# 2022 MCC EMPLOYEE BENEFITS GUIDE

McHenry County College

## WELCOME

McHenry County College is committed to our outstanding faculty and staff, and as part of that commitment, I am pleased to announce the annual Benefits Open Enrollment period for 2022 that will begin on October 25th and continue through November 8th.

MCC offers a comprehensive benefits program designed to help provide the care you and your family need to lead healthy, productive lives. I am happy to announce that the rates for medical coverage will decrease slightly, while dental and vision rates will remain the same for a third year. I hope our ability to provide these quality plans at affordable rates will help contribute to your financial wellness.

Additionally, MCC offers a variety of supplemental benefits intended to enhance the quality of your work-life balance. These benefits and an assortment of employee discounts are included in this guide for your review.

This year, Human Resources has implemented a passive enrollment process, designed to save you time. Although Open Enrollment will be a passive event for most employees, I encourage you to take time to evaluate your current benefits and to determine your future benefit needs. Use this resource guide and participate in information sessions to gain the knowledge that will help you make well-informed decisions. The HR Team is available to assist you along the way—just stop by their office in A244, email AskHR@mchenry.edu, or call (815) 455-8995 for support.

I hope that you find value in our commitment to provide you with a comprehensive package of affordable, quality benefits that support your health and wellness.

Be well,

Clint Gabbard

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**Who's eligible for benefits at MCC?**
Faculty and all other full-time employees (those that work 30 hours or more per week) are eligible to enroll in benefits. Employees may also enroll eligible family members in plans that they choose for themselves. Eligible family members include:

- Legal married spouse
- Children
  - Biological children up to age of 26
  - Stepchildren up to age of 26
  - Adopted children and/or children for whom the employee has legal custody up to the age of 26
  - Disabled children age 26 or older who meet certain criteria may continue on health coverage

Employees should be prepared to provide the following documentation for any dependents they wish to cover on their plans.

| Category | Documentation Requirements |
|---|---|
| **SPOUSE** | |
| Spouse | Marriage Certificate or most recent tax return listing spouse. |
| **CHILDREN** | |
| Biological Child | Birth Certificate with employee listed as parent OR most recent tax return listing child as a dependent. |
| Adopted Child | Adoption certificate stamped by the circuit clerk OR Birth Certificate with employee listed as parent. |
| Stepchild | Birth Certificate indicating your spouse as the child's parent, marriage certificate to the child's parent and proof the child resides with you at least 50% of the time. |

## ENROLLMENT

This year, MCC is offering employees a passive annual Open Enrollment Process. Only employees who wish to do the following will need to access the Benefits portal in the Employee area of Self-Service.

- Participate in the Healthcare or Dependent Care FSA Accounts
- Enroll in, change the value of, or cancel a Supplemental Life Insurance Policy
- Enroll in or cancel a Long Term Disability Policy
- Newly enroll in or cancel current participation in a benefit
- Change plans on an existing benefit (Example: change from VSP Standard plan to VSP Select Plan)
- Add or remove dependents from a benefit plan
- Update or change the beneficiary information on your MCC-Paid $50K Group Life Insurance Policy
- Update or change the beneficiary information on any Supplemental Life Insurance Policy

**NOTE: making no changes is choosing "Passive Enrollment," which does count as an enrollment or waiver election.**

New Hires will use an electronic enrollment form submitted through the Softdocs system to make their initial elections.

**Coverage Dates for Elections Made During Annual Open Enrollment**
Changes made during the 2022 Open Enrollment period are effective January 1–December 31, 2022.

**Coverage Dates for Elections Made by Newly Hired Employees**
New hires must complete the enrollment process within thirty (30) days of their date of hire. If an employee enrolls during this time, coverage is effective on their date of hire through the end of the calendar year.

Once the annual Open Enrollment period ends, or the new hire 30-day deadline passes, employees cannot make elections until the next annual Open Enrollment period, unless there is a qualifying life event.

