lined bifocal	\$10 copay	Up to \$50
Lined trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Contact Lenses <i>Once every plan year in lieu of eyeglasses</i>		
Fitting/exam	Up to \$40; contact lens fitting and two follow-up visits	N/A
Contact lenses	15% off balance over \$110 allowance	Up to \$77

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

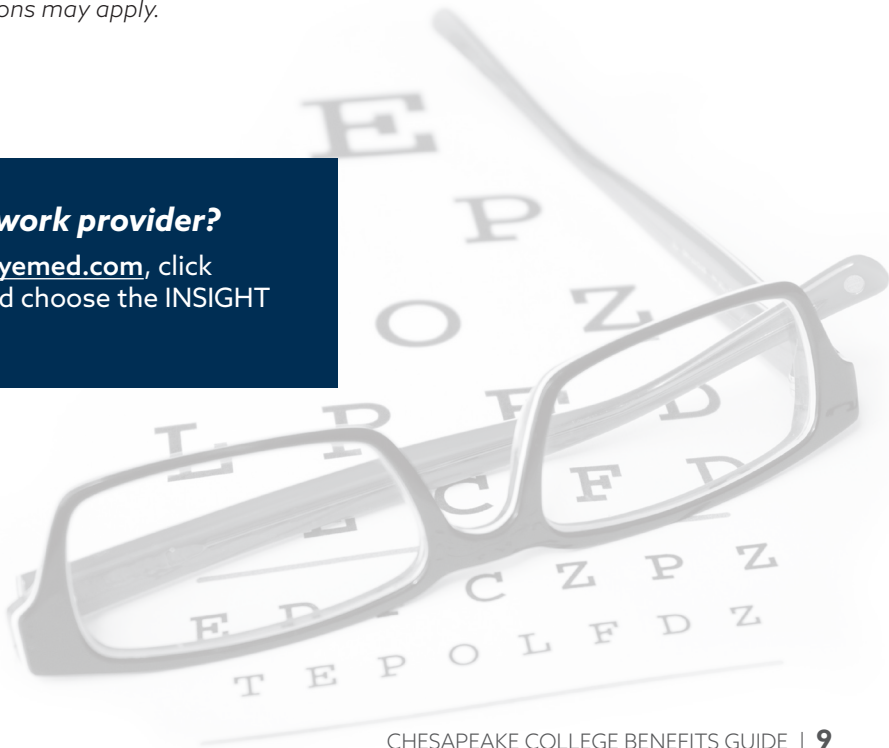
Need to locate a participating, in-network provider?

To locate a participating provider, visit www.eyemed.com, click "Find an eye doctor" at the top of the page and choose the INSIGHT network, or call 1-844-873-7853.

Did you know your eyes can tell an eye care provider a lot about you?

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.





FLEXIBLE SPENDING ACCOUNTS (FSA)

Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year**. Your annual contribution stays in effect during the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document.

Will I lose my money if I don't use it in a year?

Any remaining funds over **\$660** in a Health Care FSA and any amount left in your Dependent Care FSA at the end of the plan year will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by **Optum Bank**.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,300** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

You may use your Health Care FSA to pay for over-the-counter (OTC) medications at a pharmacy, supermarket, or other retail store without a prescription. Insulin, prescription medicines, and some OTC supplies—such as bandages, crutches, blood sugar test kits, contact lens solution, and menstrual products—are also eligible for reimbursement. For a full list of eligible expenses, visit www.optumbank.com/health-accounts/fsa.html. Click on "What can I buy?"



Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$5,000** annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

Pre-tax savings example
(with \$5,000 Dependent Care FSA)

	Without FSA	With FSA
Gross Pay	\$50,000	\$50,000
FSA Contribution	\$0	- \$5,000
Taxable Income	\$50,000	\$45,000
Taxes*	- \$12,500	- \$11,250
Take Home Pay after Taxes	\$37,500	\$33,750
Eligible Expenses	- \$5,000	- \$5,000
Available Income before reimbursement	\$32,500	\$28,750
Tax-Free Reimbursement from FSA	\$0	\$5,000
Net Income	\$32,500	\$33,750

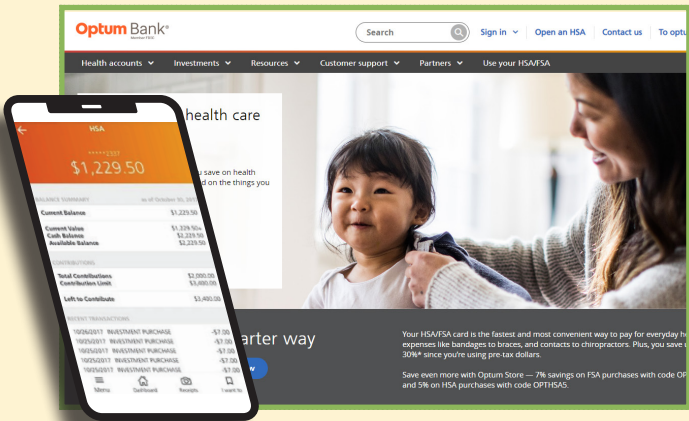
That’s a potential savings of \$1,250 for the year!

*Taxes are based on the participant having a combined federal, state, and social security tax rate of 25%. Example is for illustrative purposes only. Actual dollar amounts and savings may vary.



Optum Bank: Manage your FSA online!

Optum Bank offers a variety of ways to manage your Flexible Spending Account! These include an online portal at www.optumhealthfinancial.com, the Optum Bank mobile app, and assistance via phone at 1-800-243-5543.





LIFE AND AD&D INSURANCE



During your benefits enrollment, don't forget to designate a beneficiary!

Evidence of Insurability (EOI)

Reliance Standard requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required for any amount over the guarantee issue amount—\$300,000 for employee, \$50,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from Reliance Standard. The EOI form is available on the Benelogic website under "Resources."

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through **Reliance Standard**. Basic and voluntary life begin to reduce at age 65 to 65% of the original benefit, then 40% at 70, and 20% at 75. Voluntary life rates are available on the Benelogic portal.

Basic Life and AD&D Insurance

Chesapeake College provides you with basic life insurance in the amount of two times your annual salary, rounded to the next higher \$1,000, to a maximum benefit of \$250,000. If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is not required.

Voluntary Life

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). Participation is voluntary, and **you pay 100% of the premiums**.

Employee Life

- Purchase coverage in \$10,000 increments up to a maximum benefit of \$300,000 (not to exceed five times annual salary)
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than \$300,000 (guarantee issue amount)
- Benefits begin to reduce when you reach age 65

Spouse Life

- Purchase coverage in \$10,000 increments up to a maximum benefit of \$100,000 (not to exceed employee life insurance amount)
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than \$50,000 (guarantee issue amount)
- Benefits begin to reduce when spouse reaches age 65

Dependent Life

- \$5,000 or \$10,000 benefit
- Evidence of insurability is not required
- Employee must be enrolled in Life and AD&D Insurance to elect Dependent coverage

DISABILITY INSURANCE



Short-Term Disability (STD)

To protect your income in the event of a short-term disability, Chesapeake College provides STD coverage at **no cost to you** after one year of employment.

- The benefit is 60% of your weekly base salary (income you are receiving at the time of disability), up to a maximum benefit of \$1,500 per week.
- Benefits begin on the first day after an employee has exhausted their earned sick, comp and vacation leave. If an employee has no earned leave, benefits will begin after the third consecutive day of absence. Benefits continue for up to 90 days.

Long-Term Disability (LTD)

To protect your income in the event of a long-term disability, Chesapeake College provides LTD coverage through **Reliance Standard** at **no cost to you**.

- The benefit is 67% of your monthly earnings, up to a maximum benefit of \$5,000 per month.
- Benefits begin after you have been disabled for 90 days and will continue as long as you meet Reliance Standard's definition of disability until Social Security Normal Retirement Age.
- Pre-existing condition limitations apply.

Pre-existing condition limitations may apply

Long-term disability payments are not payable for a disability caused by a pre-existing condition, which is an injury or illness for which you have consulted a doctor or received treatment during the 12 months prior to the effective date of coverage. A condition will no longer be considered pre-existing after you have been enrolled in the long-term disability plan for at least 12 consecutive months.



STD and LTD benefits may be reduced by other sources of income such as Social Security retirement, other disability benefits, Railroad Retirement benefits, Pension benefits, or Workers' Compensation.





OPTIONAL BENEFITS

State Employees Credit Union (SECU)

Interest rates on savings are usually higher than that which is available at local banks. Rates for loans are usually lower. The fee to join is \$10.00, which goes into your savings account. For more information call 1-800-TRY-SECU or visit www.secumd.org.

- Savings Accounts
- Checking Accounts (interest bearing)
- Mortgages
- Automobile Loans
- Home Improvement Loans
- Family Member Savings Accounts
- Financial Planning Services
- Personal Loans
- VISA
- IRA's
- Custodial Accounts

Retirement

Chesapeake College participates in the Maryland State Pension System. It is mandatory for all employees to participate in the system unless:

- Your position is classified as faculty, administrator, and/or professional staff. These positions must also require a bachelor's degree or higher. Individuals who hold these positions may choose to participate in either the Maryland State Pension System or the Optional Retirement Plan (ORP).
- Your position is with maintenance or facilities. The college has a separate plan (Chesapeake College Retirement Plan) for these employees.

Chesapeake College Retirement

- Defined contribution plan
- Immediate vesting with one of two carriers: TIAA or Fidelity
- The College contributes 7.25% of your base salary to your account
- Participation begins the first of the month following your date of hire

Optional Retirement Plan

- Defined contribution plan
- Immediate vesting with one of two carriers: TIAA or Fidelity
- The state contributes 7.25% of your base salary to your account
- Participation begins the first of the month following your date of hire

Maryland State Pension System

- Defined Benefit Plan
- Vested After 10 years of service
- Mandatory 7 percent employee contribution

403(B) Plan

The Chesapeake College 403(B) Retirement Savings Plan gives you an easy way to save for your future through payroll deductions. These deductions are done on a pre pre-tax basis and reduce your taxable income. Tax laws govern enrollment and administration of the plans. The calendar year 2025 annual limit is \$23,500. Catch-up contributions can be made by employees 50+. Ages 50-59 and 64+ can make an additional \$7,500 contribution; ages 60-63 can contribute an additional \$11,250. Your funds are immediately vested. We have two carriers, TIAA and Fidelity. You can enroll at any time. Please see the Benefit Coordinator for enrollment information.

403b Roth Plan

Chesapeake College is currently offering a 403b Roth to our plan with TIAA. Unlike a traditional pretax 403(b), the Roth 403(b) allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire. Because Roth contributions are under the same IRS limits as pretax contributions to your plan, each dollar of a Roth contribution reduces the amount that can be contributed pretax (and vice versa).

457(B) Deferred Compensation Plans

A 457(B) plan allows employees additional tax tax-free retirement savings options over and above the 403(B) plan the college currently offers. The 457(B) plan is totally separate from the 403(B) Plan, however, if you participate in both plans you can essentially double your pretax contribution. This plan is available through TIAA or Fidelity. Calendar year 2025 annual limits are \$23,500 for under age 50 and \$7,500 for age 50+. Your funds are immediately vested. We have two carriers, TIAA and Fidelity. You can enroll at any time. Please see the Benefit Coordinator for enrollment information.

Tuition Waiver (on campus)

Full-time or part-time employees in budgeted positions, their spouses and their dependent children who have not reached their 23rd birthday by the semester in which they are registering are eligible, upon the approval of the supervisor and Vice President for waiver of tuition for any program or course of study offered by Chesapeake College. Part-time employee waivers are provided at 50 percent off the cost of tuition. Employees are required, however, to pay for all course fees, lab fees, and CES, FTW and AYC courses. Fees for Continuing Education classes will be covered if they are deemed job related by the employee's supervisor or represent as opportunity for career development. An eligible dependent is an employee's spouse, or one who is claimed as a dependent by the employee for federal/state income tax reporting purposes at the day of registration. Employees hired and reporting for work after the start of the semester and their dependent children and spouses will become eligible for tuition waiver effective the first registration after employment. A Spouse/Dependent may take a maximum of 18 credits per semester. (No more than 36 Credits per fiscal year.)

