## **ILLINOIS COLLEGE BENEFITS**

# NEW HIRE ENROLLMENT GUIDE



January 1, 2025 through December 31, 2025

## ILLINOIS COLLEGE 2025 BENEFITS ENROLLMENT GUIDE



**Important Note:** The employee benefit programs described in this guide are effective in 2025. The information in this guide is a summary of IC's benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and IC's formal plans, programs, policies, or contracts, or any subsequent change in such plans, programs, policies, or contracts.

## WHAT'S INSIDE

### HEALTH AND WELFARE Glossary - 4 Medical and Prescription - 6 Teladoc - 7 Spending, Savings, and Reimbursement Accounts Flexible Spending Accounts - 8 Health Savings Account - 9 Health Reimbursement Account - 10 Dental - 11 Vision - 12 **VOLUNTARY BENEFITS** Critical Illness Insurance - 13 Accident or Hospital Indemnity Insurance - 13 Life Insurance - 14 Long Term Disability – 15 Retirement - 15 **OTHER BENEFITS** Medical Emergency Air Transportation – 16 LegalEase Insurance – 16 Norton LifeLock, Rightway, MeMD, Wondr - 17 Other benefits – 18 - 19 **ENROLL** How to Enroll - 20 Changing Your Benefits During the Year - 21 2025 Premium Costs - 21 **ADDITIONAL RESOURCES** Answers to Frequently Asked Questions - 22 Informational Resources - 23

# 2025 INSURANCE OPTIONS @ILLINOIS COLLEGE

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select the health plan(s) that best meet your needs and elect additional benefits to protect your income, build financial security, and balance your work and personal life.

Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family.



MEDICAL: Choose among two (2) plan options from Personify Health.

DENTAL: Choose between two (2) plan options from Guardian Dental. The coinsurance and premiums are the main differences in plans.



VISION: As a benefit-eligible employee, your vision insurance is free to you. You can choose to add coverage for your dependents at your expense.

FLEXIBLE SPENDING ACCOUNTS (FSAs) AND HEALTH SAVINGS ACCOUNT (HSA): Put aside pre-tax dollars for qualifying expenses with a Health FSA, Dependent Care FSA, or HSA (to enroll in an HSA, you must be enrolled in the Base Plan medical option).

OTHER VOLUNTARY BENEFITS: You can purchase the following voluntary plans at competitive rates:

- Critical Illness Provides a cash benefit for a range of covered serious illnesses, such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover.
- Accident Provides a cash benefit for covered injuries, treatments and services, in addition to what your medical insurance may cover.
- Hospital Indemnity Provides a cash benefit when you are admitted to a hospital, whether or not the charges are covered by your medical insurance.

#### LIFE INSURANCE

- You are eligible to receive insurance coverage for a total of one times your annual salary at no cost to you. You are also eligible for Accidental Death and Dismemberment insurance, which is equal to an additional one times your annual salary. Minimal dependent coverage is also offered at no cost to you.
- You can purchase additional coverage up to \$500,000, with a guaranteed issue of \$150,000. Additionally, you can purchase term life insurance coverage for your spouse, domestic partner, and/or dependents.

#### LONG-TERM DISABILITY

• As a full-time employee, you can elect long-term disability insurance through the Hartford. The disability insurance benefit pays 60% of your base salary.

#### **OTHER BENEFITS**

• The College offers many other benefits to employees, including TelaDoc, LegalEase, LifeLock and others. Please review this document for more information about these tools and resources.

## **HEALTH AND WELFARE**

## **MEDICAL AND PRESCRIPTION DRUG**

#### GLOSSARY

Here's a quick refresher on commonly used insurance terms:

ALLOWABLE CHARGE is the dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

COINSURANCE is the amount you pay, as a percentage of the allowed cost of your services, after you reach the deductible and until you reach the plan's out-of-pocket maximum.

COPAYMENT (COPAY) is a fixed amount you pay for a health care service or prescription drug.

DEDUCTIBLE is the amount you pay before your insurance begins covering certain services, such as hospitalization or outpatient surgery.

DRUG FORMULARY is a list of prescription drugs, maintained by medical professionals, that practitioners use to identify drugs that offer the greatest overall value.

FLEXIBLE SPENDING ACCOUNT (FSA) refers to funds you contribute to spend toward eligible medical expenses. Only a certain amount can rollover each plan year, so you must use most of your election.

HEALTH REIMBURSEMENT ACCOUNT (HRA) refers to funds offered by Illinois College to pay for eligible medical expenses. This money is retained by Illinois College if not used.

HEALTH SAVINGS ACCOUNT (HSA) refers to funds contributed by Illinois College to pay for eligible medical expenses. You have the option to contribute additional funds. These funds are retained by you if not used.

OUT-OF-POCKETMAXIMUM is the most you pay per plan year for health care expenses, including prescription drugs. Once you reach this limit, the plan pays 100% for the remainder of the plan year.

OVER-THE-COUNTER (OTC) refers to an item purchased at a pharmacy that doesn't require a prescription or medical order for purchase but is an eligible expense for FSA/HSA/HRA accounts.

PREMIUM is the amount you pay for insurance, using pre-tax or post-tax dollars via payroll deductions. Illinois College pays a portion of the premium.

VALUE-DRIVEN HEALTH PLAN is a plan that uses Medicare-based reference pricing to establish a fair price for medical services that is mutually beneficial to the member and provider.

## **ALEX – BENEFITS DECISION MAKER**

### WHO IS ALEX AND HOW CAN IT HELP ME?

We understand that making decisions around benefits is important to all of our employees, but at times can be both difficult and confusing.

To enhance your understanding and to make YOUR benefit experience easier, we are excited to offer ALEX, a virtual benefit counselor. ALEX is an interactive decision making support tool that can help you decide which benefit options are right for YOU! Think of it as your personal guide that helps you make important benefit decisions.

## HERE ARE IMPORTANT THINGS TO KNOW ABOUT ALEX

**It's personalized**, so you can see which plan makes the most sense for YOU, not your coworkers, or your boss.

It's fun to use. There's no boring insurance jargon or complicated legal jibber-jabber.

**It's confidential**, so you can get the guidance you need without revealing all of your fascinating secrets.

It's available all year! You can find out information about your benefits at any time and your significant other can use it as well!