**Qualifying life events include:**

- Change in status: Marriage, divorce, legal separation, annulment, or death
- Change in number of dependents: Birth, death, adoption/placement for adoption, or dependent reaching limiting age
- Change in employment status of employee, dependent, or spouse that affects that individual's eligibility
- Change in employee, spouse, or dependent coverage on spouse's plan during spouse's Open Enrollment period
- Change in entitlement to Medicare, Medicaid, or State Children's Health Insurance Program (CHIP)* for employee, dependent, or spouse
- Change in eligibility for group health plan premium assistance under Medicaid or CHIP* for employee, dependent, or spouse

**In such cases employees have 60 days to notify HR of the event instead of 30.*

To support a qualifying life event, employees should be prepared to show documentation of the event, such as marriage license, birth certificate, a divorce decree, or letter showing the change in previous coverage. It is the responsibility of the employee to notify HR within 30 days of the event.

If the employee fails to do so, they will not be able to enroll or make changes until the next Annual Open Enrollment period or qualifying life event. When an employee, their dependent(s), or their spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event.

## MEDICAL PLANS

**Blue Cross Blue Shield of IL (BCBSIL) | (800) 458-6024 (PPOs) or (800) 892-2803 (HMOs)**
**www.bcbsil.com**

MCC offers three (3) different Blue Cross Blue Shield of Illinois medical plans for employees to choose from. These medical plans not only provide coverage for illness and injury, but also enable employees and their family members to focus on staying well. Following is a high-level overview of each of the coverage options available. For complete coverage details, please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) that can be found on myMCC at https://mymcc.mchenry.edu/resources/benefits/Pages/default.aspx.

### PLAN OPTIONS

**PPO Standard Plan**
PPO stands for Participating Provider Option. It's a type of health plan that lets an employee choose where they go for care, without a referral from a primary care physician or having to only use providers in their plan's provider network. It typically has higher monthly premiums and out-of- pocket costs like copays, coinsurance and deductibles. A PPO may be a good choice because:

- Members don't need a primary care physician (PCP) to coordinate care.
- Members don't need a referral to see a specialist.
- Members can get care from in-network or out-of-network providers.

**PPO Network Only Plan***
Similar to the PPO Standard plan, but coverage is limited to in-network providers. Some variations apply to co-pays and deductibles.

**This plan is only available to those that were employed with MCC in a full-time schedule prior to March 26, 2015.*

**HMO Illinois Plan**
HMO stands for Health Maintenance Organization. It's a type of health plan designed to keep costs low and predictable. An HMO health plan may be a good choice because:

- Monthly premiums, copays and deductibles are often lower than other types of plans.
- Members have access to certain doctors and hospitals, called the HMO provider network. This helps control how much is paid for health care.
- Care is managed by one primary care physician—the selected personal doctor—who helps make sure the right care is received at the right time and at the right place.

***NEW!***

- Employees will continue to have access to telehealth appointments on all plans if their provider's office offers such services. **PPO Standard plan** members are advised the plan will no longer cover the employee portion of these visits beginning January 1, 2022. Virtual / telehealth appointments will be billed the same as a regular, in-person appointment, meaning the employee is responsible for 100% of the cost until their deductible has been met, or 10% of the cost at an in-network provider after their deductible has been met.
- The **draft** SBC for the **HMO plan** indicates a co-pay change from $10 per visit to **$20 per visit for outpatient mental health services**.
- In January, the "Learn to Live" program will be added to the Behavioral Health offerings on PPO plans at no additional cost. Learn to Live offers digital lessons, tools, and personal coaching on topics like depression, insomnia, and anxiety. Most features of the program are available 24/7 and may be accessed by members ages 13 and up. Program not available on HMO Illinois plans.

**Rx Prescriptions**
All of the medical plans include generous coverage for prescriptions and carry separate out-of-pocket maximums. Coverage is included for generic and brand name prescriptions according to their placement on the formulary lists. Prescriptions may be purchased at Retail for up to a 30-day supply, or mail order can be utilized for a 90-day supply.

In October 2021, the plan's Pharmacy Benefit Manager, Prime Therapeutics, replaced Walgreen's Prime as the mail order and specialty pharmacy provider. The new providers are Express Scripts for mail order services and Accredo for specialty pharmacy services.

**Prime Therapeutics® | (877) 794-3574 | www.primetherapeutics.com**
Prime Therapeutics® is a drug benefit management solution that collaborates with BCBSIL to manage Rx needs. Register at www.myprime.com to view a formulary list of covered drugs, pricing, find in-network specialty pharmacies, and more.

**Express Scripts® | (800) 282-2881 | www.express-scripts.com**
Express Scripts® home delivery brings a 90-day supply of medication directly to an employee's home. Visit www.express-scripts.com to sign up.

