

BENEFITS GUIDE

January 1 - December 31, 2023

HENRY
FORD
COLLEGE

SSA



2023

TABLE OF CONTENTS

Have Questions? Benefits Contact Information	1
Enrollment.....	2
Annual Enrollment.....	2
Initial Eligibility Period	3
Eligibility.....	4
Dependent Documentation	4
Flexible Spending Account (FSA) Program	5
Health Care Flexible Spending Account.....	5
Dependent Care Flexible Spending Account.....	5
Health Advocate.....	6
Worksite Voluntary Benefits (Accident, Critical Illness, & Hospital Indemnity)	7
Voluntary Consumerism Card/Teladoc.....	8
Dental Plans	9
Vision Plans	10
Dental & Vision Premium Contributions	10
Basic Life & Accidental Death & Dismemberment (AD&D).....	11
Optional Life.....	11
Voluntary Short Term Disability	12
Long Term Disability	12
Pet Insurance.....	13
Employee Assistance Program (EAP).....	14
Worldwide Travel Assistance Program.....	15
Legal Notices	16

Please Note: This guide is intended to provide you with a brief summary of your benefits. We have tried to ensure the accuracy of these materials, but if there is any discrepancy between the benefits discussed in this guide and the official plan documents, the official plan documents will rule. Actual benefits will be paid in accordance with the carrier contracts and any amendments to those contracts in place at the time of the claim. Please refer to the carrier booklets for details regarding your coverage, including benefit limitations and exclusions. Henry Ford College reserves the right to amend, modify or terminate any plan at any time and in any manner.

HAVE QUESTIONS?

BENEFITS CONTACT INFORMATION			
PROVIDER	BENEFIT	PHONE #	WEBSITE
Wex	Flexible Spending Accounts	(866) 451-3399	www.wexinc.com
Health Advocate	Health Advocacy	(866) 695-8622	www.HealthAdvocate.com/members
Cigna	<ul style="list-style-type: none"> • Accident • Critical Illness • Hospital Indemnity 	(800) 754-3207	HFC-specific plan information: https://my.cignasupplementalhealth.com/henryfordcollege/p/1
Consumerism Card	<ul style="list-style-type: none"> • Teladoc • Discounts 	(800) 800-7616	https://MyBenefitsWork.com
Delta Dental	Dental	(800) 524-0149	www.deltadentalmi.com
Superior Vision by MetLife	Vision	(800) 507-3800	www.superiorvision.com
Unum	<ul style="list-style-type: none"> • Life Insurance • Voluntary Short Term Disability • Long Term Disability 	(800) 421-0344	www.unum.com
Unum	Employee Assistance Program (EAP)	(800) 854-1446	www.unum.com/lifebalance
Nationwide	Pet Insurance	(877) 738-7874	https://benefits.petinsurance.com/hfcc
Ulliance	Employee Assistance Program (EAP)	(800) 448-8326	www.lifeadvisoreap.com
Assist America (Unum)	Worldwide Travel Assistance Program	Within U.S.: (800) 872-1414 Outside the U.S.: (609) 986-1234	N/A
Public School Employees Retirement System Office of Retirement Services	Retirement	(800) 381-5111	www.michigan.gov/ors
Henry Ford College	General Benefit Questions Office of Human Resources	(313) 845-9692	twebster1@hfcc.edu

YOUR BENEFIT GUIDE

Welcome! This guide is designed to provide you with an overview of your benefit options. You have the ability under the Henry Ford College benefit plan to customize your benefits to meet the needs of you and your family.

Which benefits are right for you and your family? The choice you make can impact your future. To help you with this important decision, we are providing this guide – you'll find information about our dental plans, vision plans, and more inside. This is important benefit information for you and your family. Please take the time to read this information carefully to ensure you are well acquainted with your benefit options.

ANNUAL ENROLLMENT

There is an annual enrollment period held each fall for the benefit programs that Henry Ford College offers. During this time, you can review and revise your elections as necessary to best meet the needs of your family.