\*Please be aware that Alex is a support tool and NOT where you make your actual benefit elections

## **SEE HOW ALEX CAN HELP AT:**

http://www.myalex.com/Illinois-college/2025



## **MEDICAL AND PRESCRIPTION DRUG**

Illinois College offers two (2) coverage plans through Personify Health, which uses a Value Driven Health Plan. Below is a summary of the plan highlights. To search for preferred providers, visit <u>https://www.hstconnect.com/PHCS</u>. For full plan details, please visit Connect2.

PLAN NAME	BASE	BUY UP
HRA*	N/A	\$1,500 / \$3,000
HSA*	\$1,000 / \$2,000	N/A
In Network Coverage		
Deductible	\$4,000 / \$8,000	\$3,000 / \$6,000
Embedded/Non-embedded Deductible	Embedded	Embedded
Coinsurance	Plan pays 80%	Plan pays 80%
Out-of-Pocket Max	\$6,000 / \$12,000	\$5,000 / \$10,000
Primary Care Visit	Deductible & Coinsurance	\$40 Copay
Specialist Visit	Deductible & Coinsurance	\$60 Copay
Outpatient Procedure	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Visit	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	\$300 Copay
Urgent Care	Deductible & Coinsurance	\$100 Copay
Pharmacy (Retail - 30 day)	Deductible & Coinsurance	\$15 / \$45 / Deductible, then \$75**

\*The **Buy Up** Plan provides a Health Reimbursement Account (HRA) that will cover the first \$1,500 of deductible expenses for Employee Only, and \$3,000 for Employee + Spouse, Employee + Child(ren), and Employee + Family. These claims will be automatically paid by Inspira, so no HRA card is required.

\*The **Base** Plan provides a Health Savings Account (HSA) that will give you \$1,000 for Employee Only, and \$2,000 for Employee + Spouse, Employee + Child(ren), and Employee + Family for any qualified medical, dental and vision expenses.

\*\*Mail Order Pharmacy provides 90-day prescriptions for 33% off the 30-day supplies. Visit <u>www.Cap-RX.com</u> to register for mail order pharmacy and to view the Prescription Formulary (to determine Tier 1, 2 or 3).

Family Plan Information:	<b>Plan</b> Buy Up Plan	<b>Maximum Family Deductible</b> \$6,000 (2 individuals)	Maximum Family Out-of-Pocket Max	
	/ 1		\$10,000	
	Base Plan	\$8,000 (2 individuals)	\$12,000	
*Each member experiences claims as an individual as illustrated above; individual claims count toward the family maximum's				

Once your enrollment has been processed, you can register for accounts with Personify Health and HST:

- Personify Health (view claims, ID cards, plan utilization): www.mycareHC.com
- HST (provider search, estimate healthcare costs, billing assistance): https://www.hstconnect.com/

IMPORTANT: Did you receive a health invoice that doesn't match your EOB? Contact HST at 1-888-837-2237 or <u>PAC@hstechology.com</u> for billing assistance!

#### When will I receive my medical ID card?

You will receive your ID card two to three weeks after you submit your enrollment information. If you need medical coverage before receiving your ID card, contact the Office of Human Resources for your member information.

## TELADOC – 24/7 VIRTUAL HEALTHCARE VISITS

Illinois College offers a virtual visit solution, powered by Teladoc, that lets you have a live consultation with an independently contracted board-certified doctor. Your visit can happen 24 hours a day, seven days a week by mobile app, online video, or phone. Instead of going to the office, you can have a virtual visit while at home, work or many other places. Plus, a virtual visit will be covered at no copay and is available to all benefit-eligible employees whether or not you are enrolled in a medical plan. Activate your account by downloading the Teladoc App.

### Before going to the ER give Teladoc<sup>®</sup> a call

Who wants to sit in a waiting room when they are feeling sick? Teladoc doctors are available 24/7/365 to provide quality care through the convenience of phone or video consults. The next time you're sick, **consider your options**:



### THE SAMARITAN FUND

The Samaritan Fund is designed to support those who have serious medical conditions or high-cost medications that may be financially crippling even with insurance in place. There is no income requirement to apply or qualify for the program, and participants do not pay any fee for participation in the program.

If accepted, you would get an individual health insurance plan combined with financial assistance that leaves you with little to no out-of-pocket costs for insurance premiums or care! Please review <u>this</u> <u>video</u> for a short overview of the program.

Application to this program is confidential and is done by submitting a HIPAA authorization form (<u>link</u> <u>here</u>) directly to Samaritan Fund Program within 30 days of your hire date. This allows a representative of the program to contact you directly to determine if the program may be a good fit for you. *Illinois College is not involved in the evaluation process and does not make any eligibility or benefit determinations.* 

Participation in the Samaritan Fund Program is completely voluntary. If they determine that the program may be a good fit for you, they will help identify a plan you and your providers are comfortable with and propose appropriate funding, then **you decide** whether or not to participate.

## **HEALTH AND WELFARE**

## SPENDING, SAVINGS, AND REIMBURSEMENT ACCOUNTS

#### FLEXIBLE SPENDING ACCOUNT (FSA)

By allowing you to set aside money directly from your paycheck before taxes are taken out, Flexible Spending Accounts (FSAs) are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and covered dependent care expenses. IC offers the following FSA options, administered by Inspira.

#### Health FSA

- Pay for eligible medical, dental, and vision care expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, and eyeglasses and contact lenses for yourself and your eligible dependents.
- Contribute up to \$3,300 per year.
- You are not required to participate in the Illinois College group health plan to participate in the FSA.
- If you enroll in the Basic plan, you're not eligible for the Health FSA.

#### Dependent Care FSA

- Pay for eligible dependent care (for a child under age 13) or adult care expenses, including day care, care for a disabled spouse or dependent, after-school care, and many types of summer camps. This account is NOT for a dependent's health expenses.
- Contribute up to \$5,000 per family per year (\$2,500 if you are married and filing taxes separately).

#### Estimate carefully with an FSA

Per IRS regulations, FSAs are use-it-or-lose-it accounts, which means you will forfeit any amount in excess of \$660 at the end of the Plan Year. Only \$660 will rollover to the next calendar year (Health FSA only). You have until December 31, 2025, to incur eligible expenses and until March 31, 2026 to submit requests for reimbursement.

#### Managing your FSA

You can easily manage your FSA from the Inspira website at <u>https://mybenefits.inspirafinancial.com/SignIn/SignIn/Index/member</u>. On the website, you can check your FSA balance, file claims, enroll in direct deposit for reimbursements, and learn more about eligible expenses.

