

2024-2025  
EMPLOYEE  
BENEFITS  
GUIDE



# WELCOME!

## WELCOME TO THE 2024-2025 BENEFITS PLAN YEAR!

Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and choose the benefits package that will best meet your and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired unless you have a life event change. The following circumstances are some reasons you may change your benefits during the year.

Marriage	Birth & Adoption
Divorce	Death of a Spouse

CSM reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this brochure as accurate as possible. However, should there be a discrepancy between this brochure and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written description in the insurance contracts will always govern.

**MY.CSMD CAN BE ACCESSED VIA THE COLLEGE'S MAIN WEBSITE ([CSMD.EDU](https://www.csmd.edu)) OR FROM THE INTRANET ([HAWK.CSMD.EDU](https://hawk.csmd.edu))**

## NOT SURE HOW TO GET STARTED? DON'T WORRY!

Now is the perfect time to prepare by doing the following:

- ✓ Checking that your personal information is accurate at [my.CSMD](https://my.csmd.edu),
- ✓ Taking a look at the changes for 2024-2025, and
- ✓ Checking out the plans being offered.

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the CSM family and look forward to a healthy and safe 2024-2025.

**IMPORTANT DATES**  
The plan year runs from  
**7/1/24–6/30/25**



**TIP**

**REMEMBER!** Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

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## CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier below:

### Medical

CareFirst Administrators  
[cfablue.com](http://cfablue.com)  
 877-889-2478

### Health Savings Account

Bank of America  
[myhealth.bankofamerica.com/Login](http://myhealth.bankofamerica.com/Login)  
 800-718-6710

### Prescription

RxBenefits / CVS Caremark  
[caremark.com/wps/portal](http://caremark.com/wps/portal)  
 800-334-8134

### Dental

Guardian  
[guardiananytime.com](http://guardiananytime.com)  
 800-541-7846

### Vision

EyeMed  
[eyemed.com](http://eyemed.com)  
 866-800-5457

### Basic Life & AD&D, Supplemental Life, Short Term Disability and Long Term Disability

The Hartford  
[thehartford.com](http://thehartford.com)  
 800-523-2233

### Flexible Spending Accounts

Benefit Resource, Inc.  
 800-473-9595  
[benefitresource.com](http://benefitresource.com)

### Retirement/403(b)

TIAA  
[tiaa.org](http://tiaa.org)  
 800-842-2776

Fidelity  
[fidelity.com](http://fidelity.com)  
 800-343-0860

### MD State Retirement and Pension System

MD  
[sra.state.md.us](http://sra.state.md.us)  
 800-492-5909

### Employee Assistance Program

LifeWork Strategies  
[lifeworkstrategies.com](http://lifeworkstrategies.com)  
 User ID: [csmdeap](#)  
 Password: employee  
 877-252-8550



Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.



# MEDICAL INSURANCE

## YOUR HEALTH PLAN OPTIONS

As a benefit eligible employee of CSM, you have the choice between two medical plan options: a PPO Plan or a High Deductible Health Plan.

**For each plan year, your deductible will run from July 1st through June 30th**

While both plans give you the option of using out-of-network providers, you can save money by using in-network providers because CareFirst Administrators (CFA) has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and the Allowed Benefits, plus your out-of-network deductible and coinsurance.

The Qualified High Deductible Health Plan offers you lower employee contributions than the PPO Plan, and you can establish a Health Savings Account (HSA) with Bank of America. HSA funds can be used to cover medical, as well as dental, vision and other qualified expenses, and (unlike the Flexible Spending Account (FSA) they're yours forever – even if you leave CSM. They are not forfeited at the end of each year.

**TIP** Get the most out of your insurance by using in-network providers.

## FREQUENTLY ASKED QUESTIONS

**?** How many hours do I need to work to be eligible for insurance benefits?

You must be an active employee working a minimum of 30 hours per week or more.

**?** Will I receive a new Medical ID card?

2024-2025 Open Enrollment: All enrollees will receive new medical ID cards.

Post Open Enrollment: You will receive an ID card in the mail when enrolled or when making changes to your current coverage.