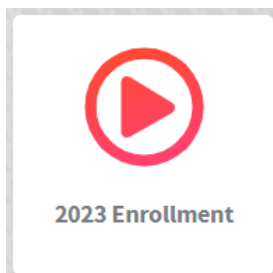
Enrollment is conducted using BenXpress, Henry Ford College's online enrollment system.

When you are ready to enroll, please go to www.benxpress.com/hfcc. The first time that you log in your User ID will be the first initial of your first name and your entire last name. (For example, if your name is John Smith, your User ID is jsmith). Your Password will be the last 6 digits of your social security number. You will have the opportunity to change your Password after your initial login.

Password Guidelines:

- Must be at least 8 characters long
- Cannot exceed 30 characters in length
- Must contain at least 1 uppercase letter (e.g. A)
- Must contain at least 1 lowercase letter (e.g. a)
- Must contain at least 1 number (e.g. 3)
- Must contain at least 1 special character (e.g. \$)

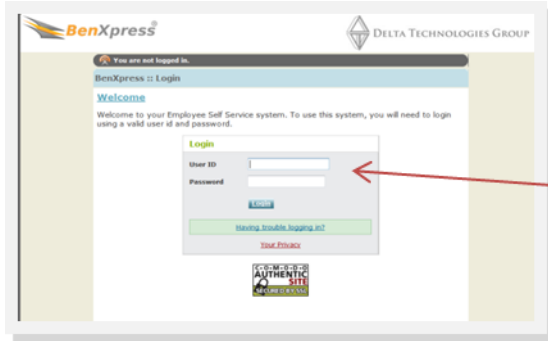
BenXpress is available 24 hours a day, 7 days a week during the annual enrollment period. This year's annual enrollment period will be from **Monday, November 14, 2022 to Monday, November 28, 2022**. You may log into the system and make changes as often as you choose during this time. The last changes you make before the end of the enrollment period will be your final elections.



INITIAL ELIGIBILITY PERIOD

Newly eligible employees will become a participant in the Plan on the first day of the month following 60 days of employment.

Enrollment is conducted using BenXpress. Henry Ford College will advise you of the specific period of time in which you must make your initial benefit elections.



Login to:
www.benxpress.com/hfcc

User ID: First initial of your first name and last name
Password: Last 6 digits of your social security number

You may login to BenXpress anytime during the year to view your enrollment information and benefit plan documents, change your beneficiaries and more!

ELIGIBILITY

You are eligible to participate in the benefit programs if you meet the criteria defined in the Support Staff Association union contract.

Your eligible **dependents** include:

- Your spouse through legal marriage
- Dependent children until the end of the month in which they reach age 26. They may remain covered to any age if they are totally and permanently disabled by either a physical or mental condition subject to certain criteria.
- Eligible children include:
 - Natural Children
 - Step-Children
 - Foster Children
 - Children for whom you are the Legal Guardian
 - Adopted Children
 - Children for whom you are required to provide coverage pursuant to a Court Order, including those subject to a Qualified Medical Child Support Order

DEPENDENT DOCUMENTATION

When you first enroll in or if you change coverage mid-year due to a qualified change in family status event, you are required to provide documentation substantiating the eligibility of any dependents within 30 days from the enrollment or change. Please refer to the list below for a list of acceptable forms of documentation. Copies should be submitted, not originals.

Approved dependent documentation includes:

- **Children under age 26:** Birth Certificate, Adoption Papers, Guardianship Document or Court Order.
- **Children over age 26 (disabled):** Contact the Office of Human Resources for required documentation.
- **Spouse:** Marriage Certificate and first page of IRS Income Tax Filing.

Also, if you or your dependents are enrolled in Medicare, please provide a copy of your Medicare card.

FLEXIBLE SPENDING ACCOUNT (FSA) PROGRAM

Want to stretch your income, reduce costs and pay less in taxes? How? By enrolling in the Flexible Spending Account (FSA) Program administered by Wex. You may choose to participate in the Health Care Flexible Spending Account or the Dependent Care Flexible Spending Account, or both depending upon your individual needs.

HEALTH CARE FSA

This account allows you to set aside **pre-tax** money from each paycheck to pay for eligible out-of-pocket health care expenses (not covered by your medical, dental or vision insurance) that you and your dependents incur throughout the plan year. You may participate in the Health Care FSA even if you do not participate in our medical, dental and/or vision programs.