#### When it comes to spending, not all FSAs are the same

- With the Health FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.
- With the Dependent Care FSA, you can be reimbursed only up to the amount in your account at the time you request reimbursement.
- All eligible expenses must be incurred on or after January 1, 2025.

## **HEALTH AND WELFARE**

## SPENDING, SAVINGS, AND REIMBURSEMENT ACCOUNTS

#### **HEALTH SAVINGS ACCOUNT (HSA)**

If you enroll in the Basic Plan, you can contribute to a Health Savings Account (HSA) to help pay for current and future eligible health care expenses. An HSA is similar to an FSA, but with some important differences.

#### How does an HSA work?

- Your HSA enrollment begins the first day of coverage, January 1, 2025.
- Once your HSA is open, IC will make a tax-free contribution to your HSA totaling \$1,000 annually if you are enrolled in individual coverage or \$2,000 annually if you are enrolled in one of the other coverage levels. IC contributions will be made on a monthly basis.
- You can also make pre-tax contributions via payroll deductions (up to federal limits). If you do not wish to make your own contributions, make a \$0 election. You can make changes to your annual election anytime during the plan year.
- You can withdraw that money, tax-free, to pay eligible out-of-pocket medical expenses, as well as dental and vision expenses, or you can save that money for future health care expenses.
- You will receive a debit card to use with your HSA from Inspira, the HSA administrator.
- You can invest your funds after your balance reaches at least \$1,000 in your choice of investment options, all of which enable you to generate tax-free earnings.

#### Who is eligible for an HSA?

- You must be a resident of and work and pay taxes in the United States.
- You cannot be covered under a non-HDHP plan (such as a spouse's HMO plan) or the Buy Up plan.
- You cannot be enrolled in Medicare.
- Neither you nor your spouse, if you are married, can be enrolled in a Health FSA.

HELPFUL TIP: With an HSA, the money in the account is yours to keep. Unlike an FSA, your funds don't expire, which means you can roll your money over from year to year.

2022 HSA MAXIMUM CONTRIBUTIONS			
Coverage Level	HSA Contribution under Age 55	HSA Contribution for Age 55+	
Individual	\$4,300: Includes \$3,300 employee contribution + \$1,000 IC contribution	\$5,300: Includes \$4,300 employee contribution + \$1,000 IC contribution	
Family	\$8,550: Includes \$6,550 employee contribution + \$2,000 IC contribution	\$9,550: Includes \$7,550 employee contribution + \$2,000 IC contribution	

Important: If you use the \$1,000 or \$2,000 HSA contribution from Illinois College toward expenses not counted toward your medical plan deductible (like dental, vision, or OTC purchases), you will be responsible for the additional portion of the medical plan deductible.

## SPENDING, SAVINGS, AND REIMBURSEMENT ACCOUNTS

#### HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you enroll in the Core medical plan, Illinois College will open a Health Reimbursement Account (HRA) to help pay for eligible health care expenses incurred in the plan year. The HRA reimburses a portion of deductible expenses.

#### How does an HRA work?

Your HRA claims will automatically be processed by Personify Health when you have a claim that applies to the deductible. The one exception to this is Tier 3 prescriptions that apply to the deductible; these claims will need to manually be submitted for reimbursement. The claims that are automatically processed will be paid to the provider lowering your deductible responsibility. The HRA is funded 100% by Illinois College, and funds not used are returned to Illinois College at the end of the claim submission period. Eligible expenses must be incurred January 1, 2025 through December 31, 2025. Illinois College will give you \$1,500 as an individual or \$3,000 if you are enrolled with dependents. If an employee enrolls after January 1, this amount will be pro-rated based the month coverage begins.

#### Paying for Services with an FSA or HSA

When you enroll in the Basic plan with the HSA or enroll in an FSA, you will receive a debit card, allowing for easy, convenient payment at participating providers and merchants. Although you do not need to file for reimbursement when using your card, you may be required to submit documentation, so please save your receipts.

- Use your debit card at the point of sale to pay the provider directly.
- If the provider doesn't accept a debit card, either pay for expenses out-of-pocket and submit receipts for reimbursement.



### DENTAL

As a benefit-eligible employee, you may participate in the dental program, which includes dentists in the Guardian network. Dental coverage provides for key preventative services and helps offset potentially expensive dental procedures.

#### Make the most of your plan

Locate participating dentists by visiting <u>www.guardiananytime.com</u> and clicking on "Find a Provider." Although you may use non-participating dentists, you'll pay more than you would if you used a participating dentist. When will I receive my dental ID card?

When you visit a participating dentist, you don't have to complete claim forms, and you cannot be billed for the difference between your dentist's rate and Guardian's allowed charges (negotiated rates for services). You will receive an ID card for dental coverage two to three weeks after you submit your enrollment information. If you need to use this benefit before receiving your ID card, call the Office of Human Resources to obtain your member number.

Employees can select among two (2) plan options: the Base plan or the BuyUp plan. The information below reflects a summary of plan coverage. For full plan details, please visit Connect2.

	Base	Plan	Buy-Up Plan		
Benefits	In-Network Out-of-Network		In-Network	Out-of-Network	
Deductible (Single / Family)	\$50 / \$100	\$50 / \$100	\$50 / \$100 \$50 / \$100		
Preventive	80% (Ded Waived)	80% (Ded Waived)	100% (Ded Waived) 100% (Ded Waived		
Basic	50%	50%	90% 80%		
Major	50%	50%	60% 50%		
Annual Maximum	\$1,000		\$1,500		
Orthodontia	Not Covered	Not Covered	50% up to \$1,000 (Children Only)		

\*Guardian Dental plans provide a maximum rollover benefit, which allows employees to save unused claims dollars for future years. To qualify for a Maximum Rollover Account (MRA), you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year.

Need Assistance? Call the Guardian Helpline (888)600-1600, weekdays, 8A-830P EST. Reference plan number 00532427.

### **VISION CARE**

Illinois College offers vision insurance to benefit-eligible employees. The College covers 100% of the employee premium, so the coverage is free to you as a benefit-eligible employee. You can pay for additional coverage for your spouse, domestic partner, or child(ren). The vision benefit plan is provided through Guardian. For full plan details, please visit Connect2.

