



Hillsborough Community College

Employee Benefits Guide

July 1, 2024 – June 30, 2025

HCC is an equal access/equal opportunity educational institution

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Welcome

Hillsborough Community College is proud to offer you and your eligible family members a comprehensive benefits package and wellness incentives. Making well-informed decisions about your benefits is an important part of being a consumer within a challenging health care system. You can enroll in basic coverage to protect yourself from catastrophic events. You also have the option to purchase additional coverage if you want. You choose the level of coverage that's right for you. You may also participate in a variety of wellness-based programs. Take a look inside this guide for more information about the benefit plans available to you. These benefits are designed to protect and support you — and your family — throughout the year.

ENROLLMENT CHECKLIST

Who is Eligible?

All full-time faculty and staff are eligible to participate in HCC's benefit plans 1st of the month following date of hire.

See page 5 for eligibility information

How to Enroll?

- Review this 2024 Benefit Guide carefully as you consider your plan choices
- Complete your enrollment online through your Workday Employee Portal
 - You will receive a task in your Workday inbox
 - Click on "Let's get Started" and follow prompts to enroll in each benefit
 - Be sure to review and update your beneficiaries for Basic Life and applicable Voluntary Life
 - If you are adding any new dependents, please attach supporting documentation
 - Remember to review and submit your choices to complete your enrollment

CLICK HERE >>

[Enroll Now](#)



Eligibility for Benefits

All active full-time HCC faculty & staff. Benefits are effective the 1st of the month following the date benefit-eligible employment begins. Eligible dependents may also participate.

Eligible dependents for benefits include:

- ✓ Legally married spouse
- ✓ Domestic Partner
 - At least 18 years of age
 - Must cohabit and reside together in the same residence and intend to do so indefinitely; have resided in the same household for at least 6 months
 - Not legally married or in another domestic partnership
 - Is your sole domestic partner
 - In a committed relationship of mutual support
 - Shares financial obligations and living expenses with you
 - Not in a relationship solely to obtain insurance
- ✓ Dependent children to age 26
- ✓ Dependent children ages 26 - 30 **on the medical plan only if the following requirements have been met**
 - Unmarried
 - Reside in the state of Florida
 - Not provided coverage under another health plan
 - And not entitled to benefits under Title XVIII of the Social Security Act or Medicare
- ✓ Disabled Children (*Mental or physical covered indefinitely if they remain totally disabled and unmarried*)
- ✓ Stepchild
- ✓ Legally Adopted Child
- ✓ Child by permanent Legal Guardianship
- ✓ Children of domestic partner/common law spouse (*when domestic partner is also enrolled in the same plan*)
- ✓ Grandchild of whom you have legal guardianship
- ✓ Newborn Grandchild (*only covered 18 months without legal guardianship*)

Changing your Benefits | Qualifying Events

Life is full of changes; expected and unexpected. Generally, you may change your benefit elections only during the annual open enrollment period. However, you may add/remove yourself/eligible dependent(s) during the year if you experience a qualifying life event, including:

- Marriage
- Divorce
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid
- Loss of coverage from a parents' plan when turning 26 years old (employee or spouse)



Please Note:

You must take action in Workday within 31 days of the qualifying life event. If you do not take action in Workday and attach all supporting documentation within 31 days of the qualifying event, you will have to wait until the next annual enrollment period to request to remove/add self/dependent(s)

Your Benefit Choices

BENEFIT	Carrier	Your Options	WHO PAYS THE COST?	Deduction
Medical Coverage	Cigna	Low Copay HDHP High Copay	HCC pays 100% of EE* only on the Low Copay	Pre-Tax
Dental Coverage	Humana	DHMO PPO	HCC pays 100% of EE* only on both DHMO & PPO	Pre-Tax
Vision Coverage	Humana	Vision	Employee pays 100%	Pre-Tax
Health Savings Accounts (must be enrolled in HDHP)	Health Equity	Max \$4,150 Individual Max \$8,300 Family <i>Includes \$750 HCC Contribution</i>	HCC contributes \$750 if enrolled in HDHP plan** Employee Pays additional	Pre-Tax
Medical FSA	Health Equity	Max \$3,200 Individual/Family <i>Excludes \$750 HCC Contribution</i>	HCC contributes \$750 if enrolled in HDHP plan** Employee Pays additional	Pre-Tax
Dependent Care FSA	Health Equity	Max \$5,000	Employee Pays 100%	Pre-Tax
Basic Life and AD&D	Mutual of Omaha	1x annual Salary not to exceed \$250,000	HCC pays 100%	N / A
Employee Voluntary Life and AD&D	Mutual of Omaha	Up to 5x annual salary not to exceed \$650,000	Employee pays 100%	Post-Tax
Spouse Voluntary Life and AD&D	Mutual of Omaha	Up to \$25,000 *Employee must be enrolled in Voluntary Life, at least 1x salary	Employee pays 100%	Post-Tax
Child Voluntary Life and AD&D	Mutual of Omaha	Up to \$5,000 *Employee must be enrolled in Voluntary Life, at least 1x salary	Employee pays 100%	Post-Tax
Short Term Disability	Mutual of Omaha	60% of annual salary not to exceed \$1,000 per week	Employee pays 100%	Post-Tax
Long Term Disability	Mutual of Omaha	50% of annual salary not to exceed \$6,000 per month	HCC pays 100%	N / A
Buy-up Long-Term Disability	Mutual of Omaha	Additional 10% (to total 60%) not to exceed \$8,000 per month	Employee pays 100%	Post-Tax
Accident, Hospital, Cancer & Critical Illness	Allstate	Lump sum benefits for specified services	Employee pays 100%	Post-Tax
Legal Shield & Identity Theft	Legal Shield	Identity Theft protection and legal advice and representation	Employee pays 100%	Post-Tax
Pet Insurance	Nationwide	Veterinary Discounts and services	Employee pays 100%	Post-Tax

*EE = Employee

** If enrolled in the HDHP, HCC will only contribute to a Health Savings Account **OR** Health Care Flexible Spending Account

Pre-Tax Information



Section 125 / