2025-2026

Allegany College of Maryland

Employee Benefits Guide

ALLEGANY COLLEGE
of MARYLAND

2025-2026 Benefits Overview

Welcome to the

FY26 BENEFITS OPEN ENROLLMENT

It's that time of year again! The Allegany College of Maryland annual insurance open enrollment period is about to begin.

We know that benefits are an integral part of the overall compensation package provided to all of our eligible employees, which is why we take great care to review all available benefits options on an annual basis. During this year's review, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

ENROLL ONLINE AT
Allegany College — JET Employee Benefits.

IMPORTANT DATES
Open enrollment runs
May 5th to May 19th

NOT SURE HOW TO GET STARTED?

DON'T WORRY!

Prior to open enrollment, you will receive step-by-step enrollment instructions from the HR Office.

Until then, now is the perfect time to prepare by doing the following:

- Check that your personal information is accurate at Sign in to your account,
- Review the benefits in which you are currently enrolled,
- Take a look at the changes for FY26, *and*
- Get a sneak peek at the plans being offered for the coming year.

Consider this booklet your open enrollment survival guide. Inside, you'll find everything you need to make informed benefits decisions, including in-depth information regarding your plan options, our policies and more.

As always, we value you as a member of the Allegany College of Maryland family and look forward to a healthy and safe year.

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

UPDATES AT A GLANCE

- Slight increase to premium contributions
- Increase to Bronze deductible (per IRS regulations to remain HSA compliant)
- Increase to Gold and Silver Out-of-Pocket Maximums
- Change from Guardian to Reliance Matrix for Life/LTD/Supplemental offerings
- Change from Delta Dental to United Concordia Dental (UCCI)
- Increased allowance for frames and contacts with NVA Vision

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CONTACT INFORMATION

If you have any questions regarding your benefits, please contact one of the carriers listed here or your Human Resources Representative.

Want to learn more?

Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

MEDICAL INSURANCE
CareFirst Administrators
www.cfablue.com
(800) 531 6676

TELEHEALTH
MD LIVE
https://members.mdlive.com/alb/landing_home
(888) 632 2738

PRESCRIPTION DRUG
Rx Benefits/CVS Caremark
www.caremark.com
(800) 334 8134

DENTAL INSURANCE
UCCI
www.unitedconcordia.com
(800) 332 0366

VISION INSURANCE
NVA
www.e-nva.com
(800) 672 7723

BASIC LIFE AND AD&D
Reliance
www.reliancematrix.com
(267) 256 3500

LONG-TERM DISABILITY
Reliance
www.reliancematrix.com
(267) 256 3500

ACCIDENT AND CRITICAL ILLNESS
Reliance
www.reliancematrix.com
(267) 256 3500

FLEXIBLE SPENDING/ HEALTH SAVINGS ACCOUNTS
Optum Financial
www.connectyourcare.com
(877) 292 4040

EMPLOYEE ASSISTANCE PROGRAM (EAP)
UPMC Western MD Behavioral Health
(240) 964 8585

YOUR BENEFITS TEAM
Allegany College of Maryland
Melinda Duckworth, (301) 784 5230
Will Giles, (301) 784 5159

Medical Insurance Options

YOUR HEALTH PLAN OPTIONS

As a full-time employee of Allegany College of Maryland, you have the choice between three medical plan options: Gold, Silver and Bronze. The Bronze plan has a health savings account (QHDHP/HSA).

For each, your deductible will run from JULY 1, 2025 – JUNE 30, 2026

While all three plans give you the option of using out-of-network providers, you can save money by using in-network providers because CareFirst Administrators (CFA) 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 CFA's UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

These plans cover a broad range of healthcare services and supplies, including prescriptions, office visits, telehealth and hospitalizations. Please refer to the following pages for specific details on the medical plans available to you and your family.

Summary plan documents can be found on the HR-Payroll SharePoint Site.

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

HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

BRONZE
OFFERS SEVERAL BENEFITS:

- Lower premium contributions and potential maximum out-of-pocket expenses
- Routine preventive exams are covered at 100%
- Catastrophic coverage
- The HSA is owned by you
- You have more control over your health saving dollars

SILVER
MAY BE FOR YOU IF ANY OF THE FOLLOWING IS TRUE:

- You are not interested in establishing a Health Savings Account
- Routine preventive exams are covered at 100%
- You would rather pay more in monthly premiums and less on medical expenses when they occur

GOLD
MAY BE FOR YOU IF ANY OF THE FOLLOWING IS TRUE:

- You are not interested in establishing a Health Savings Account
- Routine preventive exams are covered at 100%
- You would rather pay more in monthly premiums and slightly less on medical expenses when they occur

FREQUENTLY ASKED QUESTIONS

Q. How many hours do I need to work to be eligible for insurance benefits?
You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Q. Will I receive a new Medical ID card?
If you make a change to level of coverage you will receive a new card.

Q. Does the deductible run on a calendar year or policy year basis?
A fiscal year basis: July 1 – June 30.

Q. How long can I cover my dependent children?
Dependent children are eligible until the end of the month in which they turn age 26.

Q. I just got hired. When will my benefits become effective?
Your medical insurance benefit will begin on the 1st of the month following date of hire or date of hire if hired on the first day of the month.

Medical Plan FAQs

Care Options & When to Use Them

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your 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 cfablue.com.

Primary Care vs. Urgent Care vs. ER

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 best — and already has access to your medical records. You'll also likely pay the least amount out-of-pocket.

TELEHEALTH

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

Retail Telehealth, or a "virtual visit," or a "virtual visit," lets you talk to a doctor anytime, anywhere from your mobile device or computer — no appointment necessary.

CFA partners with MDLIVE to bring you care from the comfort and convenience of your home or wherever you are.