Benefits	In-Network (VSP Choice Network)	Out-of-Network	Frequency
Exam	\$20 Copay	Up to \$39	Every 12 Months
Lenses - Single Vision - Lined Bifocal - Lined Trifocal	\$20 Copay	Single Vision – Up to \$23 Lined Bifocal – Up to \$37 Lined Trifocal – Up to \$49	Every 12 Months
Frames	Covered at 100% up to \$130 (20% off amount over \$130)	Up to \$46	Every 24 Months
Contacts (Medically Necessary)	Covered at 100%	Up to \$210	Every 12 Months
Contacts (Elective) <b>(In lieu of</b> <b>Ienses)</b>	\$130 Allowance	Up to \$100	Every 12 Months

Locate an in-network provider by visiting <u>www.guardiananytime.com</u> and clicking on "Find a Provider."

When will I receive my vision ID card? You will receive an ID card for vision coverage two to three weeks after you submit your enrollment information. If you need to use this benefit before receiving your ID card, call the Office of Human Resources to obtain your member number.



## CRITICAL ILLNESS, ACCIDENT, AND HOSPITAL INDEMNITY COVERAGE

Illinois College offers voluntary benefits through Guardian, including supplemental Critical Illness, Accident, and Hospital Indemnity insurance. The below information is intended as a summary of plan coverage and is not the official plan document. For full plan details, please visitConnect2.

#### **CRITICAL ILLNESS**

Critical Illness insurance provides a cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover. Payments are made directly to you and can be used for any purpose. You may choose coverage options for yourself, a spouse/domestic partner and/or child(ren). The plan includes limitations for pre-existing conditions. Coverage continuation is included in the plan if you terminate employment. Monthly Premiums Displayed / Election Cost Per Age Bracket

		< 30	30-39	40-49	50-59	60-69	<i>70</i> +*
Employee	\$5,000	\$5.47	\$6.55	\$10.66	\$18.71	\$30.93	\$54.21
	\$10,000	\$8.32	\$10.25	\$17.81	\$32.61	\$55.53	\$99.71
	Benefit Amount Up	To 50% of Employee	Amount to a	Maximum of \$	\$5,000		
Spouse	\$2,500	\$3.00	\$3.67	\$6.06	\$10.73	\$17.60	\$30.43
	\$5,000	\$4.43	\$5.52	\$9.63	\$17.68	\$29.90	\$53.18

Premiums based on your current age; child cost is included with your election; \*Benefit reductions may apply for 70+ years (see plan).

#### ACCIDENT

Accident insurance provides a cash benefit for covered injuries, treatments and services, which occur outside of employment, in addition to whatever your medical plan may cover. Payments are made directly to you. Coverage continuation is included in the plan if you terminate employment.

Your Monthly premium	\$15.06
You and Spouse	\$25.60
You and Child(ren)	\$26.50
You, Spouse and Child(ren)	\$37.04

#### **HOSPITAL INDEMNITY**

Hospital Indemnity insurance provides a cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan. Benefit payments are made directly to you and can be used for any purpose. Coverage continuation is included in the plan if you terminate employment. The plan includes limitations for pre-existing conditions. Monthly premiums do not increase with age. Applicants over age 69 are not eligible. Spouse rate is based on your age.

Your monthly premium	<50	\$17.14
	50-59	\$23.11
	60-64	\$36.94
	65-69	\$51.93
You and Spouse/Domestic Partner	-50	624.64
	<50	\$34.61
	50-59	\$46.13
	60-64	\$74.23
	65-69	\$102.64
You and Child(ren)		
	<50	\$28.71
	50-59	\$34.68
	60-64	\$48.51
	65-69	\$63.50
You, Spouse/Domestic Partner and Child(ren)	<50	\$46.18
	50-59	\$57.70
		1
	60-64	\$85.81
	65-69	\$114.21

Need Assistance? Call the Guardian Helpline (888)600-1600, weekdays, 8A-830P EST. Reference plan number 00532427.

### LIFE INSURANCE

Illinois College offers life insurance benefits through Guardian, including basic life insurance for you and your family, Accidental Death and Dismemberment insurance, and supplemental plans for you and your dependents. The below information is intended as a summary of plan coverage and is not the official plan document. For full plan details, please visit Connect2.

#### Basic Life Insurance and Accidental Death and Dismemberment

IC helps you protect your beneficiaries by providing complimentary group term life insurance and accidental death and dismemberment with benefits that are equal to a combined value of two times your annual base salary, rounded to the nearest \$1,000. This insurance becomes effective the first day of the month after your hire date.

#### Dependent Term Life Insurance

IC pays for term life insurance coverage of \$5,000 for a spouse or domestic partner and \$2,500 per child. This insurance becomes effective the first day of the month after your hire date. This coverage is offered to your spouse and child(ren) without requiring them to provide evidence of good health.

#### Supplemental Life and AD&D Insurance

If you'd like additional protection, you can purchase optional term life insurance through payroll deduction. The additional life insurance benefit maximum is \$500,000. Coverage can be purchased in increments of \$10,000. Evidence of insurability isn't required upon initial enrollment, provided you stay under \$250,000. Evidence of insurability is required for enrollment at a later date for increased coverage over \$250,000.

#### **Beneficiaries**

It's important to designate at least one beneficiary for your life insurance policy. Designations are made in the HRIS system, Paycom.

#### **Dependent Life Insurance**

In order to apply for dependent life insurance, you must also elect coverage. You may enroll in Supplemental Life Insurance for your spouse/domestic partner and child(ren) within your first 30 days of eligibility.

You may elect up to no more than half of your elected voluntary benefit for your spouse/domestic partner. Evidence of insurability will be required for coverage over \$50,000.

You may also obtain up to \$10,000 per child (birth to 19 or age 26, if a student; unmarried) with no evidence of insurability.

#### Portability

If you leave IC, you may continue Basic, Supplemental, and Dependent Life Insurance with a portability or conversion option through Guardian.

### LONG-TERM DISABILITY AND RETIREMENT

Illinois College offers Long-Term Disability and Retirement benefits for our benefit-eligible employees. The below information is intended as a summary of plan coverage and is not the official plan document. **For full plan details, please visit Connect2.** 

#### LONG-TERM DISABILITY

If you are unable to work for over 90 calendar days due to illness or injury, you can protect you and your family from serious financial hardship with IC's group Long-Term Disability (LTD) coverage.

- The plan pays for 60% of your monthly pre-disability earnings (tax-free), up to a maximum of \$7,500 per month, for as long as you are determined by the LTD carrier to be disabled, up to a maximum benefit period, which is determined by your age when your disability begins.
- The College pays 50% of the premium for disability insurance.
- Please note that if coverage is not elected when your employment begins, you will be required to provide evidence of insurability prior to enrollment. The College recommends you carefully consider whether to participate in this benefit for your financial protection.
- Coverage begins the first day of the month after your hire date.