**Accredo® | (800) 803-2523 | www.accredo.com**
Accredo® is a full-service specialty pharmacy that delivers medications needing special handling, storage, and distribution. Visit www.accredo.com to register.

**VIRTUAL VISITS PROGRAM: BCBSIL PPO Plans ONLY**
**MDLive | 1-800-400-MDLIVE (6354) | www.mdlive.com**
Employees and their dependents enrolled in one of the PPO plans have 24/7 access to MDLIVE, which provides live consultation with independently contracted board-certified doctors or therapists. Confidential visits can be scheduled via mobile app, online video, or phone from the convenience of a home or office. A virtual visit may cost less than going to an urgent care clinic or emergency room. Use MDLIVE to address non-emergency health concerns including medical issues, mental health counseling and/or psychiatric needs.

**Benefit Selection Guide**
Selecting the best plan for a family's needs can be a challenge. MCC has provided a Medical Plan Selection Guide to help employees identify and prioritize healthcare needs, which can make choosing a plan easier.

**Plan Perks**
By enrolling in a Blue Cross Blue Shield medical plan, employees gain access to the Blue365 discount program that provides a wealth of discounts for health and wellness services and related products. Also offered, is Well onTarget®, an interactive and comprehensive wellness portal, providing guidance and support for a healthy lifestyle. Sign up at www.bcbsil.com.

## MEDICAL PLANS—SIDE-BY-SIDE SUMMARY

| Plan Feature | HMO Illinois | PPO Standard | | PPO Network Only |
|---|---|---|---|---|
| | In-Network | In-Network | Out-of-Network | In-Network |
| **Annual Deductible** | | | | |
| Individual | $0 | $500 | $1,000 | $500 |
| Family | $0 | $1,000 | $2,000 | $1,000 |
| **Annual Out-of-Pocket Maximum** | | | | |
| Individual | $1,500 | $2,500 | $5,500 | $2,000 |
| Family | $3,000 | $5,000 | $11,000 | $4,000 |
| **Office Visit** | | | | |
| Primary Care Physician (including telehealth appointments if offered by provider) | $20 copay | Plan pays 90% after deductible is met | Plan pays 70% after deductible is met | $20 copay |
| Specialist | $20 copay (referral required) | Plan pays 90% after deductible is met | Plan pays 70% after deductible is met | $40 copay |
| Virtual Visits via MDLive | Not covered | Plan pays 90% after deductible is met | N/A | $20 copay |
| Preventive Care | Plan pays 100% | Plan pays 100%, no deductible | Plan pays 70% after deductible is met | Plan pays 100%, no deductible |
| Emergency Room Visit (copay waived if admitted) | $150 copay | $400 copay, then plan pays 90% | | $200 copay, then plan pays 90% |
| Inpatient Hospital Stay | Plan pays 100% | $100 copay, then plan pays 90% after deducible is met | $400 copay, then plan pays 70% after deducible is met | $250 copay, then plan pays 90% after deducible is met |
| **Prescription Drug (Generic/Formulary Brand/Non-Formulary Brand)** | | | | |
| Retail (up to a 30-day supply) | $10/$30/$50 copay | $12/$24/$48 copay | $12/$24/$48 copay | $10/$24/$48 copay |
| Mail Order (90-day supply) | $20/$60/$100 copay | $22/$48/$96 copay | N/A | $20/$48/$96 copay |
| Prescription Drug Out-of-Pocket Maximum (individual/family) | $1,000/$3,000 | $4,350/$7,700 | | $4,850/$9,700 |

For detailed comparisons, please see the Summary Plan Descriptions (SPD) and Summaries of Benefits and Coverage (SBC) for each plan found on the HR/Benefits page of myMCC.

**NOTE: As of the publication date of this document, BCBS has provided draft versions of the SBCs; SPDs are not yet available in any format.**

## 2022 Medical Plan Rates

| Coverage Tier | Employee Contribution (Per Pay Period Cost) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | HMO Illinois Plan | | | PPO Standard Plan | | | PPO Network Only Plan | | |
| | Admin. | Faculty | Staff | Admin. | Faculty | Staff | Admin. | Faculty | Staff |
| Employee Only | $88.01 | $88.01 | $52.80 | $114.75 | $114.75 | $68.85 | $121.48 | $121.48 | $82.61 |
| Employee + 1 | $174.73 | $174.73 | $118.81 | $224.72 | $224.72 | $152.81 | $241.18 | $241.18 | $183.30 |
| Employee + Family | $233.72 | $233.72 | $158.93 | $304.77 | $304.77 | $207.24 | $322.62 | $322.62 | $245.19 |

## DENTAL PLAN

**Delta Dental IL | (800) 323-1743 | www.deltadentalil.com**

Dental hygiene and health are linked to the health of other areas of the body. To help employees and their families maintain peak oral health, MCC offers dental coverage though Delta Dental of Illinois. With the coverage:

- Members can go to any licensed general or specialty dentist.
- Members will maximize benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.

Plan benefits for out-of-network services are based on a percentage of usual and customary (U&C) charges. If an out-of-network dentist is selected, the out-of-pocket expenses may be more, since the member is responsible for paying the difference between the dentist's fee and the plan's payment for the approved service.

**Plan Perks**

- **ToGoSM**, a feature that allows carryover of qualified unused portions of the annual maximum to the next year.
- **Enhanced Benefit Program** offers additional coverage and visits for individuals that have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, and suppressed immune systems) which can be positively affected by additional oral health care.
- **Hearing Health Partner Program**—Delta Dental has teamed with *Amplifon* to offer a comprehensive hearing health discount program.

**DENTAL PLAN NETWORKS—SIDE-BY-SIDE SUMMARY**

| Plan Feature | Dental Plan | | |
|---|---|---|---|
| | PPO Network | Premier Network | Delta Dental Premier |
| **Annual Maximum Benefit** | **$2,000 per person** | | |
| Preventative | Plan pays 100%, no deductible | Plan pays 100%, no deductible | Plan pays 100% of U&C rate, no deductible |
| Basic | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% of U&C rate after deductible |
| Major | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 50% of U&C rate after deductible |
| Orthodontia (dependent children up to age 19) | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 50% of |
| Orthodontia Lifetime Maximum | $1,500 per person | | |

**2022 Dental Plan Rates**

| Coverage Tier | Employee Contribution (Per Pay Period Cost) | | |
|---|---|---|---|
| | Administrator | Faculty | Staff |
| **Employee Only** | $9.18 | $9.18 | $4.59 |
| **Employee + 1** | $15.81 | $15.81 | $7.91 |
| **Employee + Family** | $30.30 | $30.30 | $15.15 |

## VISION PLANS

**VSP | (800) 877-7195 | www.vsp.com**

MCC offers vision coverage though VSP. Benefit eligible employees can choose between two plans, the Standard Plan and the Select Plan.

VSP members utilizing a VSP Signature network provider receive the highest level of care, including a WellVision Exam®– the most comprehensive exam designed to detect eye and health conditions. Moreover, when a VSP provider is seen, members get the most from their benefits, have lower out-of-pocket costs, and a satisfaction guarantee.

**Plan Perks**

- Shop VSP's online eyewear store, Eyeconic, for savings and special services at www.eyeconic.com
- A 1-year warranty on featured frame brands with the Eyewear Protection Program
- Contact lens rebates on select brands at a Premier Program Location
- Covered-in-full retinal screenings for Diabetic Eyecare Plus Program enrollees, available to those with diabetes, glaucoma, and age-related macular degeneration
- Hearing care benefits for employees and their family through partner organization TruHearing® including hearing aid discounts, free hearing screenings, hearing aid battery subscription discount program, and more. To learn more, visit www.truhearing.com/vsp or call (877) 396-7194.
- Financing via CareCredit to help with eye care and eyewear expenses
- VSP Simple Values Program includes everyday savings on health, wellness, entertainment, and more. Visit www.vspsimplevalues.com to enroll for free.

