



EMPLOYEE BENEFITS GUIDE











WELCOME TO YOUR MERCY COLLEGE BENEFITS PROGRAM FOR 2021-2022

Mercy College strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits.

This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please contact Mercy College's Benefits Consultant, Risk Strategies at 800-788-0241.

Table of Contents

	Health Insurance	4
	Dental Insurance	7
	Vision Insurance	8
	Disability Income Benefits	9
	Life Insurance	10
	Flexible Spending Account.....	11
	Retirement & Additional Benefit Offerings	12
	Important Contacts	14
	Required Notices.....	15



WHO IS ELIGIBLE?

If you're a full-time employee at Mercy College, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Spouse
- Domestic Partner *Please refer to Domestic Partner Policy for additional information*
- Dependent Child(ren) up to age 26

When to enroll

New Hires: must enroll in benefits within your first 30 days of employment. The effective date of coverage is 1st of the month following 30 days of employment.

Open enrollment: During the month of May and the benefits you choose during open enrollment will become effective on July 1, 2021.

How to enroll

Are you ready to enroll?

1. Click [HERE](#) to access Mercy Connect
2. Click the "Employee Info Center" tab on the left menu panel.
3. In the "Benefits Information Center: section, click the "Mercy College Benefits Portal" link.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying life event during the year and would like to make a change you need to do so within 30 days of the qualified life event. Please log in to the Benefits Portal to make any necessary changes.



HEALTH INSURANCE

The following is an overview of the current Aetna medical plan offerings, effective July 1, 2021. The medical plans renew every July 1st and open enrollment is during the month of May.

Aetna

Plan Benefit	Aetna Elect Choice HDHP	Aetna Elect Choice EPO	Aetna Managed Choice POS	
	<u>In Network Only</u>	<u>In Network Only</u>	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$1,500 single \$3,000 family	None	None	\$500 single \$1,000 family
Coinsurance	None	None	None	30%
Out of Pocket Maximum	\$3,000 single \$6,000 family	\$2,500 single \$5,000 family	\$2,500 single \$5,000 family	\$3,500 single \$7,000 family
Primary Care Copay	Deductible	\$20	\$15	Deductible & Coinsurance
Specialist Copay	Deductible	\$20	\$25	Deductible & Coinsurance
Inpatient Hospital Copay	Deductible	\$500	\$500	Deductible & Coinsurance
Outpatient Hospital Copay	Deductible	No Charge	No Charge	Deductible & Coinsurance
Emergency Room	Deductible	\$200 (\$20 Urgent Care)	\$200 (\$25 Urgent Care)	\$200
Prescriptions	\$10/\$25/\$50 after deductible	\$15/\$25/\$50	\$15/\$25/\$50	N/A

If you enroll in the Aetna Elect Choice HDHP Plan Mercy College will make an annual contribution to your HSA bank account with Payflex. Mercy will contribute \$500 for single coverage and \$1,000 for employee + 1 or family. You are also allowed to contribute your own pre-tax dollars to the HSA account up to the IRS maximum allowed amounts which for 2021 are \$3,600 for individuals and \$7,200 for families. Mercy's contribution is applied toward the IRS maximum allowed amounts.

- All plans are non-gated meaning no referral is needed to see a specialist
- Preventative Care is covered at 100%
- Gym Reimbursement (\$200 per 6 months for employee / \$100 per 6 months for spouse). Log into your benefits portal for more information and directions to submit for reimbursement
- Search for providers by going to: www.aetna.com For the HDHP Plan and the EPO plan search the Aetna Elect Choice Open Access Network. For the POS Plan search the Managed Choice Open Access Network



Aetna Elect Choice HDHP		
EMPLOYEE SEMI MONTHLY DEDUCTION		
PLAN	SALARY TIER	DEDUCTION
HDHP EMPLOYEE ONLY	<\$40,000	\$51.09
	\$40,000 - \$55,000	\$66.82
	OVER \$55,000	\$82.54
HDHP EMPL + 1	-	\$151.71
HDHP EMPL + FAM	-	\$237.40

