



2017

Open Enrollment Guide

A Complete Benefits Package
for Your Complete Life.

**January 1, 2017 -
December 31, 2017**





INTRODUCTION

Dear Employee & Family,

Bay Mills Community College provides a benefit package to help you protect the things that matter most in your life. This includes a significant investment in benefit plans to help enhance your overall health and financial security.

We want our employees to have a rewarding work experience. An important part of our commitment to you is comprehensive and competitive benefits that allow you to choose the coverage that meets your needs.

This Guide provides a summary of the Bay Mills Community College benefits package for full-time employees. We encourage you to carefully review all your options before making your benefit elections. Only you can determine which benefits are the best fit for you and your family. We want you to understand all your options and make informed decisions.

We are now moving into our Annual Open Enrollment period. Any changes you make will be effective January 1, 2017. You have limited opportunities to make changes to your plan elections during the year; please see page 3 for more details.

During our open enrollment period - **November 7th to November 18th** - you are required to make decisions which will remain in effect for the 2017 plan year. For example, you may add or delete dependents. Any changes or elections you would like to make must be submitted to the Human Resources Office by **Friday, November 18th**.

Please be sure to read the Open Enrollment Newsletter in its entirety. It contains important benefit information to help you make informed decisions regarding your health care participation for the 2017 plan year.

ELIGIBILITY AND ENROLLMENT INFORMATION



Eligibility

You and your dependents are eligible to participate in the plans described in this guide if you are an active full-time employee who works at least 30 hours per week. As a new employee, benefits coverage will become effective on the 1st of the month following 30 days of full-time employment.

Your Dependents

The following dependents are typically eligible for medical, Rx, dental, and vision insurance coverage:

- Spouse. If you are legally separated or divorced, your spouse is **not** an eligible dependent unless mandated by state law.
- Dependent child who is up to age 26. Dependent children will remain covered through December 31 of the calendar year in which they reach the applicable age maximum.
- Child over age 26 who, because of a mental or physical disability, remains wholly dependent on you. In this case, your child's coverage continues as long as your own coverage continues. Please see the Human Resources Office for additional information about the criteria and documentation required.

Making Changes to Your Coverage

The coverage you elect will be effective January 1, 2017 through December 31, 2017. Under federal tax regulations, you may change your benefit elections only when you have a qualified family status change and you must notify the Bay Mills Community College Human Resources Office within 30 days of the event. Samples of qualified family status changes appear in the box at the right. Changes made as the result of a qualified family status change will be made effective on the date of the event.

In addition, if you decline coverage for yourself and/or your dependents (including your spouse) now because you are covered by another health insurance plan, you may be able to enroll yourself or your dependents in this plan in the future.

It is your responsibility to notify the Human Resources Office within 30 days if you have a dependent who is no longer eligible under the terms of the plan (for example, a child reaches age 26 and no longer meets the definition of a dependent, or you become divorced). Those dependents may have continuation rights for medical, dental and vision coverage under the federal law known as

Qualified Family Status Changes

- Marriage, divorce, legal separation, or annulment;
- Birth, adoption or placement for adoption of a child;
- Change in your employment status or the employment status of your spouse or dependent that results in gaining or losing eligibility for coverage;
- Loss of coverage under any group health coverage sponsored by a governmental or educational institution, including the State's Children's Health Insurance Program (CHIP)
- Dependent satisfying or ceasing to satisfy the dependent eligibility requirements;
- Death of a spouse or covered dependent;
- Significant increase in contributions or a significant reduction in coverage under your spouses' health care plan;
- Change to comply with state Qualified Domestic Relation Order (QDRO);
- Change in your spouse's or covered dependent's coverage during another employer's annual enrollment period when the other plan has a different coverage period;
- Entitlement to Medicare or Medicaid (applies to the eligible person).

As a result of a status change, you may choose to:

- Enroll for coverage (if you previously declined benefits coverage);
- Drop your benefits coverage;
- Add or remove covered dependents;
- Change your coverage level (for example changing from single to family coverage or increasing/decreasing medical/dependent spending account election);
- Change FSA allocations;
- Changes must be consistent with the qualifying event type.



HEALTHCARE REFORM

What is Healthcare Reform?