#### **Pre-existing conditions**

If you elect LTD coverage and have a pre-existing medical condition, you will not be eligible for coverage for that condition and/or related conditions unless you meet certain requirements. See plan document for additional details.

#### **RETIREMENT PLANS**

Illinois College is pleased to provide programs to help you save for retirement. We offer retirement plans that provide tax-advantages to you through TIAA-CREF. Please visit <u>www.tiaa.org</u> for more information.

#### Automatic enrollment

All eligible employees (those expected to work more than 1,000 hours per year, over 21 years old) are required to contribute 5% of their pre-tax earnings to the TIAA retirement account. IC matches with a 5% contribution. Employees who aren't expected to work over 1,0000 hours in their first year will experience a 1-year, 1,000 hours worked wait period for participation.

#### Additional savings options

In addition to the mandatory plan, IC offers two additional ways to save for your retirement. Eligible employees can contribute in these plans.

- A Pre-Tax option, in which your contributions are deducted from your paycheck before you pay taxes.
- A ROTH option, in which you make your payroll contributions after taxes, so your withdrawals during retirement are tax-free.

#### 457(b) Deferred Compensation Plan

Certain highly compensated staff members may be eligible for a 457(b) Deferred Compensation Plan. If you are eligible for this plan, you will receive information from the Office of Human Resources.

## **OTHER BENEFITS**

## OTHER BENEFITS, PERKS, AND SERVICES

#### LEGALEASE LEGAL INSURANCE

LegalEase offers a variety of services for benefit-eligible employees, regardless of enrollment status. This insurance offers paid-in-full coverage for the common legal matters, set hours for specific legal matters, financial coaching with 10 hours of advice from certified financial counselors, and ID theft prevention and recovery assistance. The plan offers a network of 20,560+ lawyers across the US.

All benefit-eligible employees can access the Legal Library, which includes access to the following at no cost:

- Legal Corner DIY Resources
  - Online access to videos, articles, forms, budgeting tools, and live chat financial coaching
  - Free and unlimited certified financial coaching
  - Monthly online webinars covering legal and financial aspects of estate planning, eldercare, how to buy or sell a home, etc.
- KOFE Financial website with financial resources including videos, budgeting tools, etc.
- An unlimited amount of 30-minute consultations
- 15% discounted hourly rate if an attorney is retained

#### Services Available with Enrollment

In addition to the services listed above, employees who enroll will receive **full coverage** for any legal service they may require. Services available include the following. A detailed list of coverage is available on **Connect2** and <u>this website</u>.

#### **Premium Cost**

To access the full services, employees will pay a premium of \$19.68 per month. This provides coverage for you, your spouse and eligible dependents up to age 26.

#### NORTON LIFELOCK

Layered online& device protection for you & your family! Illinois College employees have the option of adding voluntary cyber safety through Norton Lifelock. They offer device security, online, privacy, and identity protection. This can cover protections such as antivirus, malware, or protection to financial data and possible fraudulent exposure, and it comes with a million dollar protection package and cyber crime coverage. You may purchase this coverage for yourself or your dependents in either the Essential, Premier, and Premier Plus packages.

#### EMPLOYEE ASSISTANCE PROGRAM

Illinois College sponsors an employee assistance program available to you and your dependents. Services include, but are not limited to, personal counseling, couples' counseling, psychiatric care, and drug/alcohol counseling. Currently, six (6) visits per fiscal year (June 1 – May 31) are available at a discounted \$30 per session. Employees should contact the Chesley Health and Wellness Center for a referral and additional details.

## **OTHER BENEFITS, PERKS, AND SERVICES**

#### IDENTIFICATION CARDS FOR FREE CAMPUS ACCESS

All employees are issued an Illinois College personal identification card. This ID card provides employees with several benefits and privileges including:

- Use of Schewe Library services;
- Access to the staff dining plan; and
- Access to the Bruner Athletic Complex. (Spouse/domestic partner and dependent children may obtain ID cards through the Facilities Management Office located in the Campus Services Building)

#### NOTARY SERVICES

For the convenience of employees, a Notary Public service is available at no charge in the Office of the President, and the Development and Alumni Relations Office.

#### **COLLEGE PARKING**

You are eligible to purchase permit parking on campus. Permit parking information and parking rules and regulations are available in the Public Safety Office. Because of increased demand for on-campus parking, there is strict enforcement of parking rules, including fines for rule violation. After obtaining a parking permit, you are expected to be familiar with and observe the rules governing the use of parking facilities.

#### DINING HALL AND FOOD SERVICE

Meals are available to employees at a reasonable cost at all campus dining locations. A meal pass may be purchased by employees at a reduced cost.

#### DISCOUNTED ATHLETIC EVENT TICKETS

You and your immediate family may attend some campus athletic events and cultural events without cost. Currently, the College allows IC faculty and staff and their children under 18 free admission to athletic events. Spouses, domestic partners, and children over 18 are admitted at a modest cost. Contact the Athletics Department for more information.

#### **IC STORE DISCOUNT**

As an IC employee, you are entitled to a 10% discount at the IC Store on most merchandise.

#### TIME OFF ACCRUALS

Some employees accrue time off benefits each paycheck, up to a maximum outlined below. Please see the Employee Handbook for specific eligibility.

- Vacation: 176 hours per year
- Personal: 24 hours per year
- Sick: 96 hours per year
- Volunteer Time: 16 hours per year

## **OTHER BENEFITS**

## **VOLUNTARY CONTRIBUTIONS**





#### IC FUND RECURRING GIFT

Consider a monthly gift to the IC Fund to inspire students and let them know they are supported by faculty and staff.

By giving to the IC Fund, you are:

- Helping students in the areas of greatest need.
- Supporting scholarships, internships, academic programs, and athletic opportunities.
- Making a difference campus-wide by contributing to the goal of \$1,000 per student.

Signing up is EASY. Just choose your amount and it will be automatically deducted. A gift of \$84/month will place you at the IC Society Level. Any amount makes a year-round impact on students.

#### PRAIRIELAND UNITED WAY (PLUW) - \$4,500 CAMPAIGN GOAL

This year, Illinois College has raised about \$3,000 toward the \$465,000 PLUW goal. Thank you to everybody who donated to our campaign last year! This year, our goal is to raise \$4,500 in donations in 2023. Please consider giving to Prairieland United Way; the need this year is greater than ever.