Aetna Elect Choice EPO		
EMPLOYEE SEMI MONTHLY DEDUCTION		
PLAN	SALARY TIER	DEDUCTION
EPO EMPLOYEE ONLY	<\$40,000	\$59.70
	\$40,000 - \$55,000	\$78.06
	OVER \$55,000	\$96.43
EPO EMPL + 1	-	\$177.25
EPO EMPL + FAM	-	\$277.36

Aetna Managed Choice POS		
EMPLOYEE SEMI MONTHLY DEDUCTION		
PLAN	SALARY TIER	DEDUCTION
POS EMPLOYEE ONLY	<\$40,000	\$141.56
	\$40,000 - \$55,000	\$160.03
	OVER \$55,000	\$178.49
POS EMPL + 1		\$335.48
POS EMPL + FAM		\$524.94



HEALTH INSURANCE - UNION PLAN

The following is an overview of the current Union medical plan option with Mercy College. As a Union employee you have the option to enroll in the Union health insurance plan option with Emblem Health or one of the three non-union health insurance options with Aetna. The health insurance plans renew every July 1st and open enrollment occurs during the month of May.

EmblemHealth

Plan Benefit	HIP PRIME HMO 0 Gated
	<u>In Network Only</u>
Deductible	None
Coinsurance	None
Out of Pocket Maximum	\$6,350 single/\$12,700 family
Primary Care Copay	\$0
Specialist Copay	\$0
Inpatient Hospital Copay	\$0
Outpatient Hospital Copay	\$0
Emergency Room	\$0
Prescriptions	\$10/\$20

- Plan is gated meaning referrals to see a specialist are required
- Preventative is covered at 100%
- Basic vision exam included
- Preventative dental included
- Search for providers (www.emblemhealth.com)

EmblemHealth HIP Prime HMO	
EMPLOYEE SEMI MONTHLY DEDUCTION	
PLAN	DEDUCTION
Single	\$76.69
Family	\$187.89



DENTAL INSURANCE

The College offers two different dental plan options, both administered by Aetna.

The following is an overview of the current dental plan offerings, effective July 1, 2021. The dental plans renew every July 1st and open enrollment occurs during the month of May.

Aetna DMO: plan will only pay benefits when you receive care from within the DMO network.

Aetna PPO: plan will pay benefits when you receive care both in-network and out-of-network. When you stay in-network a larger portion of the cost will be covered.

The following chart shows the cost the plan covers:

TYPE OF SERVICE	DMO (In Network Only)	PPO (In network / Out of Network)
Preventive Services	\$5 office copay (see copay schedule)	100% / 100%
Deductible	None	\$50 Single / \$150 Family (Waived for Preventative)
Basic Services	See Copay Schedule	80%/80%
Major Services	See Copay Schedule	50%/50%
Annual Maximum	Unlimited	\$2,250
Orthodontia	Included	Not Included
<u>SEMI MONTHLY COST</u>		
Single	\$6.37	\$25.01
Single + 1	\$12.10	\$48.51
Family	\$21.10	\$75.73

To search for dentist in the DMO or PPO network go to:
<https://www.aetna.com/individuals-families/find-a-doctor.html>

For DMO search the DMO/DNO network and for PPO search the Dental PPO/PDN network



VISION INSURANCE

Mercy's vision plan is administered by Aetna.

The plan entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek services from an in network provider, your benefits include the following:

- Routine vision exam, once every 12 months, for a \$10 copay
- Materials, once every 12 months, for a \$10 copay
- \$150 retail frame allowance, once every 12 months
- Necessary contact lenses covered in full after a \$10 copay

If you seek services from an out of network provider there is some reimbursement available.

Employee Semi Monthly Deduction:

Single: \$4.28

Single + 1: \$8.14

Family: \$11.88





DISABILITY INCOME BENEFITS

Mercy College provides full-time employees who work at least 30 hours per week on a regular scheduled basis with short- and long-term disability income benefits. Faculty is not eligible for the Short-Term Disability.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

Short-Term Disability

Mercy College pays 100% of the cost for short-term disability coverage for all full-time employees, excluding faculty.

There is no waiting period for new hires and you are covered as of your date of hire.