**VISION PLANS—SIDE-BY-SIDE SUMMARY**

| Plan Feature | Standard Plan | Select Plan | All Plans |
|---|---|---|---|
| | Benefit Frequency | Benefit Frequency | In-Network Costs |
| **Examination** | Every 24 months | Every 12 months | No copay |
| **Lenses (single/ bifocial/trifocial)** | Every 24 months | Every 12 months | No copay |
| **Lens Enhancements** | Every 24 months | Every 12 months | Various based on lens type |
| **Frames** | Every 24 months | Every 12 months | No copay |
| **Contact Lenses (in addition to glasses)** | Every 24 months | Every 12 months | $50 copay |
| **LASIK Surgery** | | | Average 15% off regular price or 5% off promotional price* |

**2022 Vision Plan Rates**

| Coverage Tier | Employee Contribution (Per Pay Period Cost) | | | | | |
|---|---|---|---|---|---|---|
| | Standard Plan | | | Select Plan | | |
| | Admin. | Faculty | Staff | Admin. | Faculty | Staff |
| Employee Only | $2.82 | $2.82 | $1.41 | $8.84 | $8.84 | $7.43 |
| Employee + 1 | $4.10 | $4.10 | $2.05 | $12.84 | $12.84 | $10.79 |
| Employee + Family | $7.35 | $7.35 | $3.67 | $23.04 | $23.04 | $19.37 |

## FLEX SPENDING ACCOUNTS

**PayFlex | (800) 284-4885 | www.payflex.com**

MCC offers the opportunity to participate in Flexible Spending Accounts (FSA) for healthcare and/or dependent care. FSAs allow employees to set aside a portion of their income, pre-tax, to pay for qualified healthcare and/or dependent care expenses. Because that portion of the employee's income is not taxed, less in federal income taxes and Medicare taxes are paid. FSA's are a great option if there is an expectation of cost for medical, vision, dental, and/or dependent care expenses that won't be reimbursed by the benefit plans. Employees have the following options:

**Healthcare FSA**

The Healthcare FSA contribution limit for 2022 has not been finalized by the IRS. For 2022, employees may elect up to the 2021 annual limit of $2,750; those who choose to max out will be contacted should the 2022 limit change. FSA funds can be used to cover qualified health care expenses incurred by the employee, spouse and/or children up to age 26.

***NEW!***

**Healthcare FSA participants will have the PayFlex Auto Pay feature activated in 2022**. Employees who do not want the Auto Pay feature must opt-out between January 1 and January 15, 2022 by following the **Opting in or out of Auto Pay instructions** on the Auto Pay Feature Summary. New Hires will have 15 calendar days from their enrollment date to complete the opt-out process using the same instructions.

**Dependent Care FSA**

Employees may contribute up to $5,000 (per family) to cover eligible Dependent Care expenses ($2,500 if married couples file separate tax returns). Some examples include:

- Care for a child who is under age 14
  - Before and after school care
  - Daycare, nursery school, and preschool
  - Summer day camp
- Care for a spouse or a relative who is physically or mentally incapable of self-care and lives in the employee's home

**FSA CONTRIBUTION CALCULATOR**

Determining how much to contribute to Flexible Spending Accounts can be challenging. MCC has provided a Flexible Spending Contribution Calculator that identifies common allowable FSA expenses. At minimum, employees can estimate the cost of known healthcare or dependent care expenses and set aside that amount in the appropriate account, up to the plan limits. Employees who wish to plan for potential emergencies can pad their contributions, again to the plan limits.

**Did you know?**

- For healthcare FSAs, the full, annual contribution is available effective January 1st to pay for eligible health care expenses. It covers the employee, spouse, and/or tax dependents.
- Employees must enroll each year to participate.
- "Use it or lose it"—BUT with a Grace Period. The IRS requires that any unused funds set aside for eligible expenses that are still in the account at the end of the plan year are forfeited, however, MCC offers a Grace Period that allows employees to incur additional eligible expenses through March 15 of the next year, and a Run-Out Period until March 30 to submit eligible claims.

In addition to paying for medical, dental, and vision services, there are physical items that qualify as Healthcare FSA eligible expenses. Visit the website of your favorite pharmacy or big-box store to view their FSA-eligible products, or check out websites such as FSA Store.

## LIFE, AD&D & DISABILITY INSURANCE

**Reliance Standard Life Insurance Company | (800) 351-7500 | www.reliancestandard.com**

**Basic Life and AD&D Coverage: Reliance Standard**
MCC helps our benefit eligible employees maintain financial security by providing a $50,000 group life and accidental death and dismemberment (AD&D) benefit. This benefit is paid for by MCC.

**Plan Perks**
With your MCC-paid group life insurance policy, Reliance Standard provides 24-hour travel assistant services and identity theft solutions.