Eligible health care expenses may include:

- Office visit and prescription drug copayments
- Deductibles
- Coinsurance
- Expenses not covered through your medical plan
- Out-of-pocket dental, vision or hearing related expenses

Ineligible health care expenses may include:

- Insurance premiums for employer-sponsored benefits deducted from your paycheck on a pre-tax basis
- If you itemize certain medical expenses on your income tax returns, those expenses cannot be submitted for reimbursement under this plan

Not a bad deal at all. By taking advantage of this benefit, you can stretch the money available for health care expenses and reduce your federal income and social security taxes — and depending on where you live, your state and local income taxes as well. The maximum annual election for the Health Care FSA is \$3,050.

If you enroll in an HSA-compliant High Deductible Health Plan (HDHP), you may enroll in the Limited Purpose Health Care FSA. You can reimburse yourself for out-of-pocket dental and vision expenses with the Limited Purpose Health Care FSA. Medical and prescription drug expenses aren't eligible under the Limited Purpose plan.

Any balance of up to \$610 in the Health Care FSA will be carried over into the next year for eligible expenses. Any funds in excess of \$610 will be forfeited.

DEPENDENT CARE FSA

To decide whether a Dependent Care FSA is right for you, determine if you will incur eligible expenses. Generally, day care, nursery school, after-school care, elder care and companion service costs that allow you (and your spouse, if applicable) to work or attend school full-time are eligible expenses.

Your dependent care expenses must be for qualified individuals, including:

- Your dependent child under the age of 13 who lives with you for more than half the year
- Your spouse or other tax dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

By contributing to a Dependent Care FSA through payroll deduction, you are able to pay for these eligible dependent care expenses with **pre-tax** dollars. The maximum annual election for the Dependent Care FSA is \$5,000.

HEALTH ADVOCATE

Health Advocate is a free service offering a team of highly trained Personal Health Advocates who can work one-on-one with you to help resolve a wide range of healthcare and insurance-related issues that can be challenging for you as well as our Human Resources staff. Personal Health Advocates typically are registered nurses who are supported by a team of medical directors and benefits and claims specialists. Their primary function is to serve as your contact with healthcare providers, insurance companies and health-related community services. By doing all of the work to resolve issues expertly and efficiently, the Personal Health Advocates ensure that you receive the information and support you need to remain fully productive at work, save money and optimize your healthcare experience.

How does the Health Advocate program work?

The Health Advocate program is available to you, your spouse, dependent children, parents and parents-in-law. When you call Health Advocate toll-free, you are assigned a Personal Health Advocate, who works with you to resolve your specific healthcare or benefits issues. Personal Health Advocates can help with a wide variety of concerns, ranging from deciphering claims and uncovering billing errors, to finding specialists and locating elder care. You can work with the same Personal Health Advocate until the issue is completely resolved. Personal Health Advocates are also available to address any follow-up needs. The staff follows careful protocols and complies with government privacy standards. Your medical and personal information is strictly confidential.

How do you contact Health Advocate?

- By phone at 866-695-8622
- By email at answers@HealthAdvocate.com
- Via the phone app available for iPhone and Android users. The free app is called “Health Advocate Smart Help”
- Via our member website at www.HealthAdvocate.com/members

Find the right doctors

We can also find the right hospitals, specialists and other leading providers, anywhere in the country.

Schedule appointments

Our experts can expedite appointments, arrange second opinions and transfer medical records.

Expert, short-term assistance

Our Licensed Professional Counselors can make referrals for more in-depth care, if needed.

Support with work/life issues

Our Work/Life Specialists can help locate childcare, eldercare, legal and financial assistance. Plus, our skilled negotiators can help lower uncovered medical bills!

Resolve benefits issues

We'll do the legwork to resolve insurance claims and billing issues, untangle medical bills and coordinate benefits.

Benefits Gateway™

We'll connect you to all of your benefits, quickly and efficiently.

Professional, caring support

Get personalized help with stress, depression, family problems, substance abuse and much more.

