2025

Benefits Guide

Annual Enrollment
Effective January 1, 2025

Danville Area Community College

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Important Notice

Danville Area Community College has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Danville Area Community College reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Danville Area Community College share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Danville Area Community College.

Welcome

OPEN ENROLLMENT is from November 22nd to December 6th

At Danville Area Community College, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a Danville Area Community College employee, you have access to a quality, comprehensive benefits package that offers flexibility and security for you and your family.

2025 Open Enrollment

Starting November 21st, you will have the opportunity to make changes to your health care coverage that will become effective January 1, 2025. **All benefit elections must be made by December 6th.**

You must participate in Open Enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Savings Account
- Make changes to your Life Insurance benefits and update beneficiaries

Review this guide to choose which benefits are right for you. If after reading this guide you need more information, please contact Human Resources.

Enrolling in Benefits

There are three opportunities to enroll in or make changes to your benefits:

1

AS A NEW HIRE

You can enroll in benefits effective the first day of employment. If you miss this initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

2

DURING OPEN ENROLLMENT

You can make changes to your benefits each year during the annual open enrollment period (normally held in November) for benefits effective January 1–December 31 of the following year.

3

QUALIFYING LIFE EVENTS

Your 2025 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualifying life event (in accordance with Internal Revenue Code rules). You must request an election change within 30 days and may need to provide supporting documentation (such as a marriage license or birth certificate).

Eligibility

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in Danville Area Community College benefits. Eligible dependents include:

- Your legal spouse or civil union
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to mental or physical disability

Proof of Dependent Eligibility

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination. . If your dependent becomes ineligible for coverage during the year, you must contact Dara Edgington at 217-443-8836 or dedgington@dacc.edu . Failure to provide notification may lead to discipline, termination of coverage and possible termination of employment.

Qualifying Life Events

Once you enroll in your benefit plan, your elections remain in effect for the remainder of the calendar year. The only exception is if you have a qualifying change in status. Any benefit changes resulting from a Qualifying Life Event must be requested by the employee within 30 days of the event. These qualifying events include:

- Marriage, divorce or legal separation
- Birth, adoption, placement for adoption or custody of a child
- The death of a dependent
- A change in your spouse's employment that affects your benefits eligibility (starting a new job, leaving a job, starting or returning from an unpaid leave of absence or changing from part-time to full-time status, etc.)
- A change in your dependent's eligibility for benefits
- A change in you or your dependent's residence that affects eligibility for coverage
- Receiving a court order, such as a Qualified Medical Child Support Order

NEW FOR 2025 DACC

BCBS News

BCBS has negotiated a contract to add Carle Primary Care physicians in Champaign, Urbana and Mahomet to their network. This also means that Carle Urgent Care in Champaign, Urbana and Mahomet is contracted in-network as well.

NEW *BLUE CHOICE SELECT NETWORK (BCS)*

- The Base PPO & High Deductible Health plans are being renewed with the Blue Choice Select (BCS) custom network of physicians and hospitals within the state of Illinois
- The national BCBS network outside of the state of Illinois continues to be included for both plans
- Currently **all** providers around Danville participate in the BCS network (Christie Clinic, Carle Clinic, Carle Hospital, OSF)
- The BCS network does not impact your pharmacy network
- **The custom network is only available to *Illinois* residents due to a BCBS requirement**

Examples of where the network differs from the current broad PPO network

Key Providers included:
Greater Chicago: Loyola University Medical Center, Northwestern Memorial Hospital, University of Illinois Hospital – UI Health
St. Louis: Barnes Jewish Hospital, OSF Saint Anthony's Health Center, Memorial Hospital
Springfield: St. John's Hospital, Memorial Medical Center
Decatur: Decatur Memorial Hospital, St. Mary's Hospital
Charleston- Mattoon: Sarah Bush Lincoln Health Center

Key Providers excluded:
Greater Chicago: Rush University Medical Center, University of Chicago Medical Center, Lurie Children's Hospital of Chicago

SunLife is replacing Principal as DACC's carrier for your non-medical lines of coverage except for Vision which will continue to be administered by VSP.

Dental	Long-Term Disability
Basic Life/ AD&D	Critical Illness
Voluntary Life/ AD&D	Accident
Short-Term Disability	Employee Assistance Program

Employee Contributions

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck each month.

Contribution Summary

Base Health Plan	Medical / Dental / Vision	Medical / Dental	Medical / Vision	Dental / Vision
Individual	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$931.78	$922.47	$900.31	$40.78
Employee + Child(ren)	$896.98	$887.16	$847.82	$58.98
Family	$1333.85	$1308.52	$1247.33	$111.85
Base Health Plan	**Medical Only**	**Dental Only**	**Vision Only**	
Individual	$0.00	$0.00	$0.00	
Employee + Spouse	$891.00	$31.47	$9.31	
Employee + Child(ren)	$838.00	$49.16	$9.82	
Family	$1222.00	$86.52	$25.33	
High Deductible Health Plan	**Medical / Dental / Vision**	**Medical / Dental**	**Medical / Vision**	**Dental / Vision**
Individual	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$668.78	$659.47	$637.31	$40.78
Employee + Child(ren)	$646.98	$637.16	$597.82	$58.98
Family	$942.85	$917.52	$856.33	$111.85
High Deductible Health Plan	**Medical Only**	**Dental Only**	**Vision Only**	
Individual	$0.00	$0.00	$0.00	
Employee + Spouse	$628.00	$31.47	$9.31	
Employee + Child(ren)	$588.00	$49.16	$9.82	
Family	$831.00	$86.52	$25.33	

Medical Plan Options

Your medical benefits, provided by Blue Cross Blue Shield of Illinois, offer broad, comprehensive coverage for you and your eligible dependents. You have your choice of a Traditional PPO Copay plan and a PPO High Deductible Health Plan (HDHP). This allows you to choose the plan that best fits your healthcare needs.

Base Health Plan

Key Features	PPO Plan
Calendar Year Deductible Individual / Family	$500 / $1,500
Out-of-Pocket Maximum (includes deductible) Individual / Family	$1,500 / $4,500
Coinsurance (portion you pay)	10%
Preventive Care	Covered 100%
Physician Services Office Visit / Specialist Visit	$20 / $40
Urgent Care Copay	10% Coinsurance after Deductible
Emergency Room Copay (waived if admitted)	$150 Copay
Inpatient Hospital (per admission)	10% Coinsurance after Deductible
Lab and X-Ray Services	10% Coinsurance after Deductible
RETAIL PRESCRIPTIONS (30-DAY SUPPLY) – *Preferred / Non-preferred*	
Tier I	$0 / $10 Copay
Tier II	$10 / $20 Copay
Tier III	$50 / $70 Copay
Tier IV	$100 / $120 Copay
Tier V	$150 Copay
Tier VI	$250 Copay
Mail Order	$0 / $20 / $100 / $200
OUT-OF-NETWORK BENEFITS	
Calendar Year Deductible Individual / Family	$1,000 / $3,000
Coinsurance (portion you pay)	30%
Out-of-Pocket Maximum (includes deductible) Individual / Family	$4,500 / $13,500

Medical Plan Options

What is a PPO and how does it help me save?

This plan has both In-Network and Out-of-Network benefits. A Preferred Provider Organization (PPO) plan is a network of doctors, hospitals and other healthcare providers organized to deliver comprehensive healthcare to a plan member at a discounted rate. While you may choose a provider outside the network, the plan pays a higher level of benefit when you use network providers. Review the plan document and Summary of Benefits and Coverage for further details.

What is an HDHP and how does it help me save?

A High Deductible Health Plan offers lower premiums and higher deductibles. The deductible must be satisfied before the insurance plan can pay any claims except for those for preventive services. All claims are applied to the deductible and once your deductible has been met, in-network claims are paid at 100%.

High Deductible Health Plan (HDHP)

Key Features	HDHP Plan
Calendar Year Deductible Individual / Family	$2,500 / $5,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	$5,000 / $7,350
Coinsurance (portion you pay)	0%
Preventive Care	Covered 100%
Physician Services Office Visit / Specialist Visit	0% Coinsurance after Deductible
Urgent Care Copay	0% Coinsurance after Deductible
Emergency Room Copay (waived if admitted)	0% Coinsurance after Deductible
Inpatient Hospital (per admission)	0% Coinsurance after Deductible
Lab and X-Ray Services	0% Coinsurance after Deductible
RETAIL PRESCRIPTIONS (30-DAY SUPPLY) – *Preferred / Non-preferred*	
Tier I	0% Coinsurance after Deductible
Tier II	0% Coinsurance after Deductible
Tier III	0% Coinsurance after Deductible
Tier IV	0% Coinsurance after Deductible
Tier V	0% Coinsurance after Deductible
Tier VI	0% Coinsurance after Deductible
OUT-OF-NETWORK BENEFITS	
Calendar Year Deductible Individual / Family	$2,500 / $5,000
Coinsurance (portion you pay)	20%
Out-of-Pocket Maximum (includes deductible) Individual / Family	$5,000 / $7,350

Where to Go for Care

With so many options for care, how do you know which is best for the flu, a broken bone or physical exam?

Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save on health care expenses and your time.

Location of Care	Cost	Common Conditions	Time Investment
Telemedicine		• Cough/cold/sinus/flu • Earaches/stomach pain/diarrhea • Rashes/allergies/ • insect bites • Urinary tract infections • Pink eye	Appointments typically available within an hour No need to leave home
Primary Care Physician or Retail Clinic	$20 Copay or 0% Coinsurance after Deductible	• Checkups • Preventive services • Vaccinations and screenings • General health management • Sick visits for minor conditions	Usually need appointment Short wait times
Urgent Care	10% or 0% Coinsurance after Deductible	• Severe Fever and flu symptoms • Sprains and strains • Stitches • Minor burns • Minor infections • Minor broken bones	No appointment needed Typically have extended hours
Emergency Room	$150 Copay or 0% Coinsurance after Deductible	• Chest pain • Heavy bleeding • Large open wounds • Spinal or head injuries • Major broken bones • Severe cuts/burns • Numbness or weakness • Sudden vision change	Open 24/7 No appointment needed Wait times can be up to several hours.

Health Savings Account (HSA)

If you're enrolling in a High Deductible Health Plan (HDHP) such as the HSA Plan, you are eligible to open a Health Savings Account (HSA) to pay for expenses on a pretax basis, such as eligible medical, dental and/or vision expenses.

Eligibility Requirements

- Must be enrolled in the HSA Plan
- Must not be enrolled in Medicare or TRICARE
- Must not be enrolled in Indian Health Services (IHS) or VA Benefits (other than preventive care or treatment for a service-related disability in the past 3 months)
- Must not be enrolled in other non-qualified medical coverage through another carrier or another family member
- You or your Spouse cannot be contributing to or participating in a general-purpose FSA through an employer

Advantages of an HSA

- **Get free money from DACC:** The company will contribute $1,000 into your HSA on 1/2/25. Additionally, DACC will contribute $161 per month to each employee's HSA account January – December.
- It's flexible: Use your HSA now or save it for later. You decide when to save and when to spend. You can even save for health care expenses after you retire.
- No use-it or lose-it: The money in your HSA belongs to you. It rolls over each year, and you can take it with you if you ever leave the company.
- Triple tax-advantaged: (Applies to federal and most state taxes.)[1]
  - Pay no taxes on money you contribute.
  - Pay no taxes on interest you earn.
  - Pay no taxes when you withdraw money.
- Invest your account: Once your account balance reaches a certain amount, you can choose to invest it in a variety of investments.

Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum employee contributions for the 2025 calendar year are as follows:

- $4,300 for an individual
- $8,550 for an employee and dependents
- $1,000 catch up contribution for anyone over the age of 55

Important: HSAs involve very complex rules, including limitations on eligibility, contributions and expense reimbursement. Federal and state tax penalties may be assessed if these requirements are not met. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules. Another helpful resource is IRS Publication 969 (https://www.irs.gov/publications/p969/ar02.html).

[1] Certain states do not treat HSA contributions as tax-free (e.g., California and New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.

Four Great Things About the HSA

It's personal.

The account works like any other savings account, but it's specifically for health care expenses. You own all of the funds in the account, and the balance earns interest and rolls over from year to year.

Use it now or later.

You can spend the money in your HSA to pay for health care expenses now or save them to use after you retire.

It offers triple tax savings.

Your contributions are taken from your paycheck pretax, which lowers your taxable income. The account grows tax-free, and withdrawals are tax-free, as long as you use them for eligible health care expenses.

Health Reimbursement Account (HRA)

Employees age 65 and older, enrolled in the High Deductible Health Plan, are eligible for a Health Reimbursement Account (HRA). Health reimbursement arrangement (HRA) may pay for medical care expenses that are incurred by you, your spouse or your dependents and are not reimbursed by your health plan. These out-of-pocket expenses may include copayments, coinsurance and deductible amounts under your health plan and eligible medical care expenses that are not covered by your health plan.

Common Eligible Expenses

- Acupuncture
- Ambulance
- COBRA Premiums
- Breast Pumps
- Cancer Screenings
- Car modifications for a disabled individual
- Operations
- Eye Surgery
- Hearing Aids

Preventive Care

Your preventive care is covered at 100% under the medical plan! That's right! This means $0 out of pocket expenses for your annual physicals and routine screenings. These exams and screenings help identify health risks early on, and in turn keep those out-of-pocket medical expenses in check. Many exams involve running a complete panel of blood work. When was the last time you had your blood pressure checked? Glucose levels? Knowing these critical numbers is the most important part of the visit. If you don't know them, then it's time to make an appointment!

Preventive Care Services:

- Cancer Screenings
- *Smoking Cessation (inclusive of generic Rx)*
- Regular Well Visits
- Care for Healthy Pregnancies
- Vaccinations
- Colonoscopy
- Mammograms

If you'd like to know what preventive services are included for your gender and age, refer to:

WWW.BCBSIL.COM

Medtipster & GoodRx

Medtipster

To begin saving on your out-of-pocket prescription costs visit www.medtipster.com today! Medtipster provides American consumers with thousands of dollars annually in healthcare and pharmaceutical savings by being the first to provide the most accurate and reliable healthcare data, pricing, and information to the public. On medtipster.com, finding generic equivalents and therapeutic alternatives to prescription medications is as easy as 1-2-3. Using Medtipster's patented technology, visitors type in their drug name, dosage and zip code, and instantly find affordable equivalents to their prescriptions, including $4 generic drugs and therapeutic alternatives, both in their zip codes and anywhere in the country.

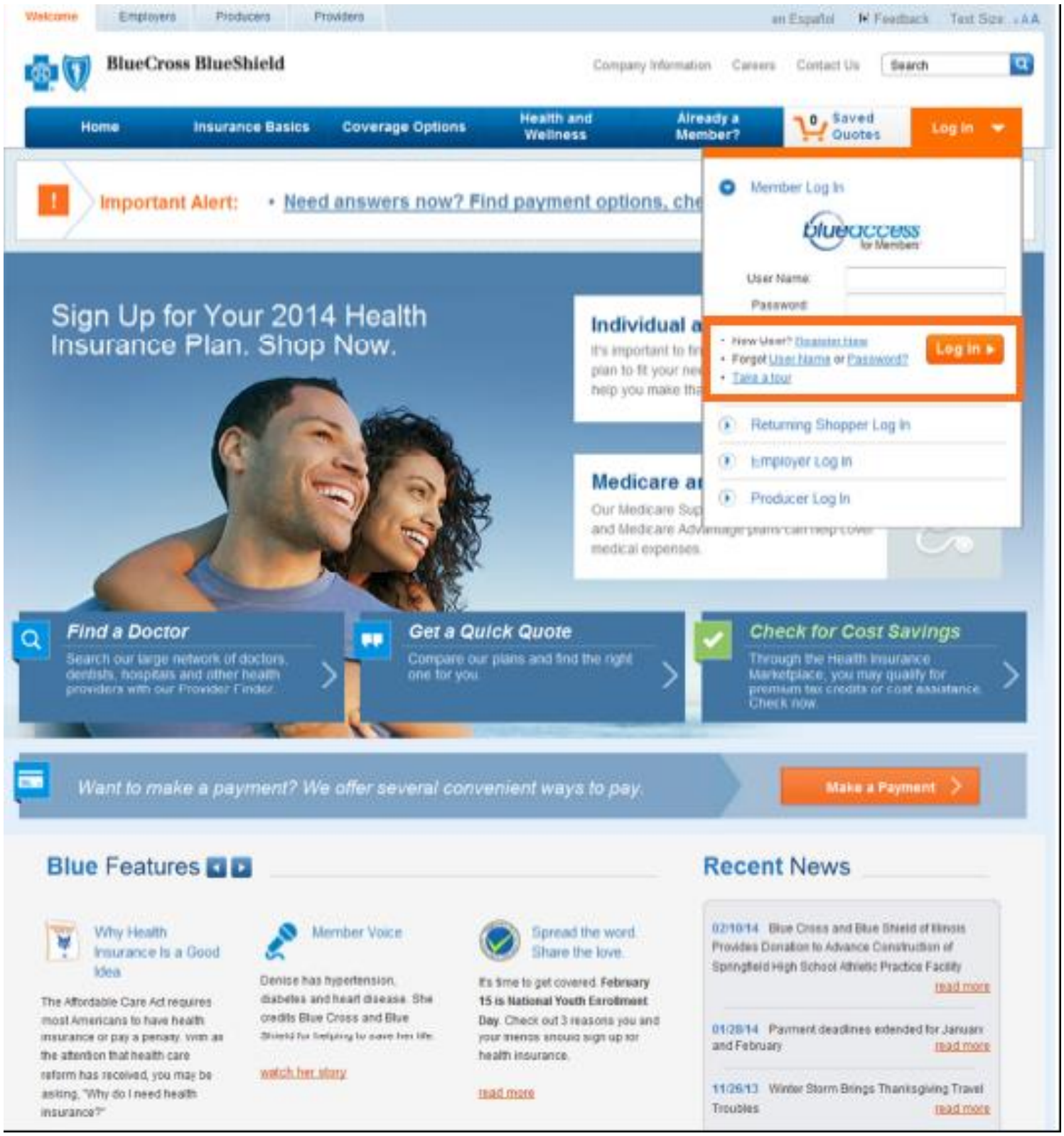
GoodRx

Additional savings can also be found by visiting www.goodrx.com! GoodRx provides prices and discounts for thousands of prescription drugs at more than 70,000 local and mail-order pharmacies in the USA. Doctors, hospitals, clinics, and patients use us every day to save money.