CONVENIENCE CARE

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

If you're unable to get to your doctor's office and your condition is not urgent/an emergency, these providers serve as a good alternative.

They are often located in malls or retail stores (such as CVS, 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 & Strains
- Small cuts
- 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) that you believe may result in serious injury or death without immediate medical care.

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.

Medical Insurance

Medical Premiums

We encourage you to review this information carefully to ensure you are taking full advantage of the benefits our plans have to offer. Choosing the right plan for you and your family will help you take control of your health and well-being.

The portion of the premium you are responsible for is deducted on a pre-tax section or varies based on plan choice and covered dependents. You may choose from the current plan offerings outlined in this section or opt to waive ACM health insurance.

PLAN	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee Per month
CareFirst Administrators GOLD Plan				
Employee	$14,978.40	$4,137.84	$10,840.56	$344.82
Employee + Child(ren)	$22,514.40	$6,389.28	$16,125.12	$532.44
Employee + Spouse	$29,888.88	$8,728.56	$21,160.32	$727.38
Family	$39,892.08	$12,020.64	$27,871.44	$1,001.72
CareFirst Administrators SILVER Plan				
Employee	$13,152.00	$2,311.44	$10,840.56	$192.62
Employee + Child(ren)	$19,774.56	$3,649.44	$16,125.12	$304.12
Employee + Spouse	$26,234.88	$5,074.56	$21,160.32	$422.88
Family	$35,025.12	$7,153.68	$27,871.44	$596.14
CareFirst Administrators BRONZE Plan	**(Qualified HDHP)**			
Employee	$12,172.08	$1,331.52	$10,840.56	$110.96
Employee + Child(ren)	$18,306.00	$2,180.88	$16,125.12	$181.74
Employee + Spouse	$24,277.92	$3,117.60	$21,160.32	$259.80
Family	$32,416.32	$4,544.88	$27,871.44	$378.74

***Premium Credit**

Employees who complete Wellbeing criteria are eligible for a health insurance premium credit. Eligible employees will receive a credit of $10.00 per month, or $120.00 per fiscal year, from the rates published above.

Medical Insurance

CareFirst Administrators (CFA)	Gold Plan In Network	Silver Plan In Network	Bronze/HSA Plan In Network
Deductible (fiscal year) Individual / Family	$250 / $500	$1,500 / $3,000	$3,300 / $6,600
Out-of-Pocket Maximum Individual / Family	$3,200 / $6,400	$5,000 / $10,000	$5,500 / $11,000
Office Visit Primary Care Physician Specialist	100% after $25 copay 100% after $35 copay	100% after $35 copay 100% after $45 copay	$45 copay $45 copay After deductible
TeleHealth/MDLIVE	100% after $15 copay	100% after $25 copay	100% after deductible
Preventive Care	100% covered	100% covered	100% covered
Lab and X-ray	90% covered after deductible	80% after deductible	85% covered after deductible
Urgent Care	100% after $25 copay	100% after $35 copay	$45 copay after deductible
Emergency Care Hospital Ambulance Transportation	$200 copay, waived if admitted 100% after deductible	$200 copay, waived if admitted 100% after deductible	$200 copay, waived if admitted 100% after deductible
Outpatient Surgery Ambulatory Surgical Facility Outpatient Hospital Facility	100% after $35 copay 100% after $200 copay	100% after $35 copay 100% after $200 copay	$35 copay after deductible $200 copay after deductible
Inpatient Hospital Services	90% covered after deductible	80% covered after deductible	85% covered after deductible
Prescription Drug *Deductible* Retail *(30-day supply)* Mail Order *(90-day supply)*	 $50 / $150 $10 / $20 / $35 $20 / $40 / $70	 $50 / $150 $15/ $25 / $40 $30 / $50 / $80	 Integrated with Medical $15/ $25 / $40 $30 / $50 / $80

	Out of Network	Out of Network	Out of Network
Deductible Individual / Family	$1,000 / $2,000	$5,000 / $10,000	$5,000 / $10,000
Out-of-Pocket Maximum Individual / Family	$4,200 / $8,400	$10,000 / $20,000	$10,000 / $20,000

RxBenefits

800.334.8134 or www.RxBenefits.com

The Prescription Drug plan is with CVS Caremark, managed by Rx Benefits. The Prescription Plan's network of participating pharmacies is nationwide. The Prescription Drug plan is imbedded into your medical insurance and cannot be selected on its own. RxBenefits provides Member Services which can assist you with every aspect of your pharmacy benefit plan, from answering questions and ordering ID cards to resolving complex issues.

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 Human Resources within 30 days of the event.

MDLIVE

Confidential, convenient online therapy.

With MDLIVE, you can visit with a counselor or psychiatrist 24/7 from your home, office or on-the-go.

Welcome to MDLIVE Behavioral Health!

Managing stress or life changes can be overwhelming but it's easier than ever to get help right in the comfort of your own home. Visit a counselor or psychiatrist by phone, secure video, or MDLIVE App.

Talk to a licensed counselor or psychiatrist from your home, office, or on the go!

Affordable, confidential online therapy for a variety of counseling needs.

The MDLIVE app helps you stay connected with appointment reminders, important notifications and secure messaging.

Your COPAY is just

Gold Plan: $15 Per visit
Silver Plan: $25 Per visit
Bronze Plan: $0 copay After Deductible

Your doctor will send prescriptions (if medically necessary) to your nearest pharmacy.

We can help you address:

- Addictions
- Bipolar Disorders
- Child and Adolescent Issues
- Depression
- Eating Disorders
- Grief and Loss
- Life Changes
- Men's Issues
- Panic Disorders
- Parenting Issues
- Postpartum Depression
- Relationship and Marriage Issues
- Stress
- Trauma and PTSD
- Women's Issues
- And more

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/alb
888-632-2738

MDLIVE

Need a doctor?
No long wait.
No big bill.
Always open.