**Supplemental Life Coverage**
Employees also have the opportunity to purchase additional life and AD&D coverage for themselves and their dependents at group rates. The chart below shows the coverage available during the employee's **initial enrollment period**. Note: Spouse and child coverage is only available when employees elect voluntary coverage for themselves.

During the annual **Open Enrollment period**, employees and spouses **age 59 and under** who declined to elect coverage during their initial enrollment period may elect a $10,000 policy without evidence of insurability. Employees and spouses in this age group may also increase their current coverage by $10,000 without evidence of insurability.

Beginning a new policy or increasing current coverage by $20,000 or more require evidence of insurability for final approval.

During the annual **Open Enrollment period**, employees and spouses **age 60 and over** who wish to begin a policy or increase the value of an existing policy by any amount must provide evidence of insurability for final approval.

During annual Open Enrollment activities, employees must elect any additional coverage amount; the additional $10,000 in supplemental life insurance is not automatically applied to existing coverage.

Premiums for elections requiring evidence of insurability will not be applied until approval is received from Reliance Standard; instead premiums for 2021 coverage, if applicable, will remain in effect (with applicable age-related increases applied) until approval is received from RSLI.

To provide evidence of insurability, complete a Statement of Health & Enrollment and **return it directly to Reliance Standard** at EOIApplications@rsli.com. All communication will be directed to the employee from Reliance Standard in order to protect your Personal Health Information (PHI); if coverage request is approved, MCC will be notified. **Reliance Standard will communicate with the employee** at the email address provided on the form via a **secure email system, which will require employee registration/log-in**.

| | Amount | Guaranteed Issue |
|---|---|---|
| **Employee** | Maximum of $750,000<br>(not to exceed 7 times annual earnings) | $150,000 |
| **Spouse** | Up to 100% of employee's coverage amount | $100,000 |
| **Child(ren)** | Increments of $2,500 up to a maximum of $10,000 | Up to $10,000 |

**Long-Term Disability Coverage: Reliance Standard**
In addition to the disability benefit available through the State Universities Retirement System (SURS), employees have the opportunity to purchase additional long-term disability (LTD) coverage to help provide financial stability should they become disabled and take a leave from work due to a serious illness or non-work-related injury. Following is a brief summary of the LTD coverage.

Employees who are electing LTD coverage during annual Open Enrollment will be required to provide evidence of insurability to Reliance Standard's underwriting team for final approval.

Premiums for elections requiring evidence of approval will not be applied until coverage approval is received from Reliance Standard.

To provide evidence of insurability, please complete a Statement of Health & Enrollment and **return it directly to Reliance Standard** at EOIApplications@rsli.com. All communication will be directed to the employee directly from Reliance Standard due to the need for protected health information; if coverage request is approved, MCC will be notified. **Reliance Standard will communicate with the employee at the email address provided on the form via a secure email system, which will require employee registration/log-in**.

| LTD Coverage Features | |
|---|---|
| **Monthly Maximum Benefit** | 65% of monthly earnings up to a maximum of $8,000 (minimum of $100) |
| **When Benefits Begins** | 90 days or exhaustion of sick time, whichever is longer |
| **Maximum Benefit Period** | Normal Social Security retirement age |

## RETIREMENT & PENSION PLANS

**SURS | (800) 275-7877 | www.surs.org**

**SURS Retirement Plans Options**

The State Universities Retirement System of Illinois (SURS) provides retirement, disability, death, and survivor benefits to eligible SURS participants and annuitants. First-time eligible employees make an irrevocable choice from three plan options: Traditional, Portable, or Retirement Savings Plan (RSP).

SURS participants contribute eight percent (8%) of gross earnings, while police officers have special rules that require them to contribute 9.5% of gross earnings. Full-time community college employees pay an additional 0.5% of earnings to fund a health insurance plan for community college retirees.

The contributions made to SURS are not subject to Federal taxes until an employee begins to withdraw funds following retirement. Please note SURS Members do not participate in Social Security.

In addition to the pension plan, SURS provides an optional 457 deferred compensation plan as a way to create additional retirement savings. More information is available in the SURS Deferred Compensation Plan highlights document.

**403(b) & 457 Supplemental Retirement Plans**

McHenry County College offers traditional and Roth 403(b) and 457 deferred compensation plans, providing employees the opportunity to accumulate money for retirement. Contributions can be made with pre-tax or post-tax dollars to either plan through payroll deduction, which may lower current income taxes.