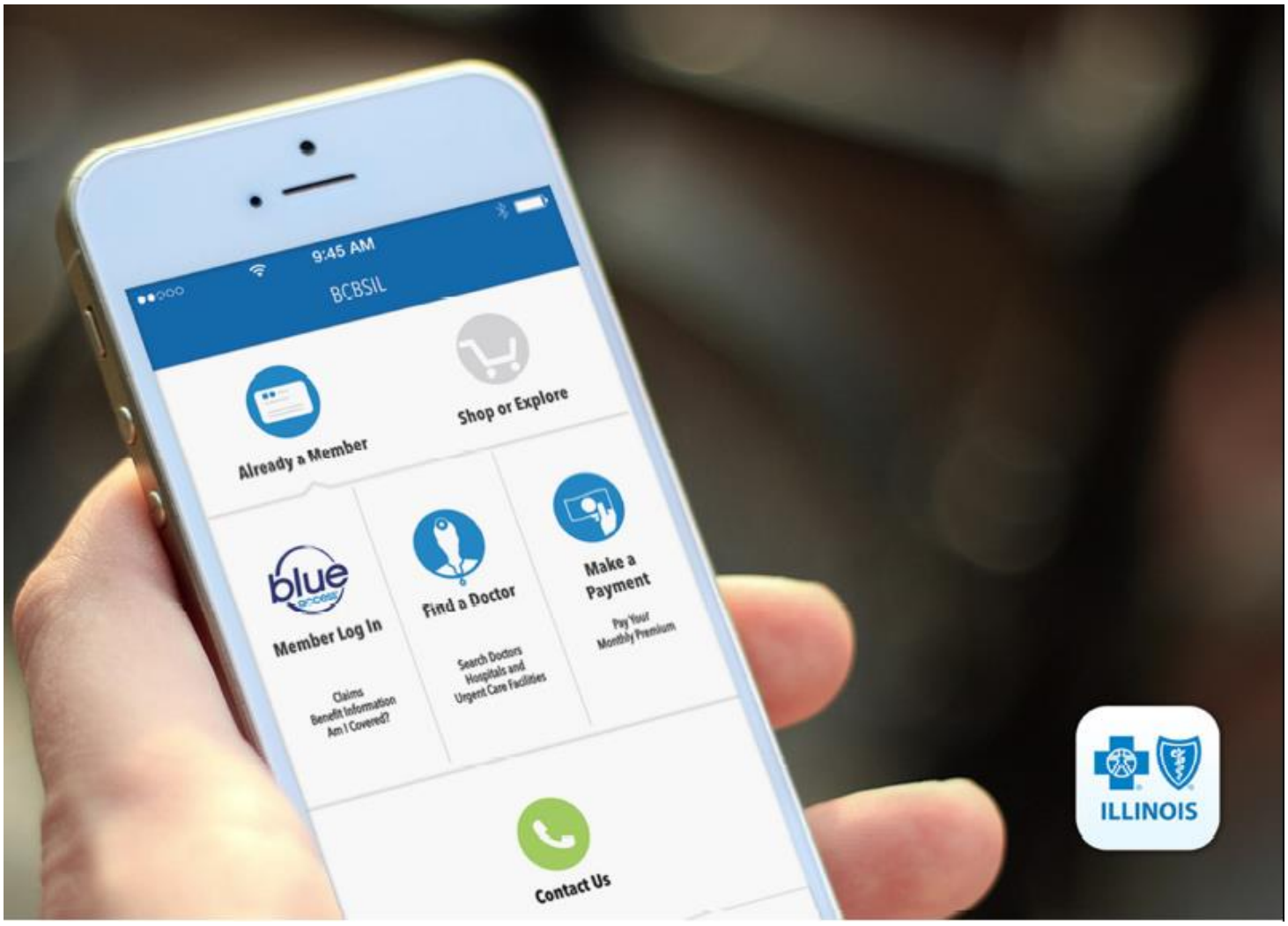
Simply enter the name of any drug (generic or brand-name) into the form, give a location (city, state, or ZIP), and GoodRx will show you the lowest price they can find at both local and mail order pharmacies for a variety of dosages and quantities for your prescription. In addition to prices, GoodRx also provides information about manufacturer discounts. These discounts are typically free but may require registration. GoodRx also provides you with tips on how to save even more money by pill splitting or considering other medications for the same condition. Of course, only you and your doctor will know what works best for you!

Blue Access for Members

Log on to www.bcbsil.com by scanning the QR code with the camera on your smart device. Be sure to click "Register Now" for new users.



BCBSIL Mobile App



BCBSIL APP

- Find a doctor, hospital or urgent care facility
- Search for doctors that speak Spanish
- Log in to Blue Access for Members
- View claims and coverage details
- Create / view messages from customer service
- Access or request ID cards
- Access health and wellness information
- Link to map and directions

To download the app, go to Google Play, the App Store or text BCBSILAPP to 33633.

BCBSIL Cost Estimator Tool

DIAGNOSTICS / IMAGING

Labs
Tests run on samples of blood and urine to help detect and diagnose a variety of health conditions.

MRIs
A technique that uses a magnetic field and radio waves to create detailed images of the organs and tissues within your body.

CAT Scans
Painless X-ray tests in which a computer generates cross-section views of a patient's anatomy. It can identify normal and abnormal structures, and it can be used to guide procedures.

X-Rays
A photographic or digital image of the internal composition of something, especially a part of the body, produced by X-rays being passed through it and being absorbed to different degrees by different materials.

Ultrasounds
Diagnostic ultrasound, also called sonography or diagnostic medical sonography, is an imaging method that uses high-frequency sound waves to produce relatively precise images of structures within your body.

Other Diagnostics
Common diagnostic procedures to identify specific health conditions.

MRI (with Contrast) Lower Spine

Estimated cost to you: $760—$876
Estimated cost to your insurance: $0

Read more about this procedure

Compare side-by-side
Compare any results by selecting them at left.

Best Match

3 results for MRI (with Contrast) Lower Spine in your network

Refine your results Reset All

Basic
- Within 30 miles
- Provider Type: Places [3]
- Any language

Specialties
- Any specialty
- Any expertise
- Any Essential Community Provider type

Affiliations
- Any hospital affiliations
- Any medical group affiliations

Location
- Any wait time

Quality
- Any clinical quality measure

$760 your estimated cost — Cost Details

Cedar Court Imaging
Imaging Center
VIEW DOCTORS
Compare
1 $760 estimated cost
Cedar Court Imaging (20.5 miles away)
1200 Cedar Ct, Carbondale, IL 62901
618-529-8500

$876 your estimated cost — Cost Details

Orthopaedic Cntr Southern Ill
Mixed Specialties Clinic, Orthopedic Surgery
VIEW DOCTORS
Compare
2 $876 estimated cost
Orthopaedic Cntr Southern Ill (34.9 miles away)
6807 N Spring Garden Ln, Opdyke, IL 62872
618-242-3778

Dental Benefits

Danville Area Community College offers dental coverage through Sun Life. You have the opportunity to enroll in the PPO dental plan options. PPO plans allow you to receive care from a dentist in the network or outside the network and pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%.

Dental Plans Summary

Key Features	Dental Plan	
	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	$50 / $150	$50 / $150
Diagnostic & Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics (children up to age 19)	50%	50%
Orthodontics Lifetime Maximum	$1,200	$1,200
Annual Calendar Year Maximum	$2,000 per person	$2,000 per person

Vision Benefits

You and your dependents have access to vision coverage through VSP. The plan pays benefits for both in-network and out-of-network services. When you visit an in-network provider VSP pays for eligible expenses at a higher level. If you receive care outside the network, you will need to pay the full cost upfront and file a claim to be reimbursed for a portion of the costs.

Vision Plans Summary

Key Features	In-Network	Out-of-Network	Frequency
Exam	$0 Copay	Up to $50	12 Months
Lenses Single Vision Bifocal Trifocal Polycarbonate	 $0 Copay $0 Copay $0 Copay $0 Copay	 Up to $50 Up to $75 Up to 100 Up to $75	24 Months
Frames	$150 Allowance + 20% off Balance	Up to $70	24 Months
Contact Lenses	$50	Up to $105	24 Months

The information above is a summary of coverage only. For more information, scan the QR code with the camera on your smart device.

Life Insurance

Group Life and AD&D

Danville Area Community College provides you with Basic Life and AD&D flat benefit up to $20,000 at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount. Benefits reduce by 35% at age 65, and an additional 15% at age 70.

Supplemental Life and AD&D

You have the option to supplement your company-paid coverage by purchasing additional Life and AD&D insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members. You pay the full cost of this coverage on an after-tax basis. The cost varies depending on your age and the amount of coverage you choose. This chart shows the coverage amounts you can choose.

Voluntary Life	Employee	Spouse	Children
Guarantee Issue	$200,000	$30,000	Not applicable
Benefit Amount	Increments of $10,000 to $500,000	Increments of $5,000 to $150,000	• $5,000, or • $10,000

The cost of Employee Voluntary Life/AD&D coverage is based on your age.
The cost of Spouse Voluntary Life/AD&D coverage is based on your spouse's age.

***IMPORTANT: For 2025 SunLife is allowing a true open enrollment for all eligible employees. This allows you or your spouse to enroll up to the Guarantee Issue amount without Evidence of Insurability.**

*For cost and additional details see your Sun Life Benefit Booklet.

Income Protection Benefits

Disability

Danville Area Community College offers Short-Term Disability (STD) and Long-Term Disability (LTD) insurance through Sun Life.

Plan	Short-Term Disability	Long-Term Disability
When Benefits Begin	30 days after illness or accident	365 days after illness or accident
When Benefits End	48 weeks or until you are certified to return to work	Benefits are payable up to 5 years. Pre-existing condition period: 12 months prior, 12 months insured.
Benefits Paid	You receive 60% of your pay, up to a maximum benefit of $750 per week.	You receive 60% of your pay, up to a maximum benefit between $500 to $8,000 per month.
Who Pays	Employee	Employee
Pre-existing Exclusion	3 months prior/ 12 months incurred	12 months prior/ 12 months incurred

*For Short-Term and Long-Term Disability cost and additional details see your Sun Life Benefit Booklet.
*Exclusions/ restrictions may apply if you're already receiving disability benefits through SURS

Voluntary Benefits

Voluntary benefits provide cash reimbursement during your time of need. Unlike traditional insurance, which covers medical costs, these benefits provide you with a cash benefit should you become ill with a critical illness, experience an accident, are hospitalized or need legal assistance. These benefits can help pay for out-of-pocket expenses not covered by other plans. You can enroll yourself and your eligible family members. Coverage for the voluntary plans is 100% employee-paid.

Accident

Be prepared for an accidental injury with a plan that provides benefits for many of the associated costs.

Critical Illness

Pays a benefit if you are diagnosed with a serious illness covered by the plan.

Accident Insurance

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury.

Benefits Payable	
Burn	Up to $20,000
Coma	$5,000 or $10,000
Concussion	$50 or $100
Dental Injury	Up to $200
Dislocation	Up to $8,000
Eye injury w/ Surgical Repair	$125 or $250
Fracture	Up to $10,000
Concussion	$50 or $100
Miscellaneous Surgery	$300 or $750
Knee Cartilage Injury	$500 or $1,250
Ruptured Disc w/ Surgical Repair	$500 or $1,250
Annual Wellness Screening Benefit $50	

Accident insurance will likely not cover an accident or injury under the following circumstances:

- Suicide attempt or intentionally self-inflicted wound
- Acts of war, declared or undeclared, or active military duty
- Natural disaster
- Non-prescription use of controlled substances or consumption of alcohol
- Participation in illegal activity
- Participation in a professional or semi-professional organized sport, or driving in a race, stunt show or speed test

*For the Accident plan cost and additional details see your Sun Life Benefit Booklet.

Critical Illness

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments.

Conditions	1st Occurrence	2nd Occurrence
Cancer One	100%	100%
Cancer Two	25%	25%
Heart Attack	100%	100%
Major Organ Failure	100%	100%
Stroke	100%	100%
Benefit Amounts		
Employee Benefit Amount	$5,000 increments up to $20,000	$5,000 increments up to $20,000
Spouse Benefit Amount	$5,000 increments; Not to exceed 100% of employee amount, up to $20,000	$5,000 increments; Not to exceed 100% of employee amount, up to $20,000
Child(ren)	$2,500 increments up to $10,000, not to exceed 50% of employee amount	$2,500 increments up to $10,000, not to exceed 50% of employee amount
Annual Wellness Screening Benefit **Employee: $50 Spouse: $50 Child: $50**		

- Pre-Existing Condition: 3 months prior / 12 months insured

Please note:

The employee Guaranteed Issue amount for this benefit is $20,000, meaning that the maximum an employee can elect without showing proof of good health is $20,000.

*For the Critical Illness plan cost and additional details see your Sun Life Benefit Booklet.

Employee Assistance Program

Sun Life Financial

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant℠, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Contact EAPEssential Anytime

No-cost, confidential solutions to life's challenges.

Your ComPsych® GuidanceResources® program EAPEssential offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.460.4374
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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant℠, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: EAPEssential

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

GGFL-1593

Contact EAPEssential Anytime
Call: 800.460.4374
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNow℠
Web ID: EAPEssential

Additional Benefits

Fitness Center

Healthy Lifestyle Initiative - Why not try out the Fitness Center!
The new initiative for the Fitness Center is to encourage full-time and continuing part-time employees to take part in using the fitness center without all the paperwork to assist employees to develop healthy habits to improve their health.

I am interested. What should I do?

- Plan to use the fitness center during the following times available for your 30 minute workout/three times per week:
- 7:00 a.m. to 9:00 a.m.
- 4:00 p.m. to 6:00 p.m.
- On your first visit to the fitness center, announce to the staff member you are an employee and need an orientation. Anyone who has previously taken the Fitness Center coursework does NOT need an orientation.

Employees will NO LONGER need to do the following if they choose to use the fitness center:

- Register with Admissions
- Complete a Tuition Waiver
- Complete the course sequence for the fitness center

Alternative: If employees would like to take the Fitness Center as a class, a Tuition Waiver must be completed and submitted to the Human Resources Office before the class begins.
An employee can use the Fitness Center during the first 30 minutes of the morning before reporting to work; or they can leave work 30 minutes early to use the Fitness Center up to three times per week. Due to the number of employees that work in some departments, it is imperative that employees get their supervisor's approval before taking advantage of this great opportunity.

Examples of how this program can work:

Example 1: Sally is full-time at DACC, and works from 8:00 a.m. to 5:00 p.m., Monday through Friday. She normally takes her lunch hour from noon to 1 :00 p.m. Sally has decided to take advantage of the free opportunity DACC is offering to employees. She decides to work out before coming to work. First of all, Sally checks with her supervisor to see if this time is a good time for her to be absent from her desk. Once approved, three times a week Sally shows up at the Fitness Center in time to do the workout, shower/dress for work, and be at her desk by 8:30 a.m.

Example 2: Monica works full-time at DACC, and her normal working hours are from 8:00 a.m. to 5:00 p.m., five days a week. Monica likes the idea of the Fitness Center being available to employees, and decides that the best time for her to work out is at the end of the day. Monica asks her supervisor for permission to use the Fitness Center on Monday, Wednesday, and Friday afternoons. With her supervisor's approval, Monica leaves her desk on those days at4:30 p.m. and reports to the Fitness Center.

***The above mentioned benefit is subject to DACC policies & procedures.**

Additional Benefits

Tuition Waiver

The following individuals are eligible to enroll and have the standard in-district tuition rate, technology/activity fees, and course fees waived for any Danville Area Community College credit course for which they are qualified:

-Full-Time Employees

-Part-Time Employees teaching at least 3 credit hours (up to 6 credit hours per semester)

-Spouse / Dependents of Full-Time Employees (Course fees NOT waived for dependents)

Additional costs such as books, IncludEd fees, etc. are not eligible for tuition waivers.

Where courses carry higher tuition rates, tuition waivers for those courses are limited to the standard in- district tuition rate. Additional costs such as books, Included, fees, etc. are not eligible for tuition waivers.

Tuition waiver forms are available in the Human Resources Office and on the DACC website. For additional information on Tuition Waiver, please refer to our website.

Tuition Reimbursement

Full-time employees may request consideration for remuneration of tuition expenses at an accredited four-year institution for classes not available through Danville Area Community College.

Child Development Center

DACC employees may receive discounted rates.

***The above-mentioned benefit is subject to DACC policies & procedures.**

Compliance Notices

Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice: Your Rights After a Mastectomy
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; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductible and coinsurance you will be subject to depends on your medical plan. If you would like more information on WHCRA benefits, call your plan Administrator.

HIPAA Notice of Special Enrollment Rights
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributions towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
To request special enrollment or obtain more information, contact your director of Human Resources with appropriate or required documentation of the change in which you are submitting. Please know that you may be asked to complete the carrier specific change form, for the change you are currently requesting.

Newborns' And Mothers' Health Protection Act Notice
Group Health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).Administrator.

Wellness Program Disclosure
Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator or Human Resources Director and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Compliance Notices

HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights
You have the right to:
- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures
We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

HIPAA Notice of Privacy Practices cont'd

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Compliance Notices

HIPAA Notice of Privacy Practices cont'd

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- Insert Effective Date of this Notice
- Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.
- Insert any special notes that apply to your entity's practices such as "we never market or sell personal information."
- The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "We will never share any substance abuse treatment records without your written permission." Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.
- If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.
- If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)
**** Continuation Coverage Rights Under COBRA****

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.
The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.
You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you 're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs.

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)
**** Continuation Coverage Rights Under COBRA****

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.
COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of CO BRA continuation coverage, for a maximum of 3 6 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Prom-am (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov.**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.
If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.
For more information visit:
https://www.medicare.gov/medicare-and-you

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.**(Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

CALIFORNIA – Medicaid
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+)
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

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

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurancepremium-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

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website:
http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479 All other Medicaid
Website: https://www.in.gov/medicaid/
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-ato-z/hipp
HIPP Phone: 1-888-346-9562

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

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

MAINE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

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

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

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

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

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

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
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. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

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

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

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

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

PENNSYLVANIA – Medicaid and CHIP
Website:
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

CHIP Website:
Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

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

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

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

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

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

WYOMING – Medicaid
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 July 31, 2023, 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.

MEDICARE PART D CREDITABLE COVERAGE NOTICE
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 Danville Area Community College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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. Danville Area Community College has determined that the prescription drug coverage offered by the medical 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 Danville Area Community College coverage will not be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Danville Area Community College coverage, be aware that you and your dependents will 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 Danville Area Community College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact your HR department.

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 Danville Area Community College changes. You also may request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

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

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

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).

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

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 9.12%[1] 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 9.12% of the employee's household income.[1][2]

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.

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 coverage 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.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact
Dara Edgington,Benefits & Health Coordinator

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

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.

3. Employer name Danville Area Community College		4. Employer Identification Number (EIN) 37-6046127
5. Employer address 2000 East Main St.		6. Employer phone number 217-443-8756
7. City Danville	8. State IL	9. ZIP code 61832
10. Who can we contact about employee health coverage at this job? Dara Edgington		
11. Phone number (if different from above)	12. Email address d.edgington@dacc.edu	

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

- As your employer, we offer a health plan to:
  - ☑ All employees. Eligible employees are:

    Full-time employees (working a minimum of 30 hours per week) and have met their eligibility requirements.

  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Your spouse
    Child(ren) up to age 26
    Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

  - ☐ We do not offer coverage.

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

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

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

Key Contacts

For Questions About	Carrier	Phone Number	Website/Email
Medical & Prescription Drug	BlueCross BlueShield Illinois	800-541-2763	www.bcbsil.com
Dental	Sun Life	301-897-0180	www.sunlife.com
Vision	VSP	800-216-6248	www.vsp.com
Life and AD&D Insurance	Sun Life	301-897-0180	www.sunlife.com
Short-Term Disability (STD)	Sun Life	301-897-0180	www.sunlife.com
Long-Term Disability (LTD)	Sun Life	301-897-0180	www.sunlife.com
Employee Assistance Program (EAP)	Sun Life	301-897-0180	www.sunlife.com
Critical Illness	Sun Life	301-897-0180	www.sunlife.com
Accident	Sun Life	301-897-0180	www.sunlife.com
For Additional Assistance	**Name**	**Phone Number**	**Website/Email**
Danville Area Community College	Human Resource	217-443-8757	t.riggleman@dacc.edu
EPIC Insurance Midwest	Pat Feely Client Executive	317-706-9873	pat.feely@epicbrokers.com