With MDLIVE, you can visit with a doctor 24/7 from your home, office oron-the-go.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.

Your COPAY is just

Gold Plan $15 per visit
Silver Plan $25 per visit
Bronze Plan $0 after deductible per visit

U.S. board-certified doctors with an average of 15 years of experience.

Consultations are convenient, private and secure.

Prescriptions can be sent to your nearest pharmacy, if medically necessary.

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/alb
888-632-2738

Health Savings Account (HSA)

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

1 **Regular payroll deductions** on a pre-tax basis

2 **Lump-sum contributions** of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

An HSA is exactly what it sounds like — a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents.

YOUR HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds — or all three). Of course, your funds are always available if you need them for qualified health care expenses.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

Your HSA doesn't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses, too — even if they're not covered by your medical plan.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money in your HSA always belongs to you, and we mean always. Even if you leave the company or you don't use a lot of health services now, your funds will carry over from year to year and will always be there if you need them in the future — even after retirement.

CONTRIBUTE UP TO $4,300 SINGLE, OR $8,550 FAMILY IN 2025

ALLEGANY COLLEGE CONTRIBUTES $600.00 TO PARTICIPANTS IN THE BRONZE PLAN

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2025 are $4,300 for Single and $8,550 for Family coverage. If you're age 55 or older, you are allowed to make an extra $1,000 contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications, such as allergy medicine, cold and flu, pain relievers, and feminine hygiene)
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your health care expenses are more than your HSA balance, you need to pay the remaining cost another way. Save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

Health Savings Account (HSA)

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Prescription drugs and some over-the-counter medications (such as allergy medicine, cold and flu, pain relievers and feminine hygiene)
- Physical therapy, speech therapy and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at irs.gov.

IMPORTANT INFORMATION:

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As a health savings account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING ARE TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.
- You are enrolled in the HDHP.

What Is a Health Savings Account?

FREQUENTLY ASKED QUESTIONS

Q. What will I pay at the pharmacy with the HSA qualified plan options?

You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

Q. What will I pay at the physician's office with the HSA qualified plan?

You'll provide your ID card at the time of your visit and the physician's office will submit the claim to CFA. You will not owe anything at the time of your visit. Later you'll receive an Explanation of Benefits (EOB) from CFA that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

Q. Where can I get a copy of an EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to cfablue.com.

HSA Eligible Expenses

ELIGIBLE EXPENSE EXAMPLES

There are thousands of eligible expenses for tax-free purchase with your account funds, including prescriptions, doctor's office copays, health insurance deductibles, and coinsurance. Many over-the-counter (OTC) treatments are also available.

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Artificial limb
- ✓ Birth control pills
- ✓ Blood pressure monitoring device
- ✓ Breast pumps and related supplies
- ✓ Chiropractic care
- ✓ COBRA premiums (post tax only)
- ✓ Contact lenses and related materials
- ✓ Dental treatment
- ✓ Dentures
- ✓ Diagnostic services
- ✓ Drug addiction treatment
- ✓ Eye examination, eye glasses and reading glasses
- ✓ Family planning items
- ✓ Fertility treatment
- ✓ Flu shot
- ✓ Hearing aids
- ✓ Hospital services
- ✓ Immunization
- ✓ Insulin and diabetic supplies
- ✓ Laboratory fees
- ✓ Laser eye surgery
- ✓ Long-term care premiums or expenses (post tax)*
- ✓ Medical testing devices
- ✓ Menstrual care products
- ✓ Nursing services
- ✓ Obstetrical expenses
- ✓ Orthodontia (not for cosmetic reasons)
- ✓ Over-the-counter (OTC) treatments containing medicine–cold treatments, ointments, pain relievers, stomach remedies, etc.
- ✓ Over-the-counter (OTC) treatments without medicine–bandages, wraps, medical testing devices, etc.
- ✓ Oxygen
- ✓ Physical exam
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Psychiatric care
- ✓ Retiree (post-65) medical insurance premiums (post tax)
- ✓ Smoking cessation program and medications
- ✓ Surgery
- ✓ Sunscreen & sun block (SPF 15+, broad spectrum)
- ✓ Telehealth services (pre-deductible)**
- ✓ Transportation for medical care
- ✓ Weight loss program to necessary to treat a specific medical condition
- ✓ Wheelchair, walkers, crutches and canes

*Limitations apply. See IRS Publication 502 for more information.

**Temporary provision based on the CARES Act

INELIGIBLE EXPENSE EXAMPLES

These items are not generally eligible for tax-free purchase with your account funds.

- ✕ Concierge service fees (billed for future services; no treatment provided)
- ✕ Cosmetics and cosmetic surgery
- ✕ Deodorant
- ✕ Exercise equipment
- ✕ Fitness programs
- ✕ Funeral expenses
- ✕ Hair transplants
- ✕ Household help
- ✕ Illegal operations and treatments
- ✕ Maternity clothes
- ✕ Teeth whitening

DUAL PURPOSE ITEMS

Items that can be used for a medical purpose or for general health and well-being are considered "dual purpose" and are eligible only with a prescription, doctor's directive or letter of medical necessity. Examples include:

- ✓ Dietary and weight loss supplements
- ✓ Fiber supplements
- ✓ Orthopedic shoes and inserts
- ✓ Snoring cessation aids
- ✓ Vitamins and herbal supplements

Flexible Spending Accounts (FSA)

SELECT YOUR FSA ACCOUNTS

- *Health Care Flexible Spending Account*
- *Dependent Care Expense Account*

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Be aware — any unused portion of the account at the end of the plan year that exceeds $660 is forfeited. Amounts not used up to $660 will be rolled over for use in the next plan year.

ELIGIBLE EXPENSES EXAMPLES

- Coinsurance & copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care & support
- Nutrition counseling
- Hearing devices & batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to ConnectYourCare at www.connectyourcare.com. Reimbursement is issued to you through direct deposit into your bank account, or by check.

2025 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending account	$3,300 max
Dependent Care Expense account	$5,000 max

Full list of Health Care FSA Eligible Expenses

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13.

Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (childcare the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

Connect Your Care

What Is a Flexible Spending Account?

REVIEW YOUR DENTAL PLAN

UNITED CONCORDIA (UCCI) IS THE DENTAL CARRIER FOR 2025-2026.

The dental plan is a PPO that offers coverage in- and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding UCCI's negotiated fees, plus any deductible and coinsurance associated with your procedure.

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

What is Dental Insurance?

In-Network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

UCCI Standard Plan	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee per month

UCCI Premium Plan	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee per month
Employee	$346.56	$192.72	$153.84	$16.06
Employee + Child(ren)	$666.48	$415.68	$250.80	$34.64
Employee + Spouse	$649.80	$361.32	$288.48	$30.11
Employee + Spouse + Child(ren)	$1,004.16	$620.88	$383.28	$51.74

Standard Dental Insurance Plan Options and Costs	PPO In Network	Premier and Out of Network
Deductible Individual / Family	$50 / $150	$50 / $150
Annual Maximum	$1,500	$1,500
Diagnostics/ Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	N/A	N/A

Premium Dental Insurance Plan Options and Costs	PPO In Network	Premier and Out of Network
Deductible Individual / Family	$25 / $75	$50 / $150
Annual Maximum	$1,500	$1,500
Diagnostics/ Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	60%	60%
Orthodontia* Lifetime Maximum	$1,500	
Orthodontia*	50%	50%

Vision Insurance

REVIEW YOUR VISION PLAN

NVA IS THE VISION CARRIER FOR 2025-2026.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to e-nva.com.

What is Vision Insurance?

NVA Vision	Total Annual Premium	Employee Annual Cost	Employer Annual Cost	Cost to Employee per month
Employee	$72.48	$10.87	$61.61	$0.91
Employee + Child(ren)	$157.08	$95.47	$61.61	$7.96
Employee + Spouse	$144.96	$83.35	$61.61	$6.95
Employee + Spouse + Child(ren)	$231.12	$169.51	$61.61	$14.13

Vision Insurance Plan Options and Costs

NVA	Plan Design	
	In Network	Out of Network
Examination Copay	100% covered after $10 copay	Reimbursement Up to $50
Frequency of Service		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 12 months	
Contact lenses in lieu of frames	Every 12 months	
Lenses		
Single	100% covered	Reimbursement Up to $50
Bifocal	100% covered	Up to $70
Trifocal	100% covered	Up to $90
Lenticular	100% covered	Up to $160
Progressive—Tier 1 & 2	100% covered	Up to $50/$80
Frames	Covered up to $125	Reimbursement Up to $45
Contact Lenses in lieu of lenses/frame*	Covered up to $125	Reimbursement $80
Medically Necessary Contacts	100% covered	Reimbursement Up to $230

Life Insurance and AD&D

REVIEW YOUR LIFE INSURANCE POLICY

- *Add Your Spouse*
- *Add Your Dependents*
- *Increase Your Coverage*

SUPPLEMENTAL LIFE AND AD&D DEPENDENT LIFE

All full-time position control/budgeted employees may elect to purchase Term Life and AD&D Insurance in $10,000 increments, with maximum coverage up to $200,000. They may also elect to purchase Term Life and AD&D Insurance for spouses and dependent children. Spousal coverage is available in $10,000 increments to a max of $30,000 (not to exceed 100% of employee amount). Dependent Child(ren) coverage is available in the amount of $10,000. This coverage is provided by Reliance Matrix.

Employees may receive Life and AD&D Insurance coverage for themselves noted above without going through the underwriting process if elected at time of hire. The insurance becomes effective on the first day of the month following your initial hire date. Life Insurance elected after initial employment will require a physician statement and must be approved by Reliance Matrix. Coverage and deductions in payroll for coverage will not be effective until coverage approval by Reliance Matrix.

SUPPLEMENTAL BENEFITS FROM RELIANCE MATRIX

Allegany College of Maryland realizes you make benefit choices based on what is important to you and the needs of your changing lifestyle. That's why we make voluntary benefits available as a part of our benefit package to help you supplement your existing benefits plan. You can now customize your own benefits package to protect your family.

Reliance Matrix will be administering Group Accident and Critical Illness. You will have the opportunity to talk with an enrollment counselor and understand how these benefits will integrate with the core benefit offering. It is important to know that all of these products are individually owned and portable. If you change careers or retire from the company, you may continue the programs at no additional cost.

What is Life and AD&D Insurance?

What is Long Term Disability?

LONG-TERM DISABILITY

Long-Term Disability Insurance offered through Reliance Matrix and is provided at not cost to you. The plan benefit is 60% of basic monthly earnings up to a maximum of $8,000 per month. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings.

The benefits begin after a 120-day waiting period.

This coverage is offered through Reliance Matrix.

ELECT YOUR 401(K) CONTRIBUTION

OUR 401(K) PLAN IS MANAGED BY THE STATE OF MARYLAND.

As an educational institution of the State of Maryland, Allegany College of Maryland has access to state-funded retirement programs which are offered to employees.

Employees classified as faculty, administrators and professional staff whose position requires a baccalaureate degree or higher may choose to participate in either the Maryland State Pension System or Optional Retirement Plan (ORP). Employees classified as support staff must participate in the Maryland State Pension System.

PENSION/RETIREMENT PLANS:

MARYLAND STATE PENSION SYSTEM

Includes both the Teachers' and Employees' Pension Systems; vested after 10 years of service; mandatory 7-percent employee contribution.

https://sra.maryland.gov/

OPTIONAL RETIREMENT PLAN

A defined contribution plan with immediate vesting with one of two carriers: TIAA or Fidelity; the state contributes 7.25% of your base salary to your account.

TAX DEFERRED ANNUITY PLANS (SUPPLEMENTAL RETIREMENT PLANS)

As an educational institution, it is possible for ACM employees to shelter a portion of their salary. There are several companies from which to choose: TIAA and Fidelity. Tax laws govern enrollment and administration of the plans. ACM offers both traditional 403(b) and Roth 403(b) plans.

Employee Assistance Program

UPMC WESTERN MARYLAND BEHAVIORAL HEALTH SERVICES

Allegany College of Maryland wants to cultivate growth and enhance the life of its staff and their families. Knowing that no one gets through adult life without problems, Allegany College of Maryland provides an Employee Assistance Program through the UPMC Western Maryland Behavioral Health Services or the on-site counseling services offered at ACM.

The Employee Assistance Program is intended to help employees deal with personal problems that might adversely impact their job performance, health, and well-being. Allegany College of Maryland's goal is to provide avenues of support and assistance to their employees and their families in coping with personal and work-related problems.

The Employee Assistance Program addresses issues, such as life changes, life challenges, job stress and burnout, and coping with difficult situations or difficult people.

All Allegany College of Maryland full-time employees and their families are eligible for this program. There is no charge for the first eight counseling sessions at UPMC-Western MD. If extended counseling is needed, the charges will become the responsibility of the employee and employee benefit plan. Sessions are not limited with ACM's onsite counselor, pending availability

If anyone would like to find out more information about what the Employee Assistance Program is and what it offers, you can contact Allegany College of Maryland's Human Resource Department at 301-784-5230 or 301-784-5159.

EAP Includes:

- Eight (8) face-to-face counseling sessions per issue, per year at UPMC-Western MD or unlimited sessions with ACM onsite counselor
- Your entire household is eligible to use the program
- Single point of contact for all life management needs
- Always confidential and free of charge

You can talk to your EAP counselor confidentially about:

- Anxiety and depression
- Emotional/personal conflicts
- Grief and loss
- Managing stress and change
- Marital conflicts
- Parenting
- Questions about alcohol/drug use/gambling addictions

Call 1-240-964-8585

To schedule an appointment

Other Insurance

WORKERS COMPENSATION

All Employees

Workers' compensation covers documented on-the-job injuries for all individuals on the College's payroll. The benefit covers all approved medical costs and also provides compensation while the employee is absent from work (provided the claim is approved). No reimbursement is received for the first three days after the injury unless the employee is out of work for more than 14 days. An employee who is involved in an accident while on college premises **must** contact his/her supervisor and the Office of Human Resources immediately. Any reports of an accident/illness need to be processed through the Office of Human Resources within three days of the incident.

UNEMPLOYMENT INSURANCE

All Employees

Unemployment compensation may be available upon termination of employment with the college as determined by the rules and regulations set forth by the State of Maryland, Office of Unemployment Insurance.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

Employees and their family members may be eligible to continue existing health coverage for a limited period of time under certain circumstances through a program known as COBRA. This program allows health/dental benefits to be continued without interruption and requires that the individual pays the cost of the premium in full, plus a 2% administrative charge. Full details are available at the employee's exit interview and in the initial COBRA Notification letter sent to new employees and their covered dependents (if they elect health insurance).

RETIREE HEALTH BENEFITS

Certain full-time employees may be eligible to continue coverage with the college after retirement by paying the cost of the premium if they were enrolled in health, dental and vision immediately preceding retirement. *For more details, see www.allegany.edu/hrmanual Policy 03.05.007*

COBRA Coverage

CONTINUING YOUR COVERAGE

Under certain circumstances, you may continue your health coverage when they would otherwise end. This is called COBRA coverage. COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA applies to these plans:

- Medical Insurance
- Dental Insurance

WHEN CAN I CONTINUE UNDER COBRA?

You and/or your dependents are eligible to continue health care coverage under COBRA if:

- You leave Allegany College of Maryland for any reason other than gross misconduct;
- Your work hours are reduced, and you are no longer eligible for benefits;
- You die;
- You become entitled to and enroll in Medicare prior to losing coverage;
- You divorce or legally separate from your spouse;
- Your dependent loses dependent status.

The following chart shows how long you can continue your COBRA coverage.

If you lose coverage because…	Then you can continue coverage for…
You are no longer eligible	18 months
You are no longer eligible and either you or your dependent is disabled (according to Social Security definition) within 60 days of your loss of eligibility.	29 months

If your dependent loses coverage because…	Then you can continue coverage for…
Of your death	36 months
You become eligible for Medicare after your COBRA election begins	36 months
You and your spouse divorce	36 months
He or she is no longer a dependent (because of age or divorce)	36 months

WHEN COBRA ENDS

COBRA coverage will end before the end of the continuation period (see chart above) if:

- You become covered under another group health plan after your coverage with Allegany College of Maryland ends (unless the plan had Pre-Existing Condition limitations that affect you or your dependents);
- You become eligible for Medicare after your COBRA election begins;
- You do not make premium payments on time;
- Allegany College of Maryland's group benefit plans are discontinued.

Other Benefits

ALLEGANY COLLEGE OF MARYLAND WELLBEING

Wellness programs are offered to employees to foster wellbeing in our lives. Exercise and education classes are offered at no cost to employees at varying times of the workday throughout the year. Flex time for Wellness and Education is also provided to employees for participation during the normal workday. Employees may extend their lunch time to attend classes for education or wellness. The Flextime for Wellness and Education Form must be completed by the employee and supervisor prior to enrollment. Restrictions and procedures can be found in Policy 03.05.012. Additionally, employees may enjoy a reduced membership rate at the Cumberland YMCA and have the membership fees payroll deducted.

ALLEGANY COLLEGE TEACHERS FEDERAL CREDIT UNION

Employees of ACM are eligible to join the Allegany County teachers federal credit union. The credit union can be reached at 301-729-8015.

ANNUAL LEAVE

ACM provides many types of leave for employees. They are designed to provide income for days away from work due to illness, to provide days for leisure and enjoyment, and to provide time to take care of personal business during the year. Different classes of employees are eligible for different types of leave, and, for this reason, each type of leave description will specify who is eligible. For more detailed information about the requirements regarding these leaves, call the Human Resources Office or see the procedures online.

VACATION TIME

Full-time administrators and professional staff earn annual leave up to160 hours per year, or 13.33 hours per month. Support Staff earn up to 80 hours in their first year of employment, 120 hours in their 2nd, 3rd, 4th, and 5th year employment, and 160 hours after 5 years of employment. Hours are pro-rated for contracts less than 12 months per fiscal year.

	Professional Staff, 12 month Faculty, and Administrators	Associate Support Staff	Faculty with contracts less than 12 month
Year One	160 hours	80 hours	Built into Academic Calendar
Year 2, 3, 4 and 5	160 hours	120 hours	
Years 6 and after	160 hours	160 hours	

SICK AND SAFE LEAVE

In the event that an employee becomes ill and is unable to work, sick leave is provided for full-time and eligible part-time employees. Since it may be accumulated indefinitely for full-time employees, it can become a substantial benefit in the event of extended disability or illness. Part-time employees may accrue up to 64 hours of sick and safe leave in a fiscal year.

Full-time employees accrue sick leave at a rate of up to 18 days per year or one and one-half days per month. Days are pro-rated for contracts less than 12 months per fiscal year.

Contract Length	Days per Fiscal Year	Hours per Fiscal Year
12 month	18	144
11 month	16.50	132
10 month	15	120
9 month	13.50	108

Part-time eligible employees can earn up to 40 hours per year, carry-over a balance of 40 hours per fiscal year, and have up to 64 hours per accrued sick and safe leave.

Employees have no vested ownership in sick and safe leave; the leave may be used only for stated purposes in Policy 03.06.001. Sick and safe leave is not payable to employees upon retirement, resignation or termination, except that sick and safe leave is credited to service time at time of retirement from Allegany College of Maryland through eligible retirement with Maryland State Retirement and Pension System.

SICK LEAVE BANK

A full-time employee can elect to join the sick leave bank upon hire, or open enrollment. The sick leave bank allows members 60 additional sick leave days after they have exhausted all sick and vacation leave. Must meet the qualifications of the Sick Leave Bank Policy, 03.06.002.

HOLIDAYS

ALLEGANY COLLEGE OF MARYLAND OBSERVES THE FOLLOWING OCCASIONS:

- Independence Day
- Labor Day
- Memorial Day
- Thanksgiving Day and the Friday after Thanksgiving Day
- Winter recess—10 business days, to include Christmas Day and New Year's Day
- Good Friday, and the Thursday prior to Good Friday

Other Benefits

BEREAVEMENT LEAVE

Eligible employees are entitled to paid bereavement leave to attend the funeral and/or attend the affairs of the deceased in the event of the death of an immediate family member. Eligibility and information can be found in Personnel Policy 03.06.004

MILITARY

Full- and part-time employees who are in the uniformed services can take accrued annual, or leave without pay, to serve in the uniformed services.

JURY DUTY & COURT APPEARANCES

Certain employees who are called to serve on a jury or are subpoenaed as a court witness to testify in a proceeding to which the employee or a related party is not personally involved is granted special leave with pay for the period that they are required to be in court, plus any necessary time for travel. Policy 03.06.006.

ATHLETIC AND FITNESS CENTER

Allegany College of Maryland's facilities include, the Fitness Center, which includes treadmills, bikes, ellipticals, rowing machines, hand weights, big weights, nautilus equipment, gymnasium, and outside tracks, which include the mile track and the quarter mile track. Allegany College of Maryland's students and staff have full access to these facilities. The fitness centers hours of operation vary. Please visit the website for available hours each semester at www.allegany.edu/athletics/

LIBRARY/LEARNING COMMONS

Imagine a library that welcomes you. At Allegany College of Maryland, our librarians and staff encourage your questions and help guide you in the right direction - whether it's a book from our traditional stacks and special collections at the Donald L. Alexander Library in Cumberland, including our renowned Appalachian Collection, or information from an online database. We can also help you order books from other libraries in Maryland through the interlibrary loan system and show you how to access online databases off-campus so you can conduct research at home. Hours of operation can be found on our website. www.allegany.edu/library/

CAMPUS STORE

The Campus Store offers a variety of products, office supplies and gifts. Hours of operation can be found on our website. https://campus-store.allegany.edu/

CAMPUS CAFÉ

Allegany College of Maryland Dining Services are provided by Metz Culinary Management. Located in the College Center, our restaurant atmosphere with a special flare of home offers a variety of tastes for all guests. Quality, nutritious menus are available. Hours of operation can be found on our website at www.alleganymetz.com/.

Other Benefits

NURSE MANAGED WELLNESS CLINIC

The NMWC supports health and wellness through education with the goal that all individuals become informed self-directed consumers of health care. We offer services provided by a team of healthcare professionals and managed by a Certified Nurse Practitioner. A list of services and hours of operation can be found at https://www.allegany.edu/health-clinics/nurse-managed-wellness-clinic/.

WELLBEING SERVICES PROVIDED BY SELECT ALLIED HEALTH PROGRAMS

- Dental Hygiene services for Adults and Children are provided by our Dental Hygiene Students in ACM's Dental Hygiene Clinic. All students are supervised by Dental Hygiene Faculty. Hours vary. www.allegany.edu/health-clinics/dental-hygiene-clinic/.
- Massage Therapy appointments are available and provided by our Massage Therapy Students in ACM's Massage Therapy Clinic. Hours vary. Call 301-784-5598 for an appointment.

PROFESSIONAL DEVELOPMENT & EDUCATION

The college values our employees and believes that it is their right and responsibility to take an active role in personal and professional development. Throughout the year, many opportunities are provided in a variety of ways – on-campus, webinars, or seminars and events off-campus. In addition, ACM provides opportunities to further post-secondary education for you and your eligible family members.

EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM

Within the available budget, full-time budgeted employees are eligible for reimbursement of tuition for courses taken at accredited colleges other than Allegany College of Maryland. Such reimbursement is limited to a set dollar amount per fiscal year, based on degree program, and reimbursement is only granted if the EEAP Application is approved in advance and completed successfully. Reimbursement is provided within budgetary provisions. Complete policy and procedures can be found in Policy 03.05.010.

TUITION WAIVER FOR ACM COURSES

ACM Faculty and Staff are eligible for waived tuition at the time of enrollment for courses at Allegany College of Maryland.

Full-time Employees spouses and eligible children may also enroll for any ACM credit course for no tuition charge. An eligible child is defined as a biological, step-child or legally adopted child, single and under the age of 26. Verification of eligibility may be requested by the Human Resource Office. Policy 03.05.008.

Candidates for tuition waiver must file the "Verification of Full-Time Employee and Dependents Tuition Waiver" and submit with Registration forms to the Business Office. The "Verification of Full-Time Employee and Dependents Tuition Waiver" is available at the Human Resources Office.

Part-time Support and Professional Staff are eligible for waived tuition for any job-related or curriculum-goal-related Allegany College of Maryland credit course after completing 750 hours of service to the College. Restrictions and procedures can be found at Policy 03.05.008.

Part-time employees for tuition waiver must file a "Request to Enroll for Tuition Waiver for ACM Credit Courses-Part-Time Employees", available from the Human Resource Office. The form must be signed by the Supervisor, Dean/Vice-President and President and presented to the Business Office with Registration Forms.

FEE REIMBURSEMENT

Any applicable registration fee, laboratory fees, books, supplies, or other associated costs are the financial responsibility of the enrolled.

Family & Medical Leave Act

FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a rolling 12-month period measured backward from the date an employee uses any FMLA leave for specified family and medical reasons.

Employer Coverage – FMLA applies to all private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year and who engaged in commerce or in any industry or activity affecting commerce – including joint employers and successors of covered employers.

Employee Eligibility – To be eligible for FMLA benefits an employee must:

1. Work for a covered employer;
2. Have worked for the employer for a total of at least 12 months;
3. Have worked at least 1,250 hours over the 12 months preceding the leave; and,
4. Work at a location where at least 50 employees are employed by the employer within 75 miles or take work direction from corporate headquarters.

Leave Entitlement

1. For the birth or placement of a child for adoption, or foster care
2. To care for an immediate family member (spouse, child, or biological parent) with a serious health condition or
3. To take medical leave when the employee is unable to work because of a serious health condition
4. Caregiver Leave—up to 26 weeks of unpaid leave to care for a parent, child, spouse or next of kin (nearest blood relative) who has incurred a serious injury or illness while on active military duty.

FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

Employees must use all accrued paid leave (such as sick leave, vacation, and compensatory time) before a leave will be classified as unpaid.
"Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment connected with inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical-care facility;
- Any period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by, or under the supervision of, a health care provider, or
- Continuing treatment by, or under supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days, and for prenatal care.

"Health care provider" means:

1. Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices, or
2. Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist) authorized to practice, and performing within the scope of their practice, under state law, or
3. Nurse practitioners and nurse-midwives authorized to practice, and performing within the scope of their practice, as defined under state law, or
4. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.

Family & Medical Leave Act

Maintenance of Health Benefits – A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee has continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.

In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

Job Restoration – Upon return from FMLA leave, an employee must be restored to his or her original job, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, an employer may refuse to reinstate certain highly paid "key" employees after using FMLA leave during which health coverage was maintained. In order to do so, the employer must:

- Notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;
- Notify the employee as soon as the employer decides it will deny job restoration and explain the reasons for this decision;
- Offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice, and
- Make a final determination as to whether reinstatement will be denied at the end of the leave period of the employee that requests restoration.
- A "key" employee is a salaried "eligible" employee who is among the highest paid ten percent of employees within 75 miles of the worksite.

Notice and Certification – employees seeking to use FMLA leave may be required to provide:

- Thirty days advance notice of the need to take FMLA leave when the need is foreseeable;
- Medical certifications supporting the need to leave due to a serious health condition affecting the employee or an immediate family member;
- Second or third medical opinions and periodic recertification (at the employer's expense); and

· employee's status intent to return to work

When leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

Unlawful Acts – It is unlawful for any employer to interfere with, refrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

Enforcement – FMLA is enforced, including investigation of complaints, by the U.S. Labor Department's Employment Standards Administration, Wage and Hour Division. If violations cannot be satisfactorily resolved, the Department may bring action in court to compel compliance. An eligible employee may also bring a private civil action against an employer for violations.