Why Support Prairieland United Way?

- 100% of all personal contributions go to support local programs. (Overhead costs and salaries are supported by corporate foundation grants.)
- United Way funds are especially important to our agencies because local funds are used to match and secure state and federal grants. In 2020-2021, \$1,076,741 was brought into our community in grants.
- Many programs would not be possible at all if not for United Way funding. This year's allocation supported 30 programs in the Morgan, Cass, Scott and northern Greene county areas. Last year, PLUW received \$428,220 in requests. 78% was funded, which left over \$93,000 unfunded.
- PLUW supports 24 agencies, and their programs serve individuals of all ages; from mentoring and education to crisis and intervention. For more information visit <u>http://www.prairielandunitedway.org/</u>

How can your donations help?

- Just a one-time donation of \$25 can feed a homebound senior citizen one hot and one cold meal a day for 5 days.
- \$50 will provide tutoring for 486 children.
- \$15/month would provide counseling for a child victim of sexual assault.
- Just \$10/week provides child victims of domestic violence with necessary counseling.
- Just \$4/paycheck would provide a child with a week of after school care

#### AAUP (Faculty Only)

Faculty can voluntarily deduct their AAUP membership dues from payroll. The College will send their membership fee directly to AAUP each month.

### HOW TO ENROLL

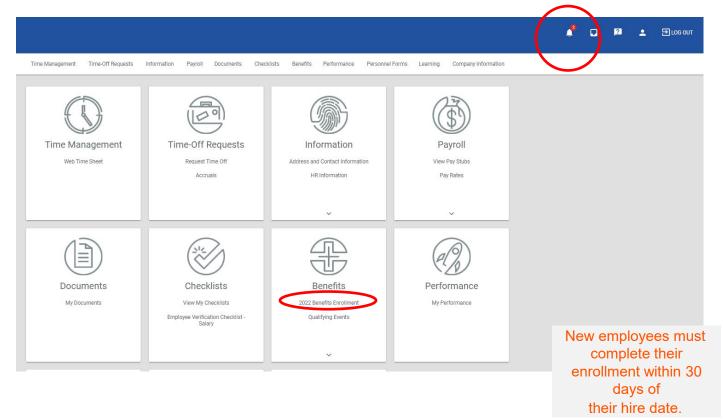
All benefit-eligible employees must complete their new hire benefit enrollment in Paycom within the first week of employment. The meeting is typically scheduled on your behalf by your supervisor and is part of your first day onboarding plan.

When enrolling, remember to do the following:

- Bring eligible dependent information with you on your first day, including supporting documentation (see acceptable documentation on the page 20 of this enrollment packet).
- Review the confirmation statement at the end of your enrollment election process in Paycom to make sure your elections are correct.

#### **Paycom Instructions**

Access the Open Enrollment portal in Paycom by clicking your bell icon to see your required actions or by clicking directly on Benefits -> Benefits Enrollment.



#### Changing your benefits during the year

IRS regulations limit when you can make changes to your benefits during the year. Once you've submitted your benefits elections, you cannot change your medical, dental, vision care, or FSA elections outside the annual Open Enrollment period, which takes place each fall, unless you experience an IRS-defined change in status as listed on page 18. Changes in enrollment must be consistent with the change in status.

If you experience one of these life events, please visit Paycom to submit the Life Event: Benefits-> Qualifying Events.