**?** How long can I cover my dependent children?

Dependent children are eligible until the end of the calendar year in which they turn age 26.

**?** I just got hired. When will my benefits become effective?

On the 1st of the month following your date of hire.

**▶ Medical Plans Explained**

## HOW TO GET STARTED

### 1. SELECT YOUR MEDICAL PLAN

- OPTION 1: PPO PLAN
- OPTION 2: HIGH DEDUCTIBLE HEALTH PLAN



- Hines works on behalf of CSM to help members experiencing a serious health condition.
- Work with a registered nurse to understand your condition, needs and concern.
- Hines is who you and your provider should contact to start the precertification process.
- HIPAA compliant. All medical information is protected.
- For case management self referral, call Hines at 1-800-592-8097.

CareFirst Administrators (CFA) is the College of Southern Maryland's Health Insurance Administrator.

CSM employees who reside in the MD, Northern VA & DC area access the BlueChoice Advantage Network. CSM employees who reside outside the MD, Northern VA & DC area access the National BlueCard Network.

# MEDICAL INSURANCE



## MEDICAL INSURANCE PLAN OPTIONS AND COSTS

CareFirst Administrators	PPO—BlueChoice Advantage Network Service Area—MD, Northern VA & DC (with National BlueCard Access)		HDHP—BlueChoice Advantage Network Service Area—MD, Northern VA & DC (with National BlueCard Access)	
	Monthly Rate	Employee Cost Per Pay (24 Pays)	Monthly Rate	Employee Cost Per Pay (24 Pays)
Employee	\$135.96	\$67.99	\$70.66	\$35.33
Employee & Spouse	\$310.40	\$155.20	\$161.34	\$ 80.67
Employee & Child(ren)	\$279.35	\$139.68	\$145.19	\$ 72.60
Family	\$527.66	\$263.83	\$274.26	\$137.13
	In-Network		In-Network	
<b>Deductible</b> (plan year) Individual / Family	\$250 / \$500		\$1,750 / \$3,500	
<b>Coinsurance</b> (member pays)	10%		0%	
<b>Out-of-Pocket Maximum</b> (plan year) Individual / Family <i>(includes deductible, coinsurance &amp; copays)</i>	\$1,750 / \$3,500		\$3,000 / \$6,000	
<b>Office Visit</b> Primary Care Physician / Specialist	\$20 / \$30 copay		Deductible, then 100% covered	
<b>MDLIVE – Telemedicine</b> (Medical / Behavioral Health)	\$15 / \$25 copay		Deductible, then 100% covered	
<b>Preventive Care</b>	Covered at 100%		Covered at 100%	
<b>Diagnostics</b> Lab and X-ray	Deductible, then 10%		Deductible, then 100% covered	
<b>Urgent Care</b>	\$35 copay		Deductible, then 100% covered	
<b>Emergency Room</b>	\$100 copay (waived if admitted)		Deductible, then \$100 copay (waived if admitted)	
<b>Outpatient Surgery</b>	Deductible, then 10%		Deductible, then 100% covered	
<b>Inpatient Hospital Services</b>	Deductible, then 10%		Deductible, then 100% covered	
	Out-of-Network		Out-of-Network	
<b>Deductible</b> (plan year) Individual / Family	\$500 / \$1,000		\$3,500 / \$7,000	
<b>Coinsurance</b> (member pays)	30% of allowed benefit		30% of allowed benefit	
<b>Out-of-Pocket Maximum</b> (plan year) Individual / Family	\$3,500 / \$7,000		\$6,000 / \$12,000	

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event. Both plans are detailed in the Summary Plan Description (SPD). This is a brief summary only. For exact terms and conditions, please refer to your certificate.



# MEDICAL INSURANCE



## YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [cfablue.com](http://cfablue.com) and search for BlueChoice Advantage providers.



### PRIMARY CARE

- Routine, primary/preventive care
  - Non-urgent treatment
  - Chronic disease management
- For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.



### MDLIVE

- Cold/flu
  - Diarrhea
  - Mental Health
  - Rash
  - Sinus problems
- MDLIVE, or a "virtual visit," lets you see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere! Visit [mdlive.com/cfa](http://mdlive.com/cfa) to access care from the comfort and convenience of your home.



### CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
  - Flu shots
  - Pregnancy tests
  - Vaccines
  - Rashes
  - Screenings
- These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.



### URGENT CARE

- Sprains
  - Small cuts
  - Strains
  - Minor infections
  - Sore throats
  - Mild asthma attacks
  - Back pain or strains
- Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours – or if you can't be seen by your doctor immediately – you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.



### EMERGENCY ROOM

- Heavy bleeding
  - Large open wounds
  - Chest pain
  - Spinal injuries
  - Difficulty breathing
  - Major burns
  - Severe head injuries
- An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.



Primary Care vs. Urgent Care vs. ER

# PRESCRIPTION DRUG PLAN



## PRESCRIPTION DRUG BENEFIT

	PPO	HDHP
<b>Deductible</b>	None	Combined with medical
<b>Retail (1-34 Day Supply)</b> Generic Preferred Non-Preferred	\$7 Copay \$20 Copay \$35 Copay	\$7 copay, after deductible \$25 copay, after deductible \$50 copay, after deductible
<b>Specialty (1-30 Day Supply)</b>	\$75 Copay	\$100 Copay, after deductible
<b>Maintenance Mail Order (35-60 Day Supply)</b> Generic Preferred Non-Preferred	\$14 Copay \$40 Copay \$70 Copay	\$14 copay, after deductible \$50 copay, after deductible \$100 copay, after deductible

Dispense As Written Limitation applies: If you or your doctor choose a brand medication when a generic is available, you will be responsible for the brand copay AND the difference in cost between the brand medication and the generic. If your doctor feels a brand medication is medically necessary, you may call CVS Customer Care and request to begin the exception process.

For more information about your prescription drug plan, please refer to Prescription Benefit Coverage (PBC). The PBC is an informative document provided by RxBenefits about your prescription drug plan.



Register at [Caremark.com/Start](https://www.caremark.com/start) or download the CVS Caremark mobile app

- Check drug cost and coverage
- Get started with delivery by mail
- Easy refills
- View Prescription ID card
- Pharmacy locator

Call 800-334-8134 for any pharmacy related questions.

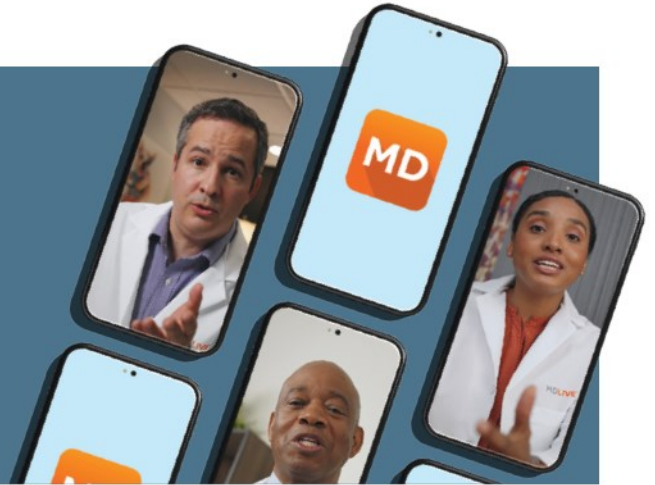
# MDLIVE VIRTUAL DOCTOR VISITS



MDLIVE®

## On-demand care for illness and injuries is part of your health plan.

MDLIVE. Anytime. Anywhere.



Getting sick is always a hassle. When you need care fast, talk to a board-certified MDLIVE doctor in minutes. Get reliable care from the comfort of home instead of an urgent care clinic or crowded ER. MDLIVE is open nights, weekends, and holidays. No surprise costs.

### Convenient and reliable care.

MDLIVE doctors have an average of 15 years of experience and can be reached 24/7 by phone or video.

### Affordable alternative to urgent care clinics and the ER.

MDLIVE treats 80+ common conditions like flu, sinus infections, pink eye, ear pain, and UTIs (Females, 18+). By talking to a doctor at home, you can avoid long waits and exposure to other sick people.

### Prescriptions.

Your MDLIVE doctor can order prescriptions<sup>1</sup> to the pharmacy of your choice. MDLIVE can also share notes with your local doctor upon request.

### MDLIVE cares for more than 80 common, non-emergency conditions, including:

- Allergies
- Cold & Flu
- Cough
- Ear Pain
- Headache
- Prescriptions
- Pink Eye
- Sinus Problems
- Sore Throat
- UTI (Females, 18+)
- Yeast Infections
- And more

Your copay is

HDHP: Deductible, then 100%

PPO: \$15 Copay



Meet Sophie, your personal assistant Text Doctor to 635483 to create an account.

## Create your account today.

[mdlive.com/cfa](https://mdlive.com/cfa)

(888) 632-2738

<sup>1</sup>Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

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# MDLIVE VIRTUAL DOCTOR VISITS



Licensed therapists.  
Board-certified  
psychiatrists.

MDLIVE. Anytime. Anywhere.



You may feel overwhelmed or not like yourself. Your health plan includes talk therapy and psychiatry from the privacy of home.<sup>1</sup> Get reliable care for needs like anxiety, stress, life changes, grief, and depression.

### Fast and convenient.

Have your first therapy appointment in a week or less and choose a time that works for you. Convenient appointments are available, including nights and weekends.

### Affordable and easy.

The large MDLIVE network makes it easy to find a therapist or psychiatrist that is the right fit for you. Choose the same one for each appointment or switch at any time. No surprise costs. No hassle.

### MDLIVE cares for hundreds of mental health needs, including:

- Addictions
- Anxiety
- Depression
- Grief & Loss
- Life Changes
- Obsessive Compulsive Disorder (OCD)
- Panic Disorders
- Phobias
- Relationship Issues
- Stress Management
- And more

Your copay is

**HDHP: Deductible, then 100%**

**PPO: \$25 Copay**



Get the app



Meet Sophie, your  
personal assistant  
Text Doctor to 635483  
to create an account.

Create your account today.

[mdlive.com/cfa](https://mdlive.com/cfa)

(888) 632-2738

<sup>1</sup>Mental health services are available for ages 10 and up.

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# HEALTH SAVINGS ACCOUNT (HSA)



## UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

### THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

- Regular payroll deductions on a pre-tax basis, and
- Lump-sum contributions of any amount, anytime, up to the maximum limit.

### WHAT IS AN HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep – the HSA is owned by you, just like a personal checking or savings account.

### THE HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds – or all three). Of course, your funds are always available if you need them for qualified health care expenses.

### YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money always belongs to you, even if you leave the company, and unused funds carry over from year to year. You never have to worry about losing your money. That means if you don't use a lot of health care services now, your HSA funds will be there if you need them in the future – even after retirement.

### HSA FUNDS CAN BE USED FOR YOUR FAMILY.

You can use your HSA for your spouse and tax dependents for their eligible expenses – even if they're not covered by your medical plan.

## HSA Guidelines

### WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

### WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2024 are \$4,150 for Single and \$8,300 for Family coverage. For 2025, you can contribute up to the IRS Annual Maximum. If you're age 55 or older, you are allowed to make extra contributions of up to \$1,000 each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. But save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.



What Is A Health Savings Account?

# HEALTH SAVINGS ACCOUNT (HSA)

## YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds. The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

## BANK OF AMERICA IS OUR HSA ADMINISTRATOR

### The HSA for Life® from Bank of America

- No-fee Visa® debit card with a 4-year expiration
- Online account management: [healthaccounts.bankofamerica.com](https://healthaccounts.bankofamerica.com)
- Online bill payments
- Electronic deposits for reimbursements
- “MyHealth BofA” mobile App from the App Store or Google Play

### Member experience

- Easy access to your dollars (Visa® debit card payments, bill pay, reimbursements)
- Easy access to information (member portal, mobile applications, Customer Care Associates available)
- Monthly statements detailing your account activity

### Integrated investments

- Easy and convenient access
- The employee selects funds that make sense
- No-load mutual funds from a variety of asset classes
- Auto-investment as deposits are received (if applicable)



## FREQUENTLY ASKED QUESTIONS

### WHAT WILL I PAY AT THE PHARMACY WITH THE HSA QUALIFIED PLAN OPTIONS?

You will pay the actual discounted cost of the drug until you satisfy your plan year deductible in full.

### WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to CareFirst Administrators. If possible, do not pay at the point of service. Later you'll receive an Explanation of Benefits (EOB) from CareFirst Administrators that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB. Remember, preventive care is covered at 100%, so you won't have any out-of-pocket expenses for preventive services.

### WHERE CAN I GET A COPY OF AN EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to [cfablue.com](https://cfablue.com).

# FLEXIBLE SPENDING ACCOUNTS



## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware – any unused portion of the account at the end of the plan year is forfeited.

**Grace period:** Both FSA options include a grace period allowing funds from the prior plan year to be used for an additional 2 1/2 months after the end of the plan year, which is on June 30th.

**HSA participants cannot participate in the Medical FSA!**

### Eligible Expenses Examples

■ Coinsurance and copayments	■ Laboratory fees
■ Contraceptives	■ Licensed practical nurses
■ Crutches	■ Orthodontia
■ Dental expenses	■ Orthopedic shoes
■ Dentures	■ Oxygen
■ Diagnostic expenses	■ Prescription drugs
■ Eyeglasses, including exam fee	■ Psychiatric care
■ Handicapped care and support	■ Psychologist expenses
■ Nutrition counseling	■ Routine physical
■ Hearing devices and batteries	■ Over-the-counter medicine
■ Hospital bills	■ Prescribed vitamin supplements (medically necessary)
■ Deductible amounts	

### HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to BRI. Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

### 2024 Maximum / Minimum Contributions

Health Care Flexible Spending Account	\$3,200 max (\$120 minimum)
Dependent Care Flexible Spending Account	\$5,000 max (\$240 minimum)



Click here for the full list of Healthcare FSA Eligible Expenses

## 2. SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT



## DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses."

Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

### CONTACT INFORMATION

Speak to a representative by calling 800-473-9595, Monday-Friday, 8am-8pm EST, email at [participantservices@benefitresource.com](mailto:participantservices@benefitresource.com), or log on to [BenefitResource.com](http://BenefitResource.com) to review your FSA balance. You can also download the [BRi Mobile App!](#)

AT [BENEFIT RESOURCE](#), YOU CAN:

- View balance and transaction information
- File claims
- Manage your profile
- Download plan documents



What Is A Flexible Spending Account?



# DENTAL INSURANCE

## 3. REVIEW YOUR DENTAL PLAN



GUARDIAN IS THE DENTAL CARRIER FOR 2024-2025.

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Guardian's negotiated fees, plus any deductible and coinsurance associated with your procedure.

### FIND A DENTIST

To find a Guardian provider in your area, visit the website at [guardianlife.com](https://guardianlife.com).

- Connect with us > "Find a Provider"
- DentalGuard Preferred network

### ▶ What Is Dental Insurance?



### DENTAL INSURANCE PLAN OPTIONS AND COSTS

Guardian	Monthly Rate		Employee Cost Per Pay (24 Pays)
Employee Employee & Spouse Employee & Child(ren) Family	\$9.64 \$20.27 \$19.38 \$36.61		\$4.82 \$10.14 \$9.69 \$18.31
Calendar Year	In-Network	Out-of-Network	<b>In-Network Providers:</b> Providers reimbursed based on contracted fees and cannot balance bill you.  <b>Out-of-Network Providers:</b> Provider is reimbursed based on Usual, Customary and Reasonable (UCR) standards and balance billing is possible.
<b>Deductible</b> Individual / Family	\$0 / \$0	\$50 / \$150	Applied to Basic & Major Services
<b>Annual Maximum</b>	\$2,250		Applied to Preventive, Basic & Major Services
Plan Pays (Calendar Year)			
<b>Diagnostic/Preventive Services</b>	100%	100%	<ul style="list-style-type: none"> <li>■ Oral examinations</li> <li>■ Bitewing X-rays</li> <li>■ Fluoride treatments</li> <li>■ Sealants; space maintainers</li> <li>■ Prophylaxis: cleanings</li> </ul>
<b>Basic Services</b>	100%	Deductible, then 80%	<ul style="list-style-type: none"> <li>■ Diagnostic and restorative services</li> <li>■ Fillings</li> <li>■ Periodontal surgery</li> <li>■ Root canal</li> <li>■ Simple extractions</li> <li>■ Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</li> <li>■ General anesthesia</li> </ul>
<b>Major Services</b>	60%	Deductible, then 50%	<ul style="list-style-type: none"> <li>■ Bridges and Dentures</li> <li>■ Inlays/onlays</li> <li>■ Implants</li> <li>■ Single crowns</li> </ul>
<b>Orthodontia services</b> Child(ren) and Adults	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	Diagnostics and treatment

# VISION INSURANCE

## 4. REVIEW YOUR VISION PLAN

 EYEMED IS THE VISION CARRIER FOR 2024-2025.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to [eyemed.com](https://eyemed.com).

### FIND A PROVIDER

To find an EyeMed provider in your area, visit the website at [eyemed.com](https://eyemed.com).

### ▶ What Is Vision Insurance?

Create a member account at [eyemed.com/member](https://eyemed.com/member).



### VISION INSURANCE PLAN OPTIONS AND COSTS

EyeMed	Monthly Rate	Employee Cost Per Pay (24 Pays)
Employee Employee & Spouse Employee & Child(ren) Family	\$8.14 \$15.45 \$16.26 \$23.91	\$4.07 \$7.73 \$8.13 \$11.96
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Examination Copay</b>	\$10 copay	No copay, \$45 allowance
<b>Frequency of Service</b> Exam Lenses Frames	Every 12 months Every 12 months Every 12 months	Every 12 months Every 12 months Every 12 months
<b>Lenses</b> Single Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	<u>Reimbursement</u> \$40 allowance \$60 allowance \$80 allowance \$80 allowance
<b>Frames</b>	\$150 allowance; \$0 copay 20% of balance over \$150 Freedom Pass—no additional out-of-pocket expenses at Target Optical for any frames above the allowance	<u>Reimbursement</u> \$120 allowance
<b>Contacts</b> <i>(allowance includes materials only)</i>		<u>Reimbursement</u>
- Evaluation & Fitting	Standard w/follow-up: \$40 Premium w/follow-up: 10% off retail price	Not covered
- Medically Necessary Contacts	Paid in full	\$210 allowance
- Elective Allowance	\$150 allowance; 15% off balance over \$150	\$150 allowance

# LIFE INSURANCE AND AD&D



## BASIC LIFE AND AD&D

CSM provides 2x your annual salary to a maximum of \$250,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance. At age 70, the benefit begins to reduce. In addition, an Accelerated Death Benefit is provided that pays up to 80% of the benefit with a 12 month life expectancy. Portability and conversion is available.

This coverage is offered through The Hartford at no cost to you.



## SUPPLEMENTAL LIFE AND DEPENDENT LIFE

You can purchase additional Life Coverage beyond what CSM provides.

**Supplemental Employee Life:** Available in increments of \$25,000, to the lesser of 5x salary or \$500,000. Guarantee issue offered to new hires when first eligible, up to \$250,000. Evidence of Insurability (EOI) is required by The Hartford if electing an amount that exceeds the guarantee issue of \$250,000, or if election is after the new hire initial offer.

If you purchase coverage for yourself, then you can also purchase coverage for your eligible dependents. Employees may increase their benefit up one increment without EOI up to the guaranteed issue amount annually.


**Optional Dependent Life for Spouse:** Available in increments of \$25,000 up to 100% of employee election. Guarantee issue offered to newly eligible spouses for amounts up to \$25,000. Evidence of Insurability (EOI) is required by The Hartford if electing an amount that exceeds the guarantee issue, or if election is after the initial offer.

**Optional Dependent Life for Children:** \$5,000 or \$10,000 (\$500 if child is between the age of 1 day and 6 months). Age limit is 6 months to 18, or age 26 if full-time student.

## 5. REVIEW YOUR LIFE INSURANCE POLICY

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE

## SUPPLEMENTAL LIFE AND DEPENDENT LIFE OPTIONS AND COSTS

 Supplemental Life	Rates per \$1,000 of coverage 24 pays		
	Age	Employee	Spouse*
<24	\$0.025	\$0.025	
25-29	\$0.030	\$0.030	
30-34	\$0.040	\$0.040	
35-39	\$0.045	\$0.045	
40-44	\$0.065	\$0.065	
45-49	\$0.105	\$0.105	
50-54	\$0.165	\$0.165	
55-59	\$0.240	\$0.240	
60-64	\$0.330	\$0.330	
65-69	\$0.695	\$0.695	
70-74	\$1.400	\$1.400	
75+	\$2.530	\$2.530	
Child(ren)	\$0.06 per \$1,000 benefit		

\*Costs are based on the employee's age.

**DID YOU KNOW?** CSM provides you Basic Life and AD&D AT NO CHARGE.

**▶ What Is Life And AD&D Insurance?**

# DISABILITY INSURANCE



## SHORT TERM DISABILITY INSURANCE Administered by The Hartford

If you are unable to work for a short period of time due to illness, pregnancy, or injury, short term disability insurance offers financial protection by paying you a portion of your earnings.

The plan benefit is 80% of weekly earnings up to a maximum of \$1,500 per week. Benefits are paid after a waiting period of 7 days for an accident or illness. Benefits can continue for up to 12 weeks.



## LONG TERM DISABILITY INSURANCE

Long Term Disability insurance is offered through The Hartford. You have the option to pay for the LTD premium with pre-tax or post-tax dollars as described below.

**Pre-Tax -Option #1:**The College continues paying for the monthly LTD premium and in the event of a disability, benefit will be taxed.

**Post-Tax -Option #2:** You pay the monthly LTD premium. The monthly LTD premium will be added to your gross salary and will be subject to income and payroll tax. In the event of a disability, you will receive a tax advantaged LTD benefit.

LTD benefit equals 60% of your monthly base earnings to a maximum benefit of \$7,500 per month. This benefit begins on the 91st day of disability. The benefit duration while disabled is up to Social Security Normal Retirement Age (SSNRA) or four years.

## 6. REVIEW YOUR DISABILITY COVERAGE

- SHORT TERM DISABILITY
- LONG TERM DISABILITY

### TRAVEL ASSISTANCE WITH ID THEFT PROTECTION INCLUDED IN YOUR DISABILITY INSURANCE

Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling.

Call Toll Free: **800-243-6108**  
From Other locations, call collect:  
**202-828-5885**

What to have ready:

- Your policy number: 878556
- Your Travel Assist ID Number: GLD-09012



What Is Disability Insurance?



# RETIREMENT PLAN



## OUR RETIREMENT PLANS ARE MANAGED BY TIAA AND FIDELITY

All regular employees must be enrolled in one of two basic retirement systems, either in the Maryland State Retirement System (MSRS) or the Optional Retirement Program (ORP). Only employees who are in a position that requires a bachelors degree and who have the degree are eligible for the ORP. Please note: Even though the College is a participating governmental unit (PGU) with the MSRA, employees are not state employees.

Employees in the Maryland State Retirement System (a defined benefit plan) must make a 7% contribution. Employees who qualify for and select the Optional Retirement Program (ORP—a defined contribution plan) do not make a contribution, but the equivalent of 7.25% of salary is contributed to your account on your behalf.

For 2024, the IRS limits your elective deferral to \$23,000/year and the >age 50 catch-up contribution limit is \$7,500/year.

Supplemental retirement annuities (SRA/403(b)) are available for purchase from either TIAA or Fidelity through pre-tax payroll deductions. A 457(b) plan is also available through TIAA.

Contact HR for additional information.

### TIPS ON HOW TO SAVE SMART FOR RETIREMENT:

- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Use automatic deductions from your payroll or your checking account for deposit into mutual funds, your IRA or other investment vehicles.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.
- Roll over retirement account money if you change jobs.
- Don't dip into retirement savings.

## 7. RETIREMENT PLAN

- ELECT YOUR RETIREMENT CONTRIBUTION



**GET STARTED  
NOW!**

 **TIAA**

 **Fidelity**  
INVESTMENTS



**What Is A 403(b) Retirement Plan?**

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

LifeWork Strategies' Employee Assistance Program is a free benefit available to help you and your family find solutions for real-life circumstances.

## Services Include:

### Counseling

- \* Individual, couples and family
- \* Face-to-face and phone support
- \* 3 sessions per issue, per year
- \* Assessment and referral
- \* Solution-focused counseling
- \* Masters-level counselors

### Child Care

- \* Unlimited phone support
- \* Expecting parents resources
- \* Child care provider search

### Elder Care

- \* Unlimited phone support
- \* Consultation for caregivers
- \* Tips and communication
- \* Resources and referrals to providers

### Financial

- \* Phone consultation for a range of issues
- \* Guidance on financial strategies
- \* ID Theft

### Legal

- \* Phone consultation on most legal issues
- \* Referrals to local attorneys as needed

### Daily Living

- \* Community and recreational resources
- \* Explore pet care options
- \* Discover local dining and entertainment

### Wellness Coaching

- \* Phone consult with a health professional
- \* Identify a personal wellness goal
- \* Develop an action plan

### Parent Coaching

- \* Consult with a parenting specialist
- \* Parent-child communication and discipline tips

### Online Tools\*

- \* Regularly updated information and links
- \* Downloadable articles and tip sheets
- \* Search provider databases
- \* Financial and daily living calculators

**Confidential with 24/7 Access  
at 1-877-252-8550**

*\*To access the online tools go to the websites below, choose Member Login and enter dedicated username and password*

**Username: csmdeap**

**Password: employee**

LifeWorkStrategies.com



# VIDEO RESOURCES

## MEDICAL PLANS

- ▶ Medical Plans Explained
- ▶ Primary Care vs. Urgent Care vs. ER
- ▶ PPO Overview
- ▶ HDHP vs. PPO
- ▶ HDHP With HSA Overview

## INSURANCE 101

- ▶ Benefits Key Terms Explained
- ▶ How To Read An EOB
- ▶ What Is A Qualifying Event?

## TAX ADVANTAGE SAVINGS ACCOUNTS

- ▶ What Is A Health Savings Account?
- ▶ What Is A Flexible Spending Account?
- ▶ What Is A 403(b) Retirement Plan?

## ANCILLARY BENEFITS

- ▶ What Is Dental Insurance?
- ▶ What Is Vision Insurance?
- ▶ What Is Life And AD&D Insurance?

- ▶ What is Disability Insurance?
- ▶ Employee Assistance Program (EAP)



# GLOSSARY OF MEDICAL TERMS

**Coinsurance** – The plan’s share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays** – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible** – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**Emergency Room** – Services you receive from a hospital for any serious condition requiring immediate care.

**Lifetime Benefit Maximum** – All plans are required to have an unlimited lifetime maximum.

**Medically Necessary** – Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

**Network Provider** – A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider’s normal fees for services.

**Out-Of-Pocket Maximum** – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization** – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**Prescription Drugs** – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services** – All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

**UCR (Usual, Customary and Reasonable)** – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care** – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



# MARKETPLACE COVERAGE OPTIONS

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

### PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>1 2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup>Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# MARKETPLACE COVERAGE OPTIONS

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

### How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact.

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

# MARKETPLACE COVERAGE OPTIONS

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>Employer Name:</b> College of Southern Maryland	<b>Employer Identification Number (EIN):</b> 52-0848273
<b>Employer Address:</b> P.O. Box 910	<b>Employer Phone Number:</b> 301-934-2251
<b>City:</b> La Plata	<b>State:</b> MD <b>ZIP Code:</b> 20646
<b>Who can we contact about employee health coverage at this job?</b> Human Resources	
<b>Phone number (if different from above):</b> 301-934-7700	<b>Email address:</b> HRD@csmd.edu

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are: Employees of the College of Southern Maryland that average 30 hours/week during initial or standard measurement period. Employees will be effective the 1st day of the month, following date of employment.

• With respect to dependents:

We do offer coverage. Eligible dependents are: Spouse/Domestic partner and dependent children to age 26.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Above is the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.





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