Check your employee handbook for additional information on FMLA. California state CFRA, PDA may also apply. Please contact the Human Resource Department for more information.

MEDICARE PART D CREDITABLE COVERAGE

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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 Allegany College of Maryland coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Allegany College of Maryland medical plan, **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 Allegany College of Maryland and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before
the next period you can join a Medicare drug plan, and if this coverage through Allegany College of Maryland 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).

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:	July 1, 2025
Name of Entity/Sender:	Allegany College of Maryland
Contact--Position/Office:	Melinda Duckworth/HR
Address:	12401 Willowbrook Road, Cumberland, MD 21502
Phone Number:	(301) 784-5230

This notice is a summary. For a full description of all of Allegany College of Maryland Benefit plans, please refer to the Summary Plan Descriptions. Please contact HR.

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 at all stages of the mastectomy, including lymphedemas.

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 (301) 784-5230.

THE NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 prohibits group and individual health insurance policies from restricting benefits for any hospital length of stay for the mother or newborn child in connection with childbirth; (1) following a normal vaginal delivery, to less than 48 hours, and (2) following a cesarean section, to less then 96 hours. Health insurance policies may not require that a provider obtain authorization from the health insurance plan or the issuer for prescribing any such length of stay. Regardless of these standards an attending health care provider may, in consultation with the mother, discharge the mother or newborn child prior to the expiration of such minimum length of stay.

Further, a health insurer or health maintenance organization may not:

- Deny to the mother or newborn child eligibility or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage;
- Provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum coverage;
- Provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage;
- Require a mother to give birth in a hospital, or
- Restrict benefits for any portion of a period within a hospital length of stay described in this notice.

These benefits are subject to the plan's regular deductible and co-pay. For further details, refer to your SPD. Keep this notice for your records and call the Human Resource Department for more information.

NOTICE REGARDING WELLNESS PROGRAM

ACM Wellbeing Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a nicotine attestation. You are not required to complete the HRA or to complete the nicotine attestation.

However, pending wellness regulations, employees who choose to participate in the wellness program may receive an incentive of a reduced employee contribution to the medical plan. Although you are not required to complete the HRA or participate in the nicotine attestation, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Melinda Duckworth at (301) 784-5230.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness and/or health plan program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Allegany College of Maryland may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information 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 confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you
services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Melinda Duckworth at (301) 784-5230.

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 Human Resources.

NOTICE OF PRIVACY PRACTICES

Allegany College of Maryland 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 Human Resources.

The notice may be viewed and obtained electronically at:
https://empallegany.sharepoint.com/sites/port/humanresources

This notice is a summary. For a full description of all of Allegany College of Maryland Benefit plans, please refer to the Summary Plan Descriptions. Please contact HR.

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 March 17, 2025. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	**CALIFORNIA Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://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+)	**FLORIDA Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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)	**KANSAS Medicaid**
Medicaid Website: Iowa Medicaid | 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) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY Medicaid	**LOUISIANA 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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	**MASSACHUSETTS Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA Medicaid	**MISSOURI Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA Medicaid	NEBRASKA Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA Medicaid	**NEW HAMPSHIRE Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/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	**NEW YORK Medicaid**
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)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	**NORTH DAKOTA Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	**RHODE ISLAND Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA Medicaid	**SOUTH DAKOTA Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS Medicaid	UTAH Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	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	**VIRGINIA Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	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	**WEST VIRGINIA Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
WISCONSIN Medicaid and CHIP	**WYOMING Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 March 17, 2025, 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

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 1/31/2026)

MARKETPLACE COVERAGE OPTIONS *[FOR NEW HIRES ONLY]*

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 8.39% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 8.39% of the employee's household income.[12]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

MARKETPLACE COVERAGE OPTIONS CONTINUED *[FOR NEW HIRES ONLY]*

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP cover- age to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

MARKETPLACE COVERAGE OPTIONS CONTINUED *[FOR NEW HIRES ONLY]*

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: Allegany College of Maryland	**Employer Identification Number (EIN):** 52-0846757
Employer Address: 12404 Willowbrook Road	**Employer Phone Number:** (301) 784-5230
Who can we contact about employee health coverage at this job? Melinda Duckworth	**Phone Number:** (301) 784-5230 **Email Address:** mduckworth@allegany.edu

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

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

  ☒ Eligible employees are: Full-time employees, working a minimum 30 hours per week on a regular basis. Employees will be effective the first day of the month following date of hire or date of hire if hired on the first of the month.

  ☐ Some employees. Eligible employees are:

  With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are: Spouse and children to age 25, regardless of student status.

  ☐ 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. Above is 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.

Video Library

MEDICAL PLANS

- Primary Care vs. Urgent Care vs. ER
- POS Point of Service
- PPO Overview
- HDHP vs. PPO
- HDHP with HSA Overview

INSURANCE 101

- Benefits Key Terms Explained
- How to Read an EOB
- What is a Qualifying Event?

IMPORTANT DATES

Open enrollment runs
May 5th – May 23rd

TAX ADVANTAGE SAVINGS ACCOUNTS

- What is a Health Savings Account?
- What is a Flexible Spending Account?

ANCILLARY BENEFITS

- What is Dental Insurance?
- What is Vision Insurance?
- What is Life and AD&D Insurance?
- What is Long-Term Disability?

Glossary of Medical Terms

INSURANCE 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 out-of-network services.

Copays—A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits, as well as urgent care and 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.

> ***Embedded Deductible–** The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount toward the family deductible.

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

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 (also known as Prior Authorization (PA))—A process conducted 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.

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.

MEDICAL TERMS

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.

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.

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

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

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.

NOTES

NOTES

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.