Tuition Reimbursement

Tuition Reimbursement is to assist all eligible College employees pursuing additional studies beyond the Associate Arts degree, certification preparation classes or pursuing courses or programs not offered by Chesapeake College. Eligible study is any course or training program offered either for credit or noncredit. An acceptable education institution is a public or private secondary, vocational, trade, or business school; or a public or private college, university, professional school, technical institution, or professional institute, the educational institution should be accredited or recognized by an agency, governing body, or professional association. Education expenses are the costs for tuition.

The employee will be reimbursed at the lesser amount of the actual tuition or the University of Maryland tuition rate. Applications for reimbursement must be submitted on a tuition reimbursement form. The request must be received and approved by the immediate supervisor and appropriate vice president **in advance of registration**.

Upon completion of approved study for which an employee paid the approved educational tuition expenses, reimbursement may be requested by submitting to the Human Resources Office a tuition receipt showing a zero balance with confirmation that the employee paid for the requested reimbursement amount out of pocket along with evidence of satisfactory completion of the approved study.

Telework

Teleworking allows employees to work at home for all or part of their workweek. Teleworking is available on a case-by-case basis. Teleworking may be appropriate for some positions but not for others. Teleworking can be informal, such as working from home on a short-term or limited duration basis, or a formal, set schedule of working away from the office. Either an employee or a supervisor can suggest teleworking as a possible work arrangement after 6 months of employment. All telework agreements must be approved by the supervisor, and the divisional Vice President, and will be reviewed by IT.

Flex Time

Flextime work schedules may be requested by an employee to meet individual employee needs. Flextime is subject to supervisory approval to ensure that the proposed schedule will not adversely affect College operations. The supervisor must also ensure that flextime schedules will provide ample employee coverage during normal business hours.

Flextime is an approved fixed work schedule that differs from the core business hours of the department which the employee works. This may include working a four-day work week (flex day schedule). Every flextime schedule will allow at least a half hour for lunch. Non-exempt employees will still be subject to all requirements of the Fair Labor Standards Act.

Because circumstances change, flextime schedules should be reviewed periodically to ensure that they do not conflict with the needs of the department and are subject to change by the supervisor. Agreements on flex day hours must be documented annually at the beginning of each fiscal year with signatures by both the employee and the supervisor and a copy of the agreement should be filed in the employee's human resources file in Human Resources.

For additional information on Tuition waiver and reimbursement, please refer to the Faculty Staff Manual.





ANNUAL LEAVE

Annual Leave Hours: 12 Month Full-Time Staff (Grades S1-S10 & T1-T5)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	70.08 hours	2.92 hours	105.12 hours
6—10	105.12 hours	4.38 hours	157.68 hours
11—15	122.64 hours	5.11 hours	183.96 hours
16+	140.16 hours	5.84 hours	210.24 hours

Annual Leave Hours: Administrators, Deans, 12 Month Faculty (Grades T10-T15)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1+	140.16 hours	5.84 hours	210.24 hours

Annual Leave Hours: 12 Month Full-Time Staff (Grades S11-D4 & T6-T9)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	105.12 hours	4.38 hours	157.68 hours
6—10	122.64 hours	5.11 hours	183.96 hours
11+	140.16 hours	5.84 hours	210.24 hours

Annual Leave Hours: Public Safety Officers (Grades S1-S11)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	80.16 hours	3.34 hours	120.24 hours
6—10	120.14 hours	5.01 hours	180.21 hours
11—15	140.16 hours	5.84 hours	210.24 hours
16+	160.08 hours	6.67 hours	240.12 hours

Annual Leave Hours: Public Safety Officers (Grades S12)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	120.14 hours	5.01 hours	180.21 hours
6—10	140.16 hours	5.84 hours	210.24 hours
11+	160.08 hours	6.67 hours	240.12 hours