The Affordable Care Act (ACA), which was passed by Congress into law on March 23, 2010, goes by a few other names as well; Patient Protection and Affordable Care Act or Obamacare. No matter the name, ultimately the law and its health care reform legislation is designed to provide individuals greater access to health care coverage.

What are three things I need to know?

1. Beginning in 2014, the law requires everyone to have health care coverage. You may choose to purchase it on your own, enroll in your Employer sponsored plan, or if eligible, be covered by a government program such as Medicaid or Medicare. If you decide to go without coverage, you will likely face a financial government penalty.
2. The law has created a "Health Insurance Marketplace," often referred to as the "Exchange." Think of the Health Insurance Marketplace as a one-stop information site where you can compare all your health care coverage options, learn about different plans and purchase the health care coverage that you need. You cannot be turned down for coverage on the Marketplace for any reason, including having pre-existing conditions. The Marketplace is meant to give people a place to compare and understand health plans from different insurance companies so that you can choose one that works the best for you.
3. The law has created many new taxes and fees. Some of these additional taxes and fees may be required of you, your employer or both. You must remember that should you choose to go without coverage, you will pay increased costs due to additional taxes. For most individuals, this new law will NOT provide free health care coverage.

Does Healthcare Reform Affect BMCC?

In a nutshell, yes. Since 2010, ACA has required that Employer-sponsored health plans meet certain criteria. For example, the expansion of preventive benefits and offering of coverage to dependents up to age 26 are criteria that were not enforced prior to 2010. These types of changes have been enhancements to BMCC's employee benefit offerings. Additionally, there are new taxes and fees that are required by ACA. While these taxes and fees go to fund different aspects of ACA, they also will result in higher Employer/Employee costs in providing benefits.

What is BMCC doing?

- BMCC is continuing to offer Employer-sponsored benefit plans.
- The BCBSM group plan is considered "Qualified" and "Affordable" by the Government. Therefore it is unlikely you will be eligible for a subsidy on the Marketplace.
- Employee contributions will continue on a pre-tax basis via payroll deductions.
- BMCC will continue to keep you informed on the Affordable Care Act as well as your Employer-sponsored benefit plans.

2017 Medical Plan

Bay Mills Community College offers its full-time employees a choice of 2 PPO medical plans through Blue Cross Blue Shield of Michigan (BCBSM)

*The Simply Blue PPO \$1500 plan requires an employee payroll contribution while the Simply Blue \$2500 plan does not.

BCBSM Medical & Prescription Drug Benefits (Simply Blue PPO \$1500)

The chart below highlights the In-Network and Non-Network PPO benefits. For additional benefit information, please see the Benefits-at-a-Glance provided. BCBSM offers a vast nation-wide network of participating PPO network doctors, specialists and hospitals. Please visit www.bcbsm.com to find BCBS PPO providers in your area.

	Simply Blue PPO \$1500
<u>Annual Deductible</u>	
In-Network	\$1,500 / \$3,000
Out-of-Network	\$3,000 / \$6,000
<u>Coinsurance</u>	
In-Network	80%
Out-of-Network	60%
<u>Coinsurance Maximum</u>	
In-Network	\$2,500 / \$5,000
Out-of-Network	\$5,000 / \$10,000
<u>Annual out-of-pocket maximums</u> *Member continues to pay copays until they reach \$6,350 for an individual or \$12,700 for a family	
Office Visits	\$30 copay
Emergency Room - Emergency	\$150 copay (waived if admitted)
Urgent Care Center	\$30 copay
Wellness Visits • Routine Physical Exams • Well Baby / Child Care • Child Immunizations	Covered 100% - No annual maximum * see detailed benefit summary for more information
Routine Mammograms	Covered 100%
Specialist Office Visits	\$30 copay
Diagnostic X-ray & Lab	Covered 80% after deductible
Chiropractic	\$30 copay - 12 visit max
<u>Prescription Drugs</u>	
Generic	\$5 copay
Formulary Brand	\$25 copay
Non-Formulary Brand	\$50 copay
Mail Order	2x copay for a 90 day supply

2017 Medical Plan

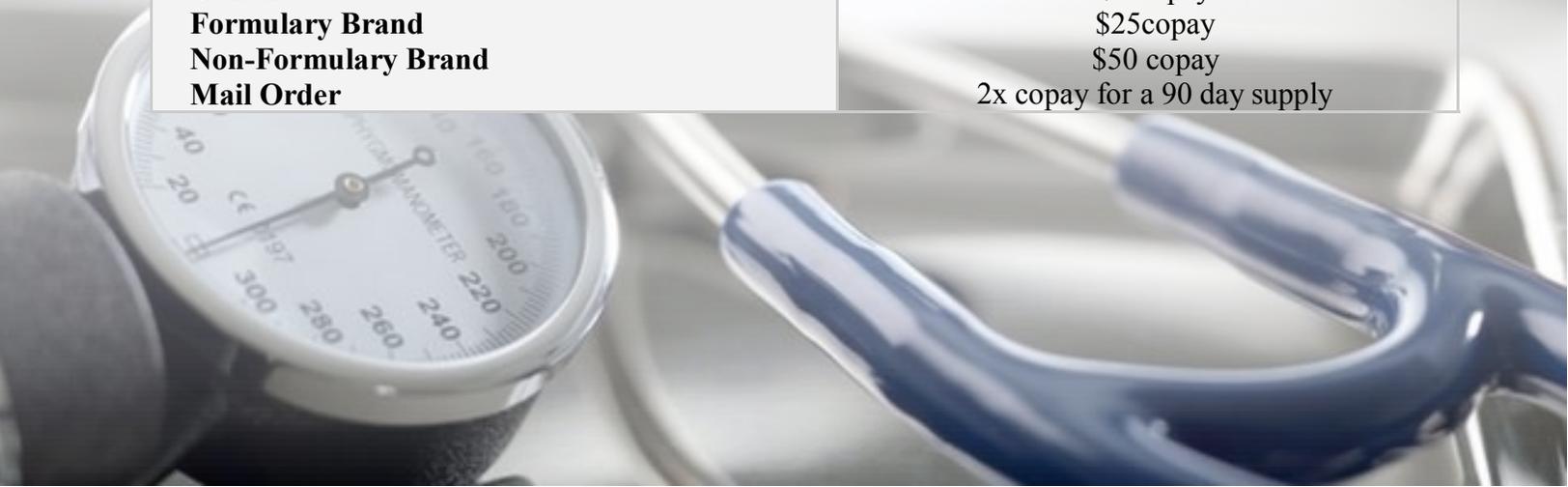
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In-Network	\$2,500 / \$5,000
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<u>Coinsurance</u>	
In-Network	80%
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<u>Coinsurance Maximum</u>	
In-Network	\$2,500 / \$5,000
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Wellness Visits • Routine Physical Exams • Well Baby / Child Care • Child Immunizations	Covered 100% - No annual maximum * see detailed benefit summary for more information
Routine Mammograms	Covered 100%
Specialist Office Visits	\$30 copay
Diagnostic X-ray & Lab	Covered 80% after deductible
Chiropractic	\$30 copay - 12 visit max
<u>Prescription Drugs</u>	
Generic	\$5 copay
Formulary Brand	\$25copay
Non-Formulary Brand	\$50 copay
Mail Order	2x copay for a 90 day supply



Prescription Drug Coverage

When you enroll in the medical plan available to you, you automatically receive prescription drug benefits through BCBS of Michigan.

Retail Pharmacy: You receive up to a 30-day supply. Note that the copays for Brand-Name drugs differ depending on whether the drug is classified as Preferred or Non-Preferred.

Mail Order: If you have a medical condition that requires ongoing use of medications (for example, for conditions such as high blood pressure, diabetes, etc.) you may use the mail-order prescription service and save money on your prescription drug cost. You receive a 90-day supply for the same copayment amount that you would pay at retail pharmacies for a 60-day supply of the same drug. Your medication will be shipped directly to your home address.

Below is some additional information as it relates to the prescription drug benefit for each medical plan. For a more detailed benefit summary of your prescription drug plan, please contact the Benefits Department.