Employees who wish to participate in theses MCC-sponsored plans should contact:
Fox River Financial Consultants, LLC
Scott E. Heinzman, CLU, ChFC Registered Client Service Manager
(630) 587-5922 | (630) 587-6414 (fax)
Scott.Heinzman@lpl.com | www.foxriverfinancial.com

Please note that Fox River Financial Consultants is a financial services organization and may offer additional financial and wealth planning services. Employees are not required to purchase or utilize other services to enroll in a 403(b) or 457 account, but may do so if they wish.

## EMPLOYEE ASSISTANCE PLAN (EAP)

**Perspectives Ltd. | (800) 456-6327 | www.perspectivesltd.com**

MCC offers Perspectives EAP as a benefit because we value employees. Services are completely confidential and available no cost. Employees are eligible for up to three (3) free visits per occurrence with additional referrals for affordable assistance beyond. The EAP is available to all employees and dependents.

Enhanced benefit offerings include legal services, financial services, and work life services. Services can be accessed 24/7 by calling (800) 456-6327 or online by visiting www.perspectivesltd.com and using the following case-sensitive username and password:

**Username:** MCHENRY **Password:** perspectives

## BENEFIT DIRECTORY

| Benefit | Contact | Phone Number | Website & Network |
|---|---|---|---|
| **Medical Coverage** | BCBSIL | (800) 458-6024 (PPOs)<br>(800) 892-2803 (HMO) | www.bcbsil.com |
| **RX Prescription** | Prime Therapeutics | (877) 794-3574 | www.primetherapeutics.com |
| **Mail Order Rx Prescriptions** | Express Scripts | (800) 282-2881 | www.express-scripts.com |
| **Specialty Pharmacy** | Accredo | (800) 803-2523 | www.accredo.com |
| **Virtual Visits (PPO plans only)** | MDLive | (800) 400-MDLIVE (6354) | www.mdlive.com |
| **Dental Coverage** | Delta Dental of Illinois | (800) 323-1743 | www.deltadentalil.com |
| **Vision Coverage** | VSP | (800) 877-7195 | www.vsp.com |
| **Basic Life and Accidental Death and Dismemberment (AD&D) Coverage** | Reliance Standard | (800) 351-7500 | www.reliancestandard.com |
| **Disability Coverage** | Reliance Standard | (800) 351-7500 | www.reliancestandard.com |
| **Flexible Spending Accounts** | PayFlex | (800) 284-4885 | www.payflex.com |
| **Employee Assistant Program (EAP)** | Perspectives | (800) 456-6327 | www.perspectivesltd.com |

For questions or assistance during open enrollment contact the Office of Human Resources at AskHR@mchenry.edu, call (815) 455-8995 or stop by the office on campus at A244.

## OTHER BENEFITS

MCC offers additional benefits to employees based on their employment classification with the college. These benefits have been summarized and presented in a "Benefit Program" document for each classification, which can be viewed on the HR/Benefits page of myMCC.

These benefits may include:

- Leave Programs
- Sick Leave Pool
- Tuition Waiver, Tuition Reimbursement, & Salary Adjustments
- Other Benefits of Interest

MCC has also secured employee discounts with businesses like Apple, AT&T, Dell, and more. Visit the Employee Services page of myMCC for additional information.

## REQUIRED NOTICES

Employers of all sizes who sponsor group health plans are responsible for providing certain notifications to employees.

## WELLNESS

McHenry County College aims to provide opportunities for employees to support total body wellness. The college offers wellness activities geared toward emotional, physical, intellectual, occupational and financial health. The various opportunities that help support McHenry County College Employees' wellbeing are:

- Wellness Workshops and Presentations
- Onsite Chair Massages
- Wellness Challenges
- Onsite Yoga Class
- Annual Biometric Screening
- Annual Onsite Flu Vaccine Clinic
- Onsite Fitness Center
- Discounted Membership to Northwestern Medicine Health and Fitness Centers
- Discounted Membership to Woodstock Recreation Center

Through the wellness initiatives, employees are able to make an investment in their health while making valuable contributions to the mission of MCC. To learn more about Wellness and MCC, contact the Office of Human Resources (815) 455-8998 or HRHealth@mchenry.edu.

McHenry County College

Human Resources

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(815) 455-8995
Room A244