



# **2024 BENEFIT GUIDE**

# **2024 Benefits Enrollment Guide**

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### **BLUE CROSS BLUE SHIELD OF ALABAMA**

It is important to refer to the 2023 Benefits Guide to compare some of the minor changes that have taken place with both the BCBS HDHP and PPO Plans.

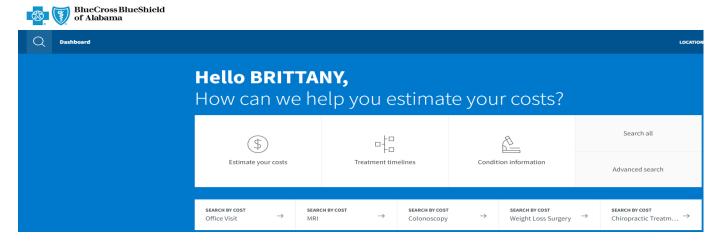
Coverage Overview	HDHP - Blue	PPO - Blue
Calendar Year Deductible (CYD)	\$3,000 Individual \$6,000 Family	\$2,500 Individual \$5,000 Family
Out-of-Pocket Maximum	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family
Office Visit	Covered 80% subject to CY	\$30 Copay Primary \$50 Copay Specialist
Preventive Care Services	Covered 100% No Deductible or Copay	Covered 100% No Deductible or Copay
Emergency Services	Covered 80% subject to CYD	\$250 Copay + \$50 Specialist
Inpatient Hospital	Covered 80% subject to CYD	Covered 80% subject to CYD
Outpatient Surgery	Covered 80% subject to CYD	Covered 80% subject to CYD
Major Diagnostic	Covered 80% subject to CYD	Covered 80% subject to CYD
Prescription Drug Coverage Generic Preferred Brand Other Brand Drugs Specialty Drugs Rx Network	Covered 80% subject to CYD	<ul> <li>Tier 1: \$15 Copay</li> <li>Tier 2: \$45 Copay</li> <li>Tier 3: \$85 Copay</li> <li>Tiers 4-6: \$200</li> </ul> Value One
Rx Network Rx Formulary	Value One SourceRx 2.0	SourceRx 2.0
HSA Eligible?	Yes	No

Blue Cros	Blue Cross Blue Shield of Alabama Medical							
Coverage	HDHP – 75452				PPO – 754	150		
Level	Bi-Weekly*	Monthly	College Paid	Total Cost	Bi-Weekly*	Monthly	College Paid	Total Cost
Employee	\$57.28	\$114.57	\$521.91	\$636.48	\$96.19	\$192.37	\$494.68	\$687.05
Employee +1	\$103.35	\$206.70	\$941.62	\$1,148.34	\$173.49	\$346.98	\$893.02	\$1,240.00
Family	\$149.89	\$299.78	\$1,365.66	\$1,665.44	\$249.08	\$498.16	\$1,281.00	\$1,779.16

# **BCBS of AL Treatment Cost Estimator Tool**

### Did you know that BCBS of AL provides a treatment cost estimator tool?

Now, you can have more transparency than ever before with the cost of your medical care. Simply register or log in at <u>BCBS of Alabama</u> and click to open the estimator.



### Strep A Test

A Strep A Test checks for Strep A, the bacteria that causes strep throa

#### Service

The average total cost in this area is: \$21 Cost range: \$7 - \$55



Average Total Cost \$9

Average Total Cost

\$28



### PATHGROUP ABANA N

Clinical Medical aboratory

1004 1S1 2200 AL BAST 7, AL 35007 Figures Get directions

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# **MedsYourWay®**

Blue Cross Blue Sheild AL now offers the MedsYourWay® drug discount program through Prime Therapeutics at most local retail and major pharmacies.

The MedsYourWay® program compares your insurance coverage (co-pay) against drug discount cards and automatically selects the lowest price available, saving you time and money.

#### How it works

By simply showing your insurance card at the pharmacy counter, you will pay the best price available for your specific medication.

Regardless of whether your health plan offer the best price of the drug discount, purchase for covered drugs apply towards your deductible and out-of-pocket maximum. No more time wasted searching for the best discount card prices and then trying to remember which card to present at the pharmacy. Just show your insurance care the next time you fill a prescription.

Over-the-counter drugs not covered by your health plan may also qualify for a discount. To check, visit <a href="My Prime">My Prime</a> and select 'find medicines.' If you see a discount, ask your doctor for a prescription.

### **Home Delivery Network**

MedsYourWay® offers home deliver through Amazon Pharmacy, which offers free shipping for medications that can be delivered directly to your home in a few days and incorporates the MedsYourWay® discount program.

### Manage on the go

My Prime is optimized for all mobile devices, so you can manage your medications anytime, anywhere!

### Manage on the go

Our website is optimized for all mobile devices so you can manage your medications anytime, anywhere.



# **Dental** Insurance

Coverage	Basic Plan	Buy-Up Plan
Annual Deductible	\$50 per member, \$150 max per family Waived for Preventive	\$50 per member, \$150 max per family Waived for Preventive
Annual Maximum Benefit	\$1,000 per cove	ered family member
Preventive Services  Exams, Cleanings, X-rays	Covered 100%	Covered 100%
Basic Services Fillings, Extractions, Oral Surgery	Covered 80%	Covered 80%
Endodontic Coverage Root canals	Covered 80%	Covered 80%
Major Services Crowns, Dentures, Bridges	NOT COVERED	Covered 50% 12 month waiting period removed
Periodontics Coverage  Gum treatments	NOT COVERED	Covered 50% 12 month waiting period for new enrollees

Delta Dental						
	Basic Plan		Basic Plan		Buy-U	lp Plan
Coverage Level	Bi-Weekly	Monthly	Bi-Weekly	Monthly		
Employee	\$9.37	\$18.73	\$12.73	\$25.45		
Employee +1	\$19.47	\$38.93	\$25.19	\$50.37		
Family	\$32.93	\$65.86	\$48.77	\$97.54		

# **Dental Insurance Continued**

### Manage on the go...

### Delta Dental Mobile App

Maximize your oral health and make the most of your dental benefits right from your mobile device by downloading the Delta Dental Mobile App. App features may vary by geographic area and individual dentist participation.







# To Find an In-Network Provider with Delta PPO Network:

Got to: <u>Delta Dental</u>

• Call: 800.521.2651

- You DO NOT need a Delta Dental ID Card when you visit the dentist.
- Just provide you name, birth date and social security number.
- You can also view and print a card online.

Vision	Copay
Well Vision Exam - Focuses on eyes and overall wellness - Every 12 months	\$10
Prescription Glasses	\$25
Frames - Every 24 months	Included in Prescription Glasses
Prescription Lenses - Single vision, lined bifocal and trifocal - Polycarbonate lenses for dependent children - Every 12 months	Included in Prescription Glasses
Lens Enhancements - Progressive lenses - Average savings of 35-40% on other enhancements - Every 12 months	\$0
Contacts (instead of glasses)  - \$130 allowance: copay does not apply  - Contact lens fitting and evaluation  - Every 12 months	Up to \$60

VSP Vision				
Coverage Level	Bi-Weekly	Monthly		
Employee	\$4.74	\$9.47		
Employee + 1	\$6.87	\$13.73		
Family	\$12.31	\$24.62		

# To Find an In-Network Doctor with VSP Signature Plan Network:

- Got to: VSP
- Call: 800.877.7195
  - Monday Saturday 8 a.m. to 7 p.m.
- Out of Network Benefits also available.

- NO VSP ID Card needed for a doctor's visit.
- Just provide your name, birth date and social security number.
- Online you can view and print a card too.