Prescription Drug Coverage:

- ***Includes:***
 - Contraceptives
 - 90-Day Retail
 - Mandatory MAC Program
 - Prior Authorization/Step Therapy

Prior Authorization/Step Therapy

- *To ensure that you always receive the most appropriate drugs for treating your individual medical conditions, your prescription drug coverage includes a benefit called prior authorization/step therapy. Prior authorization is a process that requires your pharmacy to obtain approval from BCBSM before select prescriptions can be dispensed. Step Therapy is an automated process that applies criteria to select prior authorizations to determine if a less costly medication can be used for the same therapy.*

Mandatory Maximum Allowable Cost

- *If you obtain a formulary brand name drug when a generic equivalent is available, you must pay the difference in cost between the formulary brand name drug and the maximum allowable cost for the generic drug **PLUS** your copay.*



Extending the Value of Blue

Engagement Center

The answers you need are a phone call away

- Help you find network doctors and hospitals
- Answer questions about wellness and care management, and program incentive requirements (for eligible participants)
- Give you information about program discounts
- Assist with online wellness resources
- Direct you to a registered nurse for health information and symptom management, when necessary (for eligible participants)



Health Assessment

It's all about you

Take the Blue Cross Health & Wellness health assessment, powered by WebMD®, to get a picture of your current health and your health risks. In an easy-to-read, interactive format, the health assessment asks you questions designed to evaluate your health. In addition:

- **It's fast!** Mobile-friendly and interactive, it takes around 10 minutes to complete.
- **It's effective!** The Health Assessment asks a variety of basic questions about your diet, exercise, sleep, medical history and lifestyle factors to give you a holistic view of your current health, along with a personalized plan for better health.
- **It gives you information you can use!** After taking the health assessment and getting your results, use Blue Cross Health & Wellness online resources to help you with whatever is on your plan — from exercise and diet trackers to Digital Health AssistantSM programs, it all starts here.

Problems with online registration?
Call the Blue Cross Web help desk at 1-888-417-3479.

A circular graphic with a dashed border and a multi-colored ring. The text inside provides contact information for the Blue Cross Web help desk.

It's easy to find online

Accessing the health assessment is easy

1. Go to bcbsm.com
2. Log in as a member. If you are a first-time user, you must register for bcbsm.com
3. Click on the *Health & Wellness* tab to enter the Blue Cross Health & Wellness site.
4. Click *Take Your Health Assessment*.

Questions about how to complete your health assessment? Call the Engagement Center at 1-800-775-BLUE (2583)

Blue Cross[®]
HEALTH &

BlueHealthConnection[®]

Online Wellness Resources

The tools you need for better health are a click away

Blue Cross Health & Wellness online resources, powered by WebMD®, give you access to a broad range of health and wellness information and tools. Best of all, it's available at your fingertips 24 hours a day, every day, when you log in as a member at bcbsm.com.

- Health Assessment
- Symptom Checker
- My Health Assistant
- My Pregnancy Assistant
- The Daily Victorysm and Weigh Today Apps
- Recipes
- Health Record
- Health Trackers
- Document Library
- Device and App Connection Center
- WebMD Health Topicssm
- Medical Encyclopedia
- WebMD Interactives
- Message Board Exchanges
- WebMD Video

Complex Chronic Condition Management

Better care equals better outcomes

Get personal help to better manage conditions, such as:

- Diabetes
- Heart failure
- Chronic obstructive pulmonary disorder
- Coronary artery disease
- Asthma

Submit your questions online

Do you have a non-urgent question about your health? You can securely submit your questions online. All questions are confidential and a nurse will respond to you within 24 hours.

bcbsm.com

Case Management

We're here to help

You may benefit from Case Management if you have a complex medical condition, multiple chronic conditions, or injuries and illnesses with serious, long-term effects.

A dedicated nurse case manager will work with you, your family and your treating physician to:

- Coordinate your care
- Inform you about your disease and treatment options
- Provide information on Blue Cross doctors and hospitals
- Refer you to community resources
- Find specialty medical devices and equipment

24-Hour Nurse Line

Peace of mind: 24 hours a day

Should you head to the nearest emergency room or should you call your doctor in the morning? The 24-Hour Nurse Line gives you access to registered nurses, ready to answer your health care questions, 24 hours a day, seven days a week. Just call 1.800.755.BLUE (2583) and listen for the prompts to speak with a nurse.

Get connected to a healthier lifestyle.