Convenient online resources

Get 24/7, online access to educational materials, webinars and other helpful resources.

WORKSITE VOLUNTARY BENEFITS

Henry Ford College is pleased to offer you and your family the opportunity to elect additional voluntary benefits through Cigna. We will payroll-deduct the after-tax premiums for these products and submit the payment to Cigna on your behalf. Benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care!

A high-level summary of the products is below. More information, including premiums, is posted on BenXpress. Each benefit is portable - you can take the coverage with you if you ever change employers.

	Accident	Critical Illness	Hospital Indemnity	
Purpose	To help cover out-of-pocket expenses when you or a covered family member suffer an accident-related injury on or off the job. Voluntary Accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident.	To help cover out-of-pocket expenses when you or a covered family member suffer a covered critical illness or cancer. Voluntary Critical Illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more.	To help cover out-of-pocket expenses when you or a covered family member are admitted to the hospital for a covered accident or illness. Voluntary Hospital Indemnity insurance provides a range of fixed, lump-sum benefits for hospital inpatient stays.	
Benefit	Below are examples of some of the fixed, lump-sum benefits on the plan. For complete details, see the Cigna enrollment materials.	Employee: Option of \$5,000, \$10,000, or \$20,000. Spouse: Option of \$5,000 or \$10,000. Dependent child(ren): Option of \$2,500 or \$5,000.	Below are examples of some of the fixed, lump-sum benefits on the plan. For complete details, see the Cigna enrollment materials.	
	Benefit Type	Benefit Amount	Benefit Type	Benefit Amount
	Emergency Treatment	\$200	Hospital Admission	\$1,000
	Physical Therapy	\$50 per session, up to 10 sessions	Hospital Stay	\$100 per day, up to 30 days
	Initial Physician Office Visit	\$100	Hospital ICU Stay	\$200 per day, up to 30 days
	Upper Arm Fracture	\$1,000 (\$2,000 for Surgical)		
	Leg Fracture	\$1,000 (\$2,000 for Surgical)		
Wellness Benefit	A wellness benefit that pays \$50 per year for covered health screenings is included.	A wellness benefit that pays \$50 per year for covered health screenings is included.	A wellness benefit that pays \$50 per year for covered health screenings is included.	
Pre-Existing Condition Limitation	None	None	Benefits will not be paid for Pre-Existing Conditions until 12 months after the effective date.	
Limitations and Exclusions	Some limitations and exclusions apply and will be displayed on the Cigna enrollment materials.			

VOLUNTARY CONSUMERISM CARD/TELADOC

Henry Ford College is pleased to offer you the opportunity to elect the Consumerism Card by New Benefits. Henry Ford College will deduct the after-tax premiums for the Consumerism Card and submit the payment to New Benefits on your behalf. If you elect to enroll in the Consumerism Card, reference the exciting benefits in the membership booklet that will be mailed to your home, call the number on the back of your ID card (1-800-800-7616) or log on to <https://MyBenefitsWork.com>.

This card provides you access to these benefits:

1) Doctors by phone/video



How does it work?

You wake up one morning with sudden cold-like symptoms: stuffy nose, cough, congestion. You have trouble getting an appointment with your existing doctor and you don't want to miss time at work by sitting in an urgent care or ER waiting room.

Simply log in to your account or call Teladoc to request a phone or online video consult with a U.S. board-certified doctor or pediatrician. If a prescription is necessary, it's sent to the pharmacy of your choice.

Highlights:

- 24/7/365 access to a doctor online or by phone
- Fast treatment – Teladoc doctors respond within 24 minutes, on average
- Save money by avoiding expensive urgent care or ER visits - **\$0 consultation fee!**
- Teladoc treats conditions like:
 - Sinus problems
 - Allergies
 - Urinary tract infections
 - Poison Ivy
 - Pink eye
 - Cold and flu

2) Access to discounted prescription, dental, vision and hearing aid services

How does it work?

Do you have a prescription not covered by your insurance? Have you reached your dental or vision plan maximum? Do you need cosmetic dentistry not covered by your dental plan? Present your Consumerism Card to the provider to see if you might be eligible for valuable discount savings!