The short-term benefit amount is \$170 a week for up to 26 weeks.

Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Long-Term Disability

There is a 1 year waiting period for new hires.

Mercy College pays 100% of the cost for the the base plan benefit and employee's have the option of purchasing the "buy up" benefit.

Base Plan Benefit: 60% of your earnings to a maximum monthly benefit of \$1,500 per month.

Voluntary Buy Up Benefit: you may purchase coverage that pays you a benefit of 60% of your earnings to a maximum monthly benefit amount of \$5,000.

You must be disabled for at least 90 days before you can receive benefits. If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security normal retirement age. If your disability occurs at age 63 or above, the number of payments may reduce.

To calculate the cost for the long-term disability "buy up" benefit please refer to the Mercy College Benefits Portal.



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Mercy College provides all full-time employees who work at least 30 hours per week on a regularly scheduled bases with group life and accidental death and dismemberment (AD&D) insurance benefit amounts. Benefit amounts are defined by your job classifications, which are as follows and do not reduce based upon your age:

Full-Time Faculty and Administration: 2.25 times your annual earnings to a maximum of \$200,000

Full-Time Technical and Professional: 1 times your annual earnings to a maximum of \$100,000

Full-Time Clerical Staff: \$15,000

All eligible full-time faculty administrators and full-time technical professionals have the option of electing a maximum benefit amount of \$50,000 to avoid having to pay imputed income tax.

VOLUNTARY LIFE INSURANCE

While Mercy College offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through semi-monthly payroll deductions.

You can purchase coverage for yourself in increments of 1 times your annual earnings up to 4 times your annual or \$500,000. When newly eligible you can purchase lesser of 3 times your annual earnings or \$130,000 without having to submit Evidence of Insurability (EOI).

If you purchase voluntary life coverage for yourself, you then are also eligible to purchase voluntary life coverage for your spouse in increments of \$10,000 to a maximum of \$100,000. When newly eligible you can purchase a maximum spousal benefit amount of \$30,000 without having to submit EOI.

If you purchase voluntary life coverage for yourself, you then are also eligible to purchase voluntary life coverage for your dependent child(ren) up to age 19 in amount(s) of \$4,000 for each child – no medical information required.

To calculate the cost for voluntary life insurance please refer to the Mercy College Benefits Portal.



FLEXIBLE SPENDING ACCOUNTS

Mercy College offers an employer-sponsored flexible spending account (FSA) through Ameriflex to all full-time benefit eligible employees who work at least 30 hours per week on a regular scheduled basis.

The FSA renews on January 1st every year and open enrollment typically occurs during the month of November. Your FSA election does not rollover each year.

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you put aside money tax-free that can be used for qualified expenses
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year

HEALTHCARE FSA

You may contribute up to \$2,750 a year to your Healthcare FSA to pay for qualified medical, dental and vision expense. The minimum annual contribution is \$120.

As you incur eligible expenses, you may request reimbursement from your account, up to the full amount you have elected to set aside for the year. You can also make payment at the time of service with a special debit card. You have access to the entire elected amount on January 1.

You have until 3/31/2022 to submit claims for eligible expenses incurred in 2021. If you have any funds remaining in your account the balance will be rolled over to 2022.

If you are enrolled in the Aetna HSA Medical Plan you cannot enroll in the Healthcare FSA.

DEPENDENT CARE FSA

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

For more information and a full list of eligible health care and dependent care expenses , please click [here](#).



RETIREMENT

The **Mercy College Retirement Plan (MCRP)** is comprised of two 403(b) plans, a **Defined Contribution Plan** which is limited to eligible full-time employees, and the **Deferred Compensation Plan**, which is open to eligible full-time and part-time employees.

A 403(b) account is a way to save for retirement as well as defer taxes because all deductions are made with pre-tax dollars. **MCRP** offers an investment menu selected under the guidance of our fiduciary advisor, Portfolio Evaluations, Inc. (PEI). These offerings are designed to provide employees with the ability to create a diversified retirement portfolio by including a variety of investment providers (i.e. Vanguard, T. Rowe Price, American Funds and Goldman Sachs, etc.) to help employees meet individual retirement goals. **TIAA** is the sole record keeper for **MCRP** assets.