Take advantage of all Blue Cross Health & Wellness and BlueHealthConnection have to offer. For more information, call 1-800-775-BLUE (2583)

2017 MEDICAL PLAN



Women's Preventive Care

In accordance with health care reform law, **Women's Preventive Care** must be covered at 100% with no cost sharing. This means that you do not have to pay a copay or meet a deductible before receiving certain specified services from a provider in the BCBSM network. Effective January 1, 2013, BMCC's medical plans have been in compliance with this mandate including contraceptive drugs and devices at 100%. Keep in mind that the generic contraceptive drugs will be covered at 100%, but brand contraceptives that have a generic equivalent may require applicable deductibles and/or copay.

Autism Coverage

Effective January 1, 2013, BMCC's medical plan, administered through Blue Cross Blue Shield of Michigan, is expanding coverage for the diagnosis and treatment of autism spectrum disorders, which include:

- Autistic disorder
- Asperger's disorder
- Pervasive developmental disorder not otherwise specified

BCBSM Coverage

Coverage when billed with a diagnosis of ASD	<ul style="list-style-type: none"> • Applied behavior analysis • Physical/Speech/Occupation therapy • Nutritional counseling • Psychiatric care • Psychological care
Age limits*	Through age 18
Mandated services not subject to dollar and age limit	All standard mental health services and diagnostic services
Cost share	All services to diagnose or treat ASD will be subject to the member's medical cost share, as applicable.
Prior approval requirements	Required only for approved behavior analysis

**These limits may be waived on an individual basis when BCBSM determines further treatment is medically necessary.*

As it relates to the Applied Behavior Analysis, members are required to go to a BCBSM-approved autism evaluation center, or AAEC, to confirm a diagnosis of ASD. For Applied Behavior Analysis treatment to be payable, the AAEC must confirm the ASD diagnosis and provide a treatment plan containing a comprehensive set of treatment recommendations for the member, including a recommendation for applied behavior analysis. If Applied Behavior Analysis treatment is recommended by the AAEC, the member must seek services from a board-certified behavior analyst, or BCBA, for the treatment to be payable. The analyst also must obtain prior approval from BCBSM to provide Applied Behavior Analysis services.



VISION & DENTAL PLANS

Vision Benefits

Your vision coverage is with VSP. As a member in this plan, you can use the vision care providers of your choice. However, you receive a higher level of benefits when you use VSP providers. Members can receive services from one of VSP's many member doctor locations or a non-participating doctor.



- **Examinations** – every 12 **consecutive** months, after a \$5 co-pay.
- **Eyeglass Lenses** – every 12 **consecutive** months, after a \$10 co-pay
- **Eyeglass Frames** – every 12 **consecutive** months, covered at 100% up to \$130 allowance (member responsible for any costs over allowance) less \$10 copay (one copay applies to both frames and lenses)
- **Medically Necessary Contacts** – every 12 **consecutive** months, after a \$10 co-pay.
- **Elective Contacts** – every 12 **consecutive** months, \$130 allowance that is applied toward contact lens exam (fitting materials) and the contact lenses (member responsible for any costs over allowance)
- **NOTE:** You will receive maximum coverage when you utilize VSP In-Network providers. If you choose to obtain services from an Out-of-Network provider, you are responsible for the difference between the approved amount and the provider's charge, less your co-pay.

For up-to-date personal benefit information, be sure to visit www.vsp.com.

Dental Benefits

Bay Mills Community College will continue to offer comprehensive coverage for your Preventive, Basic and Major dental services while maintaining the high level of annual benefit maximum.



Your dental plan is administered through Dental Network of America. Members can find a DNOA network dentist at www.BCBSM.com/bluedental.

Blue Dental PPO Plus Dental Coverage

Services	Benefits
Type 1—Preventive Oral Examination X-Rays Teeth Cleaning Fluoride Treatments for Children - once per CY to age 19	100%
Type 2—Basic Fillings Repairs of dentures, bridgework, etc Endodontic Services/Root Canal Therapy Periodontal Services Oral Surgery	75%
Type 3—Major Bridges Installation-fixed and removable Dentures- Full and Partial Crowns: Acrylic Metal, Porcelain Inlays, Onlays	50%
Type 4—Orthodontia (to age 19) Orthodontia	50%/\$1,500 Separate lifetime max.
Annual Maximum per person	\$1,500

Life & Disability BENEFITS



Bay Mills Community College offers Life Insurance and Disability Benefits through Mutual of Omaha. As a full-time eligible employee you will continue to enjoy company-paid Basic Employee Term Life/AD&D coverage as well as Short and Long Term Disability. Please contact the Accounting Office for the Mutual of Omaha life and disability plan booklets.