Annual Leave Hours: Part-Time Staff (Grades S1-S10)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	35.04 hours	1.46 hours	52.56 hours
6—10	52.56 hours	2.19 hours	78.84 hours
11—15	61.44 hours	2.56 hours	92.16 hours
16+	70.08 hours	2.92 hours	105.12 hours

Annual Leave Hours: Part-Time 12 Month Staff (Grades S11-Director IV)

Years of Service	Annual Leave Hours	Per Pay Period Accrual Rate	Maximum Carryover Amounts Allowed through June 30
1—5	52.56 hours	2.19 hours	78.84 hours
6—10	61.44 hours	2.56 hours	92.16 hours
11+	70.08 hours	2.92 hours	105.12 hours

Please note that changes in accruals will occur in the anniversary month of your hire date.

Sick Leave

Twelve-Month Administrators, Faculty, Exempt and Non-exempt employees are entitled to sick leave of 84 hours per year. Sick leave hours are earned at the rate of 3.5 hours each pay period.

Ten-Month Faculty, Exempt and Non-exempt employees are entitled to sick leave of 70 hours per year. Sick leave hours are earned at the rate of 3.5 hours per pay period over 18 pay periods.

Accumulation of Sick Leave

Beginning with the first year of employment, any earned but unused sick leave hours may be accumulated; and service credit will be granted at retirement for unused sick leave for those employees participating in the Teacher's Retirement System.

Personal Leave

Twelve-month employees may use a maximum of 35 hours of sick leave for special purposes during any one fiscal year as Personal Leave. Ten-month employees may use a maximum of 28 hours of sick leave as personal leave during any one fiscal year. Requests for use of personal leave must be approved by the immediate supervisor in advance, if possible, no later than 1 hour after the employee reports to work. These personal leave days may be used for the following special purposes:

- Transaction of urgent personal business
- Observance of special religious holiday
- Hazardous weather conditions
- In addition to the purposes stated above, Teaching Faculty may elect to use their personal leave for any purpose provided the appropriate academic division chair has determined the leave will not interfere with the academic program.

The Maryland Flexible Leave Act

Effective October 1, 2008. Provides employees who are primarily employed in the State of Maryland with the ability to use earned leave with pay provided under an employer's employment policy for the illness of the employee's immediate family— children, spouses, and parents.

- A "child" is an adopted, biological, or foster child, a stepchild, or legal ward who is: (1) under the age of 18, or (2) over 18 and incapable of self-care due to a mental or physical disability.
- A "parent" is an adoptive, biological, or foster parent, a stepparent, a legal guardian, or a person fulfilling a parenting role ("standing in loco parentis")

Employees may designate and use earned sick, vacation and compensatory time for the illness of immediate family members.

FMLA

The Family and Medical Leave Act (FMLA) provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period to eligible, covered employees for the following reasons: 1) birth and care of the eligible employee's child, or placement for adoption or foster care of a child with the employee; 2) care of an immediate family member (spouse, child, parent) who has a serious health condition; or 3) care of the employee's own serious health condition. It also requires that employee's group health benefits be maintained during the leave. The FMLA is administered by the Employment Standards Administration's Wage and Hour Division within the U.S. Department of Labor. The college requires that employees who are out for more than five days complete FMLA paperwork so FMLA eligibility can be determined. Please contact Human Resources for the documentation.



PAID HOLIDAYS

Paid Holidays

- New Year's Holiday
- Martin Luther King's Birthday
- Monday and Tuesday of Spring Break (March 16 & 17, 2026) – Faculty are off the whole week
- Memorial Day
- Juneteenth
- July 4th (July 3rd, 2025)
- Labor Day
- Wednesday Through Friday of Thanksgiving Week
- Winter Break (December 22, 2025–January 2, 2026)

Additional holidays may be granted at the discretion of the Board of Trustees upon recommendation by the President.