### PREMIUM COSTS - EFFECTIVE JANUARY 1, 2025

Employee \$65.30 \$32.65 \$956.49 Employee/Spouse \$435.04 \$217.52 \$1,805.64 Employee/Child(ren) \$353.94 \$176.97 \$1,619.82 Family \$655.65 \$327.82 \$2,671.48 <b>Buy Up Monthly Biweekly Employer (Monthly)</b> Employee \$140.72 \$70.36 \$903.80 Employee/Spouse \$624.36 \$312.18 \$1,805.64 Employee/Child(ren) \$516.32 \$258.16 \$1,619.82 Family \$1,042.35 \$521.18 \$2,669.77 Vision (Guardian - VSP) Monthly Biweekly Employer (Monthly) Employee \$3.81 \$1.91 \$6.64 Employee/Spouse \$3.81 \$1.91 \$6.64 Employee/Spouse \$3.81 \$1.91 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.99 \$6.64 Dental (Guardian) Monthly Biweekly Low Plan Employee \$29.58 \$14.79 Employee \$29.58 \$14.79 Employee/Spouse \$58.82 \$29.41 Employee/Spouse \$58.82 \$29.41 Employee/Child(ren) \$62.46 \$31.23 Family \$94.87 \$47.44 High Plan Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee/Spouse \$88.56 \$44.28 Employee/Child(ren) \$98.00 \$49.00	Health Insurance (Personify Healt	th)		
Employee/Spouse \$435.04 \$217.52 \$1,805.64 Employee/Child(ren) \$353.94 \$176.97 \$1,619.82 Family \$655.65 \$327.82 \$2,671.48 <b>Buy Up Monthly Biweekly Employer (Monthly)</b> Employee \$140.72 \$70.36 \$903.80 Employee/Spouse \$624.36 \$312.18 \$1,805.64 Employee/Child(ren) \$516.32 \$258.16 \$1,619.82 Family \$1,042.35 \$521.18 \$2,669.77 Vision (Guardian - VSP) Monthly Biweekly Employer (Monthly) Employee \$0.00 \$0.00 \$6.64 Employee \$3.81 \$1.91 \$6.64 Employee/Spouse \$3.81 \$1.91 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee \$29.58 \$14.79 Employee \$29.58 \$14.79 Employee \$29.58 \$14.79 Employee/Child(ren) \$62.46 \$31.23 Family \$94.87 \$47.44 High Plan Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee/Spouse \$88.56 \$44.28 Employee/Child(ren) \$98.00 \$49.00	Base	Monthly	<b>Biweekly</b>	Employer (Monthly)
Employee/Child(ren) \$353.94 \$176.97 \$1,619.82 Family \$655.65 \$327.82 \$2,671.48 <b>Buy Up Monthly Biweekly Employer (Monthly)</b> Employee \$140.72 \$70.36 \$903.80 Employee/Spouse \$624.36 \$312.18 \$1,805.64 Employee/Child(ren) \$516.32 \$258.16 \$1,619.82 Family \$1,042.35 \$521.18 \$2,669.77 Vision (Guardian - VSP) Monthly Biweekly Employer (Monthly) Employee \$0.00 \$0.00 \$6.64 Employee \$3.81 \$1.91 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Employee/Child(ren) \$4.99 \$6.64 Employee/Child(ren) \$4.93 \$4.99 \$6.64 Employee \$29.58 \$14.79 Employee \$29.58 \$14.79 Employee \$58.82 \$29.41 Employee/Child(ren) \$62.46 \$31.23 Family \$94.87 \$47.44 High Plan Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee/Child(ren) \$98.00 \$49.00	Employee	\$65.30	\$32.65	\$956.49
Family         \$655.65         \$327.82         \$2,671.48           Buy Up         Monthly         Biweekly         Employer (Monthly)           Employee         \$140.72         \$70.36         \$903.80           Employee/Spouse         \$624.36         \$312.18         \$1,805.64           Employee/Child(ren)         \$516.32         \$258.16         \$1,619.82           Family         \$1,042.35         \$521.18         \$2,669.77           Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Employee         \$29.58         \$14.79         \$14.79           Employee         \$29.58         \$14.79         \$29.41           Employee/Spouse         \$58.82         \$29.41         \$29.41           Employee/Child(ren)         \$62.46         \$31.23         \$47.44           Employee/Child(ren)         \$94.87         \$47.44         \$47.44           High Plan         \$44.28 <td>Employee/Spouse</td> <td>\$435.04</td> <td>\$217.52</td> <td>\$1,805.64</td>	Employee/Spouse	\$435.04	\$217.52	\$1,805.64
Buy Up         Monthly         Biweekly         Employer (Monthly)           Employee         \$140.72         \$70.36         \$903.80           Employee/Spouse         \$624.36         \$312.18         \$1,805.64           Employee/Child(ren)         \$516.32         \$258.16         \$1,619.82           Family         \$1,042.35         \$521.18         \$2,669.77           Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Employee/Child(ren)         \$6.64           Employee/Child(ren)         \$6.64           Employee/Child(ren)         \$6.64           Employee         \$6.64           Employee/Child(ren)         \$6.64           Employee/Child(ren)         \$6.64           Employee/Child(ren)         \$6.64           Employee/Spouse         \$29.58         \$14.79           Employee/	Employee/Child(ren)	\$353.94	\$176.97	\$1,619.82
Employee         \$140.72         \$70.36         \$903.80           Employee/Spouse         \$624.36         \$312.18         \$1,805.64           Employee/Child(ren)         \$516.32         \$258.16         \$1,619.82           Family         \$1,042.35         \$521.18         \$2,669.77           Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         Employee           Low Plan         \$29.58         \$14.79         \$56.64           Employee/Child(ren)         \$62.46         \$31.23         \$57.82           Family         \$94.87         \$47.44         \$59.41           Employee/Child(ren)         \$62.46         \$31.23         \$58.56           Family         \$94.87         \$47.44         \$59.92           Employee         \$48.38         \$24.19         \$59.00           Employee/Spouse         \$88.56	Family	\$655.65	\$327.82	\$2,671.48
Employee/Spouse         \$624.36         \$312.18         \$1,805.64           Employee/Child(ren)         \$516.32         \$258.16         \$1,619.82           Family         \$1,042.35         \$521.18         \$2,669.77           Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Employee         \$29.58         \$14.79           Employee         \$29.58         \$14.79           Employee/Child(ren)         \$62.46         \$31.23           Family         \$94.87         \$47.44           Employee/Child(ren)         \$62.46         \$31.23           Family         \$94.87         \$47.44           High Plan         Employee         \$48.38           Employee         \$48.38         \$24.19           Employee/Spouse         \$88.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00	Buy Up	Monthly	<b>Biweekly</b>	Employer (Monthly)
Employee/Child(ren) \$516.32 \$258.16 \$1,619.82 Family \$1,042.35 \$521.18 \$2,669.77 Vision (Guardian - VSP) Monthly Biweekly Employee \$0.00 \$0.00 \$6.64 Employee/Spouse \$3.81 \$1.91 \$6.64 Employee/Child(ren) \$4.01 \$2.01 \$6.64 Family \$9.98 \$4.99 \$6.64 Dental (Guardian) Monthly Biweekly Low Plan Employee \$29.58 \$14.79 Employee \$58.82 \$29.41 Employee/Spouse \$58.82 \$29.41 Employee/Spouse \$58.82 \$29.41 Employee/Child(ren) \$62.46 \$31.23 Family \$94.87 \$47.44 High Plan Employee \$48.38 \$24.19 Employee \$48.38 \$24.19 Employee/Spouse \$88.56 \$44.28 Employee/Spouse \$88.56 \$44.28 Employee/Child(ren) \$98.00 \$49.00	Employee	\$140.72	\$70.36	\$903.80
Family         \$1,042.35         \$521.18         \$2,669.77           Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         Employee           Low Plan         \$29.58         \$14.79         \$52.46         \$31.23           Employee/Child(ren)         \$62.46         \$31.23         \$53.87         \$47.44           High Plan         \$29.58         \$24.19         \$24.19           Employee         \$48.38         \$24.19         \$24.19           Employee/Child(ren)         \$98.00         \$49.00         \$49.00	Employee/Spouse	\$624.36	\$312.18	\$1,805.64
Vision (Guardian - VSP)         Monthly         Biweekly         Employer (Monthly)           Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         \$6.64           Low Plan         Employee/Spouse         \$58.82         \$29.41           Employee/Spouse         \$58.82         \$29.41           Employee/Child(ren)         \$62.46         \$31.23           Family         \$94.87         \$47.44           High Plan         Employee         \$48.38           Employee         \$48.38         \$24.19           Employee/Spouse         \$88.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00	Employee/Child(ren)	\$516.32	\$258.16	\$1,619.82
Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         \$6.64           Low Plan	Family	\$1,042.35	\$521.18	\$2,669.77
Employee         \$0.00         \$0.00         \$6.64           Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         \$6.64           Low Plan	Vision (Guardian - VSP)	Monthly	Biweekly	Employer (Monthly)
Employee/Spouse         \$3.81         \$1.91         \$6.64           Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly         \$6.64           Low Plan         Employee         \$29.58         \$14.79           Employee/Spouse         \$58.82         \$29.41           Employee/Child(ren)         \$62.46         \$31.23           Family         \$94.87         \$47.44           High Plan         Employee         \$48.38         \$24.19           Employee/Spouse         \$48.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00				
Employee/Child(ren)         \$4.01         \$2.01         \$6.64           Family         \$9.98         \$4.99         \$6.64           Dental (Guardian)         Monthly         Biweekly           Low Plan         Employee         \$29.58         \$14.79           Employee/Spouse         \$58.82         \$29.41           Employee/Child(ren)         \$62.46         \$31.23           Family         \$94.87         \$47.44           High Plan         Employee         \$24.19           Employee/Spouse         \$88.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00				
Dental (Guardian)MonthlyBiweeklyLow PlanEmployee\$29.58Employee/Spouse\$58.82\$29.41Employee/Child(ren)\$62.46\$31.23Family\$94.87High PlanEmployee\$48.38Employee\$48.38Employee\$48.56\$44.28Employee/Child(ren)\$98.00	Employee/Child(ren)	\$4.01	\$2.01	\$6.64
Low Plan       \$29.58       \$14.79         Employee/Spouse       \$58.82       \$29.41         Employee/Child(ren)       \$62.46       \$31.23         Family       \$94.87       \$47.44         High Plan           Employee/Spouse       \$48.38       \$24.19         Employee/Spouse       \$88.56       \$44.28         Employee/Child(ren)       \$98.00       \$49.00	Family	\$9.98	\$4.99	\$6.64
Employee\$29.58\$14.79Employee/Spouse\$58.82\$29.41Employee/Child(ren)\$62.46\$31.23Family\$94.87\$47.44High PlanEmployee/Spouse\$48.38\$24.19Employee/Spouse\$88.56\$44.28Employee/Child(ren)\$98.00\$49.00	Dental (Guardian)	Monthly	Biweekly	
Employee/Spouse       \$58.82       \$29.41         Employee/Child(ren)       \$62.46       \$31.23         Family       \$94.87       \$47.44         High Plan       \$29.41       \$29.41         Employee/Spouse       \$48.38       \$24.19         Employee/Spouse       \$88.56       \$44.28         Employee/Child(ren)       \$98.00       \$49.00	Low Plan			
Employee/Child(ren)       \$62.46       \$31.23         Family       \$94.87       \$47.44         High Plan       \$24.19         Employee/Spouse       \$88.56       \$44.28         Employee/Child(ren)       \$98.00       \$49.00	Employee	\$29.58	\$14.79	
Family       \$94.87       \$47.44         High Plan       \$48.38       \$24.19         Employee/Spouse       \$88.56       \$44.28         Employee/Child(ren)       \$98.00       \$49.00	Employee/Spouse	\$58.82	\$29.41	
High Plan         Employee       \$48.38       \$24.19         Employee/Spouse       \$88.56       \$44.28         Employee/Child(ren)       \$98.00       \$49.00	Employee/Child(ren)	\$62.46	\$31.23	
Employee         \$48.38         \$24.19           Employee/Spouse         \$88.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00	Family	\$94.87	\$47.44	
Employee/Spouse         \$88.56         \$44.28           Employee/Child(ren)         \$98.00         \$49.00	High Plan			
Employee/Child(ren) \$98.00 \$49.00	Employee	\$48.38	\$24.19	
	Employee/Spouse	\$88.56	\$44.28	
Family \$149.98 \$74.99	Employee/Child(ren)	\$98.00	\$49.00	
	Family	\$149.98	\$74.99	