Highlights:

- Keep in mind that your membership is NOT insurance – it is a simple and easy to use discount membership
- 10% to 85% off most medications at a participating pharmacy
- 15% to 50% savings per visit, in most instances, on services such as cleanings, x-rays, fillings, root canals, and crowns
- 10% to 60% off glasses, contacts, laser surgery, exams and even designer eyewear

DENTAL PLANS

You have the option to enroll in Delta Dental PPO coverage and gain access to the nation's largest network of participating dentists. You will have the freedom to visit any dentist for services; however, you will save money on services if you use a participating provider. Non-participating dentists are reimbursed at usual and customary rates, but due to their network nonparticipation, they have the right to require you to pay the difference between Delta's payment and the total charges billed. PPO and Premier dentists may not bill above the approved amount. Contact Delta Dental to find a participating dentist.

	Core Plan		Buy-Up Plan	
Maximum Benefit Amount For Class I, II and III Per person per calendar year	\$1,250		\$1,700	
Maximum Benefit Amount For Class IV—Orthodontia Lifetime Maximum Per Person	\$1,250		\$3,000	
Service	Delta PPO or Premier Dentist	Non-Participating Dentist*	Delta PPO or Premier Dentist	Non-Participating Dentist*
Class I Benefits—Diagnostic & Preventive				
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Emergency Palliative Treatment - to temporarily relieve pain	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Radiographs - X-rays	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Sealants -To prevent decay of permanent molars	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Brush Biopsy - to detect oral cancer	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Class II Benefits - Basic Services				
Oral Surgery Services - extractions and dental surgery	Covered - 80%	Covered - 80%	Covered - 90%	Covered - 90%
Endodontic Services - root canals	Covered - 80%	Covered - 80%	Covered - 90%	Covered - 90%
Periodontic Services - to treat gum disease	Covered - 80%	Covered - 80%	Covered - 90%	Covered - 90%
Relines and Repairs - to bridges and dentures	Covered - 80%	Covered - 80%	Covered - 90%	Covered - 90%
Minor Restorative Services - fillings and crown repair	Covered - 80%	Covered - 80%	Covered - 90%	Covered - 90%
Class III Benefits—Major Services				
Major Restorative Services - crowns	Covered - 50%	Covered - 50%	Covered - 90%	Covered - 90%
Prosthetic Services - bridges, implants, and dentures	Covered - 50%	Covered - 50%	Covered - 90%	Covered - 90%
Class IV Benefits—Orthodontic Services				
Orthodontic Services - braces	Covered - 50%	Covered - 50%	Covered - 90%	Covered - 90%
Orthodontic Age Limit	Up to age 19	Up to age 19	No age limit	No age limit

VISION PLANS

Regular eye exams are essential. They can assist in the early detection of glaucoma, diabetes, and cataracts. You have the option to enroll in the vision plans through Superior Vision by MetLife. You will receive maximum benefits when you receive care from an in-network provider. To find an in-network provider near you, contact Superior Vision by MetLife.

COVERED SERVICES Benefit Year Rolling 12 Months from Date of Service		Core Plan	Buy-Up Plan
		<u>In-Network</u>	<u>In-Network</u>
Examinations	Limited to one examination per benefit period	Covered in full	Covered in full
Frames	Limited to one frame per benefit period	Plan pays up to \$75	Plan pays up to \$175
Lenses	Limited to one set of lenses per benefit period		
	Single Vision	Covered in full	Covered in full
	Bifocal		
	Trifocal		
	Progressive	Covered at lined trifocal level	Covered at lined trifocal level
	Polycarbonate (for children up to age 18)	Covered in full	Covered in full
	Photochromic	Plan pays up to \$80	Plan pays up to \$80
Tints, solid or gradient	Covered in full	Covered in full	
Contact Lenses	Limited to once per benefit period in lieu of eyeglass lenses and frames benefit		
	Elective	Plan pays up to \$100	Plan pays up to \$200
	Medically Necessary	Covered in full	Covered in full
Laser Vision Correction		Superior Vision has a nationwide network of refractive surgeons who offer members a discount on services.	Superior Vision has a nationwide network of refractive surgeons who offer members a discount on services.