## **Health Savings Account (HSA)**

**WEX** 

BSC will contribute up to \$1000, prorated, to the HSA plan for all employees enrolled in the BCBS HDHP plan for 2024

### You must enroll to participate in 2024. Enrollments do not carry forward from year to year.

#### What is a health savings account?

Otherwise known as an HSA, a health savings account can be funded with your tax-exempt dollars, by your employer, by a family member or by anyone else on your behalf. Dollars from the account can help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even health insurance premiums, in some cases.

#### Who is eligible for an HSA?

Anyone who is:

- Covered by the BSC Blue Cross Blue Shield Blue Preferred Plan
- Not covered under another medical plan that is not a high deductible health plan;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; or
- Not eligible to be claimed on another person's tax return.

#### When do I use my HSA?

After visiting a physician, facility or pharmacy, your medical claim will be submitted to your plan for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility or pharmacy, or you can choose to save your HSA dollars for a future medical expense.

You will able to use an HSA debit card to access your HSA funds.

You may use your HSA for non-medical expenses. However, HSA amounts that are used for non-medical expenses are taxable as income to you and are generally subject to an additional 20% penalty.

#### How much can I contribute to an HSA?

The annual HSA contribution limits for 2024 are:

- \$4,150 for individual coverage and \$8,300 for family coverage (This limit will include the \$1,000 received from BSC)
- Individuals age 55 or older may be eligible to make a catch-up contribution of \$1,000.

#### What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can roll over unused funds from year to year and is portable if the employee leaves the company.
- An FSA cannot roll over unused funds from year to year and is not portable.

How to Contact WEX: WEX or call: 1-844-561-1337.

# **Flexible Spending Accounts**

WEX

Medical Reimbursement and Dependent Care Reimbursement are the two types of Flexible Spending Accounts (FSA's) offered.

- **Dependent Care Reimbursement** may be elected within the first thirty (30) days of employment or during the annual open enrollment period and enables you to tax-shelter up to \$5,000 for eligible dependent care expenses. The dependent care must be necessary for you (or you and your spouse) to work or for your spouse to attend school full-time.
- **Medical Reimbursement** may be elected only during the annual open enrollment period and enables you to tax shelter up to \$3,200 for eligible medical, dental, and vision expenses.

A rollover provision of up to \$640 is allowed for Medical Reimbursement. The rollover provision allows you to continue to use remaining 2024 plan year funds, up to \$640, for the entire 2024 plan year. At the end of 2024 any remaining balance exceeding the \$500 rollover limit will be lost.

You must enroll to participate in 2024. Enrollments do not carry forward from year to year.

How to Contact WEX: WEX or call: 1-844-561-1337.

### **BSC Basic Life and AD&D**

**Mutual of Omaha** 

The College provides each benefit eligible employee with Basic Life and AD&D Insurance coverage at *no cost to you*.

College Life Insurance	
Basic Life and AD&D	<ul><li>\$50,000 benefit</li><li>\$50,000 benefit</li></ul>
Benefit Reduction Schedule	<ul> <li>At age 65 the benefit reduces to \$33,500 (67% of original amount);</li> <li>At age 70 the benefit reduces to \$22,445 (66% of the reduced amount).</li> </ul>

# **Voluntary Life and AD&D**

Voluntary Life and AD&D In	surance
Employee Coverage	<ul> <li>\$10,000 Increments (\$20,000 minimum) 5 X Base Annual Earnings or \$500,000</li> <li>\$150,000* New hires only</li> </ul>
Spouse Coverage	<ul> <li>\$5,000 Increments</li> <li>\$250,000, not to exceed 50% of Employee's Benefit Amount</li> <li>\$50,000* New hires only</li> </ul>
Child Coverage  • Benefit Amount  Maximum Benefit	<ul><li>\$1,000 increments (\$2,000 minimum)</li><li>\$10,000</li></ul>
Accidental Death & Dismemberment Coverage	Same as Life Amount

# **Will Preparation**

**Mutual of Omaha** 

Having a will is arguably one of the most important things you can do for yourself and your family. Not only can a will legally protect your spouse, children, and assets, it can also spell out exactly how you would like things handled after you have passed on. Will preparation services are offered to all benefits eligible employees, their spouse and dependents at no cost.