## 1. Is there a deadline for submitting my benefit elections?

Yes. You must select your benefit choices within 30 days of your hire date.

## 2.What documentation do I need to provide for my dependents?

Supporting documentation includes the following:

- Spouse: Copy of valid marriage certificate
- Registered domestic partner: IC's Statement of Domestic Partnership
- Dependent child: Copy of birth certificate, adoption documents, or proof of legal guardianship

## 3. When will I get my medical, dental, vision, and HSA/FSA cards?

You will receive your ID cards two to three weeks after you submit your enrollment documentation. If you need to use a benefit before receiving your ID card, call the Office of Human Resources to obtain your member information. You will receive a single card from Guardian for your elected benefits.

#### 4. What if I miss the deadline?

If you do not finalize your benefit elections within 30 days, you will not be able to enroll until the next annual Open Enrollment period (occurring each fall), unless you experience an IRS- defined change in status, such as a birth or change in marital status. Enrollment changes must be consistent with the change in status and must be submitted within 30 days of the status change.

#### 5. When will my coverage start?

All coverage elected during your onboarding session are active the first day of the month following your hire date.

# 6. When will the new premiums for my elections begin and be withheld from my paycheck?

Depending on your hire date, your first paycheck may include premiums for two months. If this will be an issue, please contact the Office of Human Resources to discuss.

#### 7. I have medical, dental, and/or vision coverage outside of IC. Can I defer my enrollment in the ICsponsored plans for these benefits until my current coverage ends?

Yes, you can. Here's what you'll need to do:

- Do NOT elect IC coverage for these benefits in Paycom during Open Enrollment.
- When your current benefits are ending, submit a letter from your former employer or insurance carrier to the Office of Human Resources stating that you were enrolled in medical, dental, and/or vision coverage, and the date that the coverage terminates. If you are enrolling a spouse/domestic partner and/ or children, their names will also need to be listed in the letter.
- Complete a Life Event submission in Paycom within 30 days of the date your current coverage ends. The Life Event form can be found at Benefits-> Qualifying Events.

#### 8. How do I enroll my domestic partner?

You must complete the Illinois College Statement of Domestic Partnership, which can be accessed on Connect2.

# 9. What events are considered life events to make benefit changes after initial enrollment and outside of Open Enrollment?

Some qualifying reasons include:

- Marriage/Registering a domestic partnership
- Divorce/Ending a domestic partnership
- Birth/Adoption
- Change in number of dependents
- Death
- Change in employment status
- Dependent losing eligibility—dependent child reaching the maximum age of 26
- Dependent gaining eligibility

## **LEARN MORE**

## ONLINE

*Visit Connect2: Staff (or Faculty) -> Human Resources -> Benefits* to view Summary Plan Descriptions for benefit programs.

## HAVE INDIVIDUAL QUESTIONS?

Call: 217-245-3002 or 217-245-3498 In-Person: Appointments available by Zoom upon request Email: <u>ichr@ic.edu</u> Visit ALEX: <u>www.myalex.com/Illinois-college/2025</u>