DENTAL & VISION PREMIUM CONTRIBUTIONS

The following chart shows the bi-weekly pre-tax contribution if you choose to enroll in the Delta Dental or Superior Vision by MetLife plan options.

Bi-weekly Pre-Tax Premium Contributions Effective January 1, 2023-December 31, 2023				
Tier	Delta Dental Core Plan	Delta Dental Buy-Up Plan	Superior Vision by MetLife Core Plan	Superior Vision by MetLife Buy-Up Plan
1 Person	\$0.00	\$5.16	\$0.00	\$1.28
2 Person	\$0.00	\$11.72	\$0.00	\$2.48
Family	\$0.00	\$22.53	\$0.00	\$3.64

BASIC LIFE & AD&D

Henry Ford Colleges provides you with basic life and accidental death and dismemberment insurance at no cost to you. A benefit of \$25,000 (regular full-time employees) or \$15,000 (all other employees) will be paid to your beneficiary in the event of your death. If your death is deemed accidental, an accidental death and dismemberment (AD&D) benefit, equal to the amount of your life insurance, is paid to your beneficiary. In addition, a portion of the AD&D benefit will be paid to you if you suffer a loss under the dismemberment portion of the policy (such as the loss of a limb or loss of eyesight). Age reductions, benefit limitations and exclusions apply. Please see the Unum coverage booklet for more details.

Note that employees who work four (4) hours or less per day are not eligible for this basic life and accidental death and dismemberment insurance.

OPTIONAL LIFE

You may purchase additional Life coverage for yourself, your eligible spouse, and dependent children. The cost of this coverage is payroll deducted in after-tax dollars. Election amounts above the Guaranteed Issue amounts will require evidence of insurability (proof of good health). This means you'll have to answer a few questions about your health and lifestyle and, in some cases, you may be asked to have a physical exam. Amounts of coverage that are subject to the evidence of insurability rules are not effective until approved by Unum.

Optional Life Coverage Options	
Employee Life	<p>Elect in increments of \$10,000 to a maximum of the lesser of 5x earnings or \$500,000</p> <ul style="list-style-type: none"> • If you are enrolling within 31 days of your first day of eligibility (e.g. as a new hire), you are guaranteed coverage up to \$150,000 (the guaranteed issue amount). • Coverage amounts applied for over the guaranteed issue amount will require evidence of insurability (proof of good health). • If you are currently enrolled, you may increase coverage during our annual enrollment period up to the guaranteed issue amount without answering medical questions. Any increase over the guaranteed issue amount will require evidence of insurability. • If you waived coverage during your initial eligibility period, you can request coverage during our annual enrollment period. Evidence of insurability will be required.
Spouse Life	<p>Elect in increments of \$5,000 to a maximum of \$500,000, not to exceed 100% of the Employee's Coverage. Employee Life must be elected.</p> <ul style="list-style-type: none"> • If you are enrolling within 31 days of your first day of eligibility, you are guaranteed coverage up to \$25,000 (the guaranteed issue amount). • Coverage amounts applied for over the guaranteed issue amount will require evidence of insurability (proof of good health). • If you are currently enrolled, you may increase coverage during our annual enrollment period up to the guaranteed issue amount without answering medical questions. Any increase over the guaranteed issue amount will require evidence of insurability. • If you waived coverage during your initial eligibility period, you can request coverage during our annual enrollment period. Evidence of insurability will be required.
Dependent Child(ren) Life	<p>Elect in increments of \$2,000 to a maximum of \$10,000. Employee Life must be elected.</p> <ul style="list-style-type: none"> • If you are enrolling within 31 days of your first day of eligibility, you are guaranteed coverage up to \$10,000 (the guaranteed issue amount). • If you are currently enrolled, you may increase coverage during our annual enrollment period up to the guaranteed issue amount without answering medical questions. • If you waived coverage during your initial eligibility period, you can request coverage during our annual enrollment period. Evidence of insurability will be required. <p><i>(The maximum benefit payable from Live birth to age 6 months is \$1,000)</i></p>

**Life benefits reduce at age 70. Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Other limitations and exclusions apply. Please review your Unum booklet for more details.*

VOLUNTARY SHORT TERM DISABILITY

You have the opportunity to elect Voluntary Short Term Disability (STD) coverage. A weekly benefit of 60% of earnings up to a maximum of \$1,000 is paid if you become disabled and cannot work because of a non-work-related accident or illness, including pregnancy. Benefits begin on the first day due to injury or on the eighth day due to illness. Benefits are payable for up to 13 weeks. Short Term Disability benefits may be reduced by other income benefits.