- Log onto Will Prep Services
- Use the code MUTUALWILLS (case sensitive) to register.
- Answer the simple questions and watch the customization of your document happen in real time.
- · Download, print and share any document instantly.
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child.
- Make the document legally binding Check with your state requirements.

# **Long-Term Disability (LTD)**

### **Mutual of Omaha**

LTD insurance is designed to replace a portion of your salary in the event of a covered disability.

Long-Term Disability Details	
Eligible Employees	Full time employees
Benefits Begin	After 90 days of disability
Benefits Payable	60% of your monthly earnings up to \$10,000
Maximum Benefit	• \$10,000 per month
Duration of Benefits	<ul><li>Own Occupation: 2 years</li><li>Any Occupation: To SSNRA</li></ul>
Pre-existing Condition Limitation	Any disability relating to treatment that you received in the 3 months prior to coverage beginning will not be covered for the first 12 months of coverage
RATES	\$.79 per \$100

#### FORMULA FOR CALCULATING PREMIUM:

- Monthly earnings of  $4,000 \div 100 = 40 \times 79 = 31.60$  monthly premium
- Monthly cost = \$31.60 \* 12 / 24 (benefit deductions in a year) = \$15.80 Bi-Weekly Rate

### **Mutual of Omaha**

Critical Illness insurance provides benefits for you, your spouse, and dependent children in case of a critical illness diagnosis. These benefits are paid out in lump sum amounts directly to you, the member. Benefit amounts are based on the schedule of benefits laid out in the policy documents and include things like heart attack, cancer, ALS, Alzheimer's, and more. Please refer to the summary plan description (coming soon) for a complete listing of all covered critical illnesses.

Critical Illness Cove	rage	
Eligible Employees	Full time employees	
Amount(s) of Insurance	Member: Increments of \$5,000 to a maximum of \$20,000	
	<ul> <li>Spouse: Increments of \$5,000, not to exceed 100% of member's benefit, up to \$20,000</li> </ul>	
	Child: 50% of member benefit, up to \$5,000	
Health Screening Benefit	A health screening benefit of \$50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person.	

Age Band	Employee/Member or Spouse F	Rates per \$1,000 (child included)
Age Ballu	Bi-Weekly	Monthly
<30	\$0.19	\$0.37
30-39	\$0.33	\$0.65
40-49	\$0.68	\$1.36
50-59	\$1.38	\$2.76
60-69	\$2.85	\$5.69
70-79	\$5.30	\$10.59
80-99	\$7.36	\$14.72

Accidents can happen at any time. Mutual of Omaha's Accident Insurance policy pays you funds when there's been an accident on or off the job. This coverage pays lump sum benefits based on the injury and includes coverage for items such as ER visits, fractures, dislocations, burns, lacerations, medical devices including prosthetics, and more. You may choose to cover yourself and your eligible dependents.

Accident Insurance				
Eligible Employees	Full time employees			
Amount(s) of Insurance	Benefits are scheduled with a value assigned to the various covered injuries resulting from accident and also vary based on the method used to correct the injury. Example: a broken collar bone is a \$600 benefit, however, if your collarbone must be set surgically (an open reduction), then the benefit			
Health Screening Benefit	A health screening benefit of \$50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person.			

Coverage Level	Bi-Weekly	Monthly	
Employee	\$6.53	\$13.05	
Employee + Spouse	\$10.35	\$20.69	
Employee + Child(ren)	\$12.70	\$25.39	
Employee + Family	\$17.24	\$34.47	

## **Worldwide Travel Assistance**

### **Mutual of Omaha**

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length, and not more than 100 miles from home. Services offered below are available to all benefit's eligible employees at no cost.