As a Mercy College employee, you are entitled to participate in at least one of the two plans that comprise the MCRP.

The **Defined Contribution Plan** is open to full-time employees who meet certain eligibility requirements. The contribution referenced is the College's contribution to each eligible employee. Eligible Employees are not obligated to contribute to this plan in order to receive the College's contribution. To be eligible for participation in the Defined Contribution Plan, the following criteria must be met:

- Employed full-time for two (2) or more consecutive years by another institution(s) of higher education (college or university), without an intervening break in service within the last twelve (12) months prior to employment before joining Mercy College. Acceptable proof of most recent prior service requires the completion of the Waiting Period Waiver form by the HR office of your previous institution(s) of higher education.

Please contact Jessica Wong at jwong11@mercy.edu for the Waiting Period Waiver form to send directly to your previous employer(s).

The Defined Contribution will begin as of the first day of the month following receipt of the completed Waiting Period Waiver form from you to Mercy College Office of Human Resources, and confirms your most recent prior employment requirement.

If you do not meet the above eligibility requirement, you will be eligible to receive the Mercy College contribution after two full years of employment at Mercy College without an intervening break in service.

The College's contribution to the **Defined Contribution Plan** is made as follows per pay period:

- 3.3% for eligible employees aged 35 or under
- 9% for eligible employees 36 years of age or older

The **Deferred Compensation Plan** is open to any employee with the exception of student workers. Plan Participants participate by making regular contributions to this plan.



ADDITIONAL BENEFIT OFFERINGS

Commuter, Transit & Parking Plan

These plans are administered by Ameriflex and can help pay commuter expenses. For 2021 you can contribute up to \$270 a month to the Transit Account and up to \$270 a month to the Parking Account. These accounts renew on January 1st every year and open enrollment typically occurs during the month of November. Your commuter elections do not rollover each year.

Liberty Mutual Auto & Homeowners

Liberty Mutual is offering employees of Mercy College exclusive savings on quality auto and home insurance. To learn more or get a quote call 800-981-2372 or by clicking [HERE](#).

Nationwide Pet Insurance

You work hard to provide for your family, four legged and furry included? With a My Pet Protection from Nationwide you can protect what matters up to 90% of the vet bill.

For quotes or to enroll visit: <https://benefits.petinsurance.com/mercy>

Allstate Identity Protection

We've offered the most advanced identity monitoring in the employee benefits space for over 13 years. Now our company has reinvented protection — our participants can actually see their data and where it may be exposed. While the national incidence rate of identity theft is around 5.08%, it's just 0.5% among our participant population. And if theft or fraud does take place our highly trained, U.S.-based remediation support is available 24/7. You can enroll in the program at anytime through your Benefits Portal.

LegalEASE

Nobody likes to be caught off guard, especially when it comes to legal matters. Life can be complicated. Finding a good attorney doesn't have to be. With LegalEASE, it's easy to choose the best attorney, because you get assistance from highly trained and qualified personal specialists who review the details of local attorneys and help you find your best source for legal advice. Being a LegalEASE member saves you time and costly legal fees. But most importantly, it gives you confidence and provides coverage for common legal matters. This benefit is available during open enrollment only.

ScriptSave

Employees have access to a free pharmacy discount program that allows you to receive discounts for you, your loved ones (furry 4 legged friends too) on a wide variety of prescriptions with savings averaging 60% and can even be 80% or more.

YOUR BENEFITS ADVOCATE

The team at Risk Strategies will be working with you closely to help educate you on the various insurance benefits available and assist you with questions and/or concerns throughout the year. Please do not hesitate to contact them directly at (800) 788-0241. They are open Monday through Friday from 9am to 5pm EST.