Matching Time Wellness

The college offers a Wellness Program to all employees and includes counseling, goal setting, as well as structured and free activities. Free time activities include the use of special facilities or equipment (i.e., fitness trail, tennis courts, or weight room), jogging or walking.

The college provides up to three hours of Wellness time each week for full-time employees enrolled in the "Matching Time" Wellness Program. Of the amount of normal working hours time the employee uses in the Wellness Program each week, employees must make up (or "pay back") only half of the work time spent on well-ness. This "pay back" time may be accomplished in several different ways.

Example: I use one and a half hours of College time in wellness each week; therefore, I owe the College 45 minutes. My schedule, approved by my supervisor, allows me to work 45 minutes later than my normal work hours one day this week.

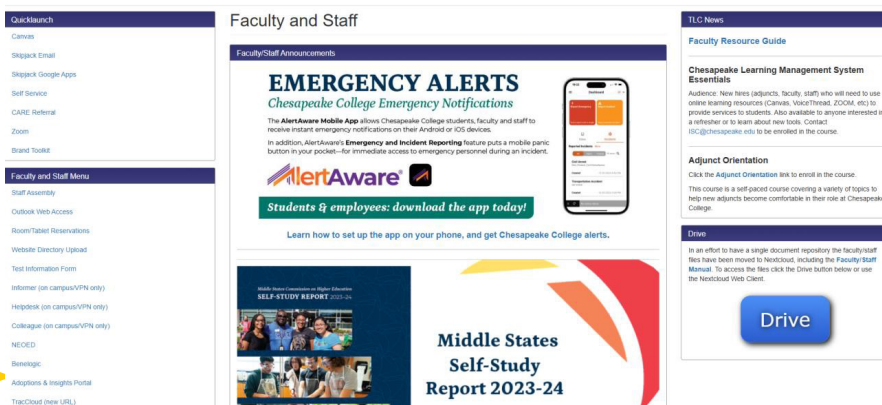


ENROLLMENT



How to Enroll

- Log in to “My Campus”
- Under the Faculty and Staff Menu click “Benelogic”
- You will be routed to the Benelogic portal and automatically signed in.
- From the home screen, click “Go” to begin the enrollment process if you have an enrollment window open.
- You will be asked to review your personal and dependent information before you enroll.
- If waiving medical coverage, proof of other coverage is required. You can upload the applicable documentation using the File Cabinet link under the “Tools” tab.
- Access Benelogic anytime to review your benefits, process life events, or review important benefit information under “Resources”



Summaries of Benefits and Coverage (SBC's) are posted to Benelogic under “Resources”

REQUIRED NOTICES



Required Federal Notices

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). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for the Health Care Flexible Spending Account is available from Human Resources. **(ONLY LEAVE LAST LINE IN IF THEY OFFER A HCFA)**

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally 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 a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or 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 issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Wellness Program—Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed (either publicly or to the employer), except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the

Important Notice About Your Prescription Drug Coverage and Medicare

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chesapeake College 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: 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. Chesapeake College has determined that the prescription drug coverage offered by Chesapeake College is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. 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 coverage with Chesapeake College will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Chesapeake College, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 Chesapeake College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on this notice 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 Chesapeake College changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date:	July 1, 2025
Sender:	Chesapeake College
Contact - Position/ Office:	Cindy Zuella Benefits Coordinator
Address:	1000 College Circle Wye Mills, MD, 21679
Phone:	410-827-5848
Email:	czuella@chesapeake.edu

Remember: Keep this 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).

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov 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 July 31, 2024. Contact your State for more information on eligibility

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program
dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: [iowa Medicaid | Health & Human Services](http://iowa.Medicaid.I Health & Human Services)
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563 HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov))
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HSHSHIPProgram@mt.gov

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: dhcnp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-programhipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://Children's Health Insurance Program (CHIP) (pa.gov))
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov/
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov/
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: dhhr.wv.gov/bms/mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
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 July 31, 2024, or for more information on special enrollment rights, contact either:

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

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



INSURANCE | BENEFITS | HR SOLUTIONS

This communication highlights some of the benefit plans available. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Chesapeake College reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.