- Pre=trip Assistance help minimize travel hassles by calling pre-departure.
- Immediate Attention for Emergencies while Traveling.
- Emergency Travel Support Services including translation and interpreter services, locating legal services, assistance with lost, stolen or baggage claims, etc.
- Medical Assistance Help in locating medical providers for local sources of care. Case communication on your medical status.

World	lwide <sup>-</sup>	ا Travel	Assistance 2	24/7
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Within US:

Outside US call collect:

1.800.586.9947

1.312.935.3658

### Retirement

TIAA

All full-time employees, who will work 1,000 hours within the current plan year (July through June), are eligible for a 5% employer contribution to the TIAA retirement plan. This contribution is equal to 5% of regular monthly earnings and is added to the employee's TIAA Defined Contribution (RA) plan at the end of each pay period.

The college also offers a voluntary retirement plan through TIAA. Tax-deferred monies can be contributed to a Defined Contribution Plan (RA) or a Tax Deferred Annuity plan (SRA). The 2023 contribution limit is \$22,500 for employees. If you are age 50 or older you may contribute an additional \$7,500 as a "catch up" allowance. You can enroll in the plan or change your current retirement election at any time during the year.

To do this, Log onto TIAA - BSC

\*\* Visit <u>TIAA - BSC</u> to create a profile and view your personal account information. The site also includes useful tools and resources to assist you in planning for your financial future.

# **Tuition Remission and Exchange**

All full-time employees and their eligible dependents may participate in the tuition remission and/or tuition exchange programs. The tuition remission program applies to courses taught at BSC and the tuition exchange program applies to courses taught at other eligible colleges and universities.

The Tuition Remission/Exchange Application/Certification forms must be submitted to <a href="Human Resources">Human Resources</a> for eligibility determination.

Form more information and eligibility requirements, please see the below link to the **Tuition Remission and Tuition Exchange Policy** 

For more information and eligibility requirements, please see the Tuition Remission and Exchange Policy here:

The Tuition Remission/Exchange Applications can be found in the benefits section of the BSC HR website: **BSC Tuition Remission/Exchange Application Form** 

## **Employee Assistance Program**

**Mutual of Omaha** 

The basic Employee Assistance Program (EAP) is available to keep your concerns confidential and help guide you through difficult situations. The work-based program assists employees and their eligible dependents with personal and job-related concerns, including:

- Emotional well-being and relationships
- Legal and financial
- Grief

- Work and life transitions
- Depression
- Gambling and other addictions

As a benefits eligible employee of BSC your EAP benefits include:

- unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- three face-to-face sessions with a counselor (per household per calendar year)
- access to a Resource Library of educational articles concerning many topics.

These benefits are provided at **no cost** to you!!

If you need additional resources, your EAP will help locate appropriate providers in your area.

Available anytime: 1-800-316-2796 or Mutual of Omaha

# **Employee Assistance Program**

**Uprise Health** 

Our new and robust Employee Assistance Program (EAP) through Uprise Health is available to keep your concerns confidential and help guide you through difficult situations. This EAP is technology driven care with a human touch. assists employees and their eligible dependents with personal and job-related concerns, including:

- 3 face-to-face visits per issue per year.
  College assistance
- Childcare, parenting, adoption assistance
- Elder care & disabled adult care

- Online peer support groups
- Tess, Al Chatbot

As a benefits eligible employee of BSC your EAP benefits include:

- unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- three face-to-face sessions with a counselor (per issue per calendar year)
- recommended self-directed online portal with triage to EAP as needed.
- Unlimited access to Tess, the AI chatbot, as well as unlimited access to online tools and forms.

Uprise Health: Uprise Health or call: 800.395.1616

Access Code: BSC

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### **Questions?**

For more information on the plans outlined in this guide or for full benefit summaries, forms or applications please refer to the HR section of the BSC website below or call the Human Resources Department at 205-226-4646 or humanresources@bsc.com.

### **Employee Benefits and Plan Documents**

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this guide, contact Human Resources.