IMPORTANT CONTACTS

Mercy Benefits Broker & Consultant	Risk Strategies	(800) 788-0241	www.risk-strategies.com
Medical / Dental & Vision	Aetna	(888) 478-9498	www.aetna.com
Life & Disability	The Hartford	(800) 523-2233	https://www.thehartford.com/employee-benefits/employees
Flexible Spending Accounts (Health FSA, DCA, Transit & Parking)	Ameriflex	(888) 868-3539	www.myameriflex.com
Auto & Homeowners	Liberty Mutual	(800) 981-2372	www.libertymutual.com/mercyemployees
Mercy HR Benefits Office	Mercy	(914) 674-7839	connect.mercy.edu



Required Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

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 all the terms of the health plan you elect, including copays, deductibles, and/or coinsurance provisions. If you would like more information on WHCRA benefits, call the Mercy HR Benefits Office at (914) 674-7839

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call the Mercy HR Benefits Office at (914) 674-7389 for more information.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

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

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: http://dhcs.ca.gov/hipp Health Insurance Premium Payment (HIPP) Program Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	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

OKLAHOMA – Medicaid and CHIP**UTAH – Medicaid and CHIP****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-a-to-z/hipp>
 HIPP Phone: 1-888-346-9562

MONTANA – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
 Phone: 1-800-792-4884

NEBRASKA – Medicaid

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

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: KIHIP.PPROGRAM@ky.gov

 KCHIP Website:
<https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718

 Kentucky Medicaid Website: <https://chfs.ky.gov>

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

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)

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

MAINE – Medicaid

Enrollment Website:
<https://www.maine.gov/dhhs/ofi/applications-forms>
 Phone: 1-800-442-6003
 TTY: Maine relay 711

 Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
 Phone: -800-977-6740.
 TTY: Maine relay 711

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

 Phone: 1-800-862-4840

NEW YORK – Medicaid

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

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

MISSOURI – Medicaid

Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

NORTH DAKOTA – Medicaid

Website:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	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, 2021, 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.



Special Enrollment Notice

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name	Risk Strategies Company
Telephone	800-788-0241



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Mercy College Human Resources Office at (914) 674-7389

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

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

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 Mercy College		4. Employer Identification Number (EIN) 131967321	
5. Employer address 555 Broadway		6. Employer phone number (914) 674-7389	
7. City Dobbs Ferry	8. State NY	9. ZIP code 10522	
10. Who can we contact about employee health coverage at this job? Mercy College Human Resources			
11. Phone number (if different from above)		12. Email address HR@Mercy.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 benefits eligible

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse, domestic partner and dependent children

☐ 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.

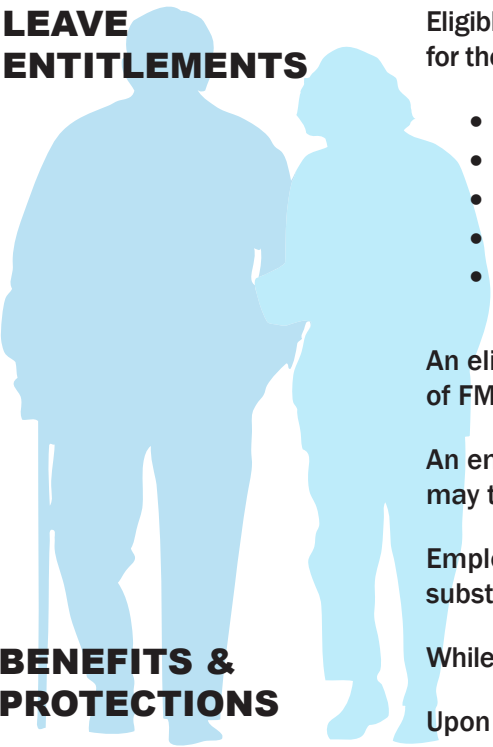
** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

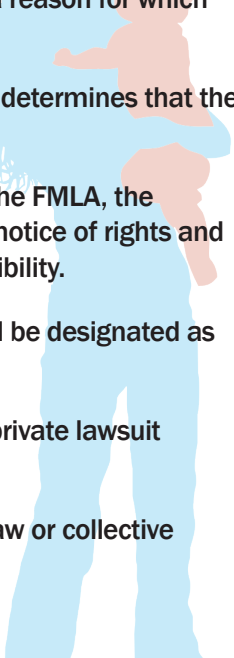
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **<http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: **<http://www.dol.gov/vets/programs/userra/poster.htm>**. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date — April 2017