If you are enrolling within 31 days of your first day of eligibility (e.g. as a new hire) you are guaranteed coverage without having to answer medical questions. If you waived coverage during your initial eligibility period, you can request coverage during our annual enrollment period, but you will be required to answer medical questions.

If you remain disabled when your Voluntary Short Term Disability benefit ends, you may be eligible for Long Term Disability benefits. This plan is insured by Unum and is an employee-paid benefit. Please see the Unum coverage booklet for more details.

LONG TERM DISABILITY

Henry Ford College provides you with long term disability (LTD) coverage at no cost to you. A monthly benefit of 60% of earnings up to a monthly maximum of \$2,500 is paid if you become disabled and cannot work for an extended period of time because of a non-work-related injury or sickness. Benefits begin after 180 days of injury or sickness. Some benefit limitations and exclusions apply. Please see the Unum coverage booklet for more details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Unum coverage includes an Employee Assistance Program (EAP) through Health Advocate. The EAP provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues. This benefit is FREE to you. You have up to 3 sessions of professional assessment for employees and family members.

For more information or help, call (800) 854-1446 or go to www.unum.com/lifebalance.

PET INSURANCE

Henry Ford College offers employees the opportunity to buy pet insurance through Nationwide. This benefit helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Nationwide offers coverage for dogs, cats, avian and exotic pets.

Simply pay for coverage through a convenient after-tax payroll deduction. Pricing varies depending on the type of pet and where you live. To get a quote and enroll, visit <https://benefits.petinsurance.com/hfcc> or call 877-738-7874.

The My Pet Protection® pet insurance plans feature more choices and more flexibility:

- Get cash back on eligible vet bills: choose your reimbursement level of 50% or 70%
- Available exclusively for employees: plans with preferred pricing only offered through HFC
- Use any vet, anywhere: no networks and no pre-approvals
- Your pet won't be dropped from coverage, regardless of age or number of claims filed
- Pre-existing conditions are not covered. Any illness or injury a pet had prior to the start of the policy will be considered pre-existing.

Coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. Both plans have a \$250 annual deductible and a \$7,500 maximum annual benefit. Coverage includes:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more!

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Vet Helpline

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Pet Rx Express

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Henry Ford College understands that you and your family members might experience a variety of personal or work-related challenges. Through the EAP with Ulliance, you have 24/7 access to resources, information, and counseling that are fully confidential and no cost to you.

Ulliance offers both face-to-face and telephonic appointments to meet with a Life Advisor consultant who can help to explore your unique work-life balance needs and identify the right services to support both you and your family. You can contact Ulliance at (800) 448-8326 or visit their website at www.lifeadvisorpeap.com.

Counseling Services

Ulliance's counseling services offer short term, solution-focused support for work-life issues such as stress, major life transitions, relationship issues, substance abuse, grief/loss and overwhelming emotions.

Life Advisor Coaching Services

Life Advisor Coaches provide support and motivation to achieve a work-life goal such as education, career advancement, financial or savings goals, or self improvement goals.

Education Materials

Ulliance has a wide variety of education materials that provide information and resources on work-life concerns. This includes an electronic monthly newsletter, access to articles, healthy-living tips, orientation videos, as well as books that can be mailed directly to your home at no cost to you!

Legal & Financial Advice

Telephonic consultations are available for up to 30 minutes to assist with identity theft counseling, dispute resolution, credit counseling, debt management, financial education and budgeting. Ulliance's legal advisors can also assist with document review and will preparation.