Basic Life / Accidental Death & Dismemberment (AD&D)

Basic Life/AD&D insurance is an extremely important benefit. It offers financial security for your dependents should you pass away. All eligible employees receive a Life/AD&D insurance benefit equal to \$50,000. These benefits are provided to you at no cost. This coverage is insured through Mutual of Omaha.

Your Life Insurance Benefits will reduce to:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90



Short Term Disability & Long Term Disability

A disability of a lengthy duration can devastate the financial and emotional status of an individual or family. To help protect you from the effects of the income loss that results from a serious disability, Bay Mills Community College will continue to provide you with Short and Long Term Disability coverage in the event of a qualified accidental injury or sickness at no cost to you.

Short Term Disability

Elimination Period:

- Accident - 30 days
- Sickness - 30 days

The benefit provides coverage equal to 66 2/3% of weekly earnings to a maximum benefit of \$600 per week. The maximum benefit period is 22 weeks or until benefits become payable under the Long Term Disability plan.

Long Term Disability

The benefit provides coverage equal to 66 2/3% of monthly earnings to a maximum of \$5,000 per month. Benefits will begin when the last of the following are satisfied: after 180 Days of Disability or the expiration of any Short-Term Disability benefits.

If you would like more information on these coverage's, please contact the Human Resources Office.

MEDICARE PART D



Important Notice from Bay Mills Community College about Your Prescription Drug Coverage and Medicare:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **BMCC** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **BMCC** has determined that the prescription drug coverage offered by the **BMCC** Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **BMCC** coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current **BMCC** coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the **BMCC** Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **BMCC** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **BMCC** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Name of Entity/Sender:

Bay Mills Community College

Contact-Position/Office:

Stacey Walden– HR Director

Address:

12214 W. Lakeshore Drive

Brimley, MI 49715

Phone Number:

906-248-8426

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offers prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.



YOUR BENEFIT RESOURCES

<p><u>Medical/Dental</u></p> <p>Blue Cross Blue Shield</p> 	<p>Blue Cross Blue Shield of Michigan 415 S. McClellan Ave. Marquette, MI 49855 Customer Service: (800) 562-7884 www.bcbsm.com</p>
<p><u>Vision Plan</u></p> <p>VSP</p> 	<p>VSP P.O. Box 997105 Sacramento, CA 95899-7105 (800) 877-7195 www.vsp.com</p>
<p><u>Life & AD&D/STD/LTD</u></p> <p>Mutual of Omaha</p> 	<p>Mutual of Omaha—Claims Mutual of Omaha Plaza Omaha, NE 68175-0001 (800) 775-8805 www.mutualofomaha.com</p>
<p><u>Insurance Agent/Broker</u></p> <p>Gallagher Benefit Services , Inc.</p> 	<p>Gallagher Benefit Services, Inc. 2956 Ashmun Street, Suite C Sault Ste. Marie, MI 49783 Office: (906) 635-5238 Cell: (906) 630-4646 Fax: (906) 635-5096 Corey_Sober@ajg.com</p>
<p><u>Accounting Office</u></p> <p>Bay Mills Community College</p> 	<p>Bay Mills Community College 12214 W. Lakeshore Drive Brimley, MI 49715 Phone: (906) 248-3354</p>
<p><u>Human Resources Director</u></p> <p>Bay Mills Community College</p> 	<p>Bay Mills Community College Stacey Walden 12214 W. Lakeshore Drive Brimley, MI 49715 Phone: (906) 248-8426 swalden@bmcc.edu</p>
<p><u>Supplemental Lines of Coverage</u></p> <p>AFLAC</p> 	<p>Donita Flatt, AFLAC Agent P.O. Box 175 Engadine, MI 49827 Phone: (906) 477-6088 Cell: (906) 630-0237 Fax: (906) 477-9831 Donita_flatt@us.aflac.com www.alfac.com</p>