Ulliance Life Advisor App

The Ulliance Life Advisor App is your FREE and CONFIDENTIAL resource available to you and your dependents. The app contains a variety of resources, tools, articles, and general information about EAP services provided by Ulliance. It also allows you to contact Ulliance today to get connected with a *Life Advisor Consultant* and start living a healthier, more balanced life.

Need to get in touch to learn more about your EAP benefit, schedule a counseling session, or discover additional work/life resources available to you? Contact Ulliance through the app by:

- **Click to call** to connect directly with a *Life Advisor Consultant*
- **Send an email** to open your default email application
- **Send us your question** directly through the form on the app
- Request a call or appointment once you are logged in
- Access our social media sites to connect with us online

You can log into the app using **Henry Ford College** as the Company Name and **Dearborn** as the city of employment to access all resources in the app. This login information is saved to improve your experience the next time you visit the app.

WORLDWIDE TRAVEL ASSISTANCE PROGRAM

The Unum Worldwide Travel Assistance Program is offered in partnership with Assist America, the nation's largest provider of global emergency medical travel assistance services. Assist America provides medical and personal assistance when traveling 100 miles or more away from home. This protection extends to spouses (with the exception of spouse business travel) and minor dependent children.

Assist America has a worldwide network of over 600,000 pre-qualified medical providers. Medical staff is just a phone call away 24-hours a day, 7 days a week, 365 days a year. There are no caps, limits or chargebacks for any service Assist America provides. For assistance, call (800) 872-1414 within the United States or (609) 986-1234 outside the United States.

Global Travel Assistance (Assist America) Features

Medical consultation & evaluation	Transport to join patient, to return home, or to a rehabilitation facility
Referrals to English-speaking physicians	Care and transport of unattended minor children
Hospital admission guarantee	Prescription assistance
Critical care monitoring	Return of mortal remains
Emergency medical evacuations	Legal and interpreter referrals

LEGAL NOTICES

Making Mid-Year Changes

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year (January 1 – December 31). The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- **Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child**
- **Marriage, legal separation, annulment, or divorce**
- **Death of a dependent**
- **A change in employment status if it affects eligibility under the plan (i.e. full-time to part-time)**
- **A change in election that is on account of, and corresponds with, a change made under another employer plan**
- **A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan**

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and she/he loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify the Office of Human Resources within 30 days, you must wait until the next annual enrollment period to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

Disclosure About the Benefit Enrollment Communications

The benefit enrollment communications contain a general outline of covered benefits and do not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. Henry Ford College reserves the right to amend, modify or terminate any plan at any time and in any manner.

LEGAL NOTICES

Temporary Extension of Certain Deadlines for Benefits Due to the COVID-19 Outbreak

On May 4, 2020, the U.S. Departments of Labor and the Treasury issued guidance that temporarily extended the deadlines in place for certain benefit changes and processes associated with election, notification, payment and claims/appeals. To protect individuals from losing benefits, the agencies are adjusting deadlines that may be missed during the "Outbreak Period," which is defined as the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency, which has yet to be announced.

Events that occurred before March 1, 2020 also qualify for this relief if the timeframe to complete the action ended on or after March 1, 2020.

The extension of the deadlines will end on the first of the following to occur:

1. One year from the date the event began; or
2. Sixty days after the federal government declares the COVID-19 National Emergency over.

This applies to:

- The 30-day period (or 60-day period, if applicable) to request special enrollment;
- The 60-day election period for COBRA continuation coverage;
- The due date for making COBRA premium payments;
- The date for a covered employee or qualified beneficiary to provide required notifications of a qualifying event or a determination of disability;
- The date for which a qualified beneficiary to be provided a notice of a qualified beneficiary's right to elect COBRA continuation coverage;
- The date within which individuals may file a benefit claim or appeal an adverse benefit determination with respect to claims for benefits under ERISA (including the medical and prescription drug benefits, dental benefits, vision benefits, disability benefits, and any other benefit subject to ERISA);
- With respect to medical and prescription drug benefits, the date within which an individual may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- With respect to medical and prescription drug benefits, the date within which an individual may file information to perfect a request for external review upon a finding that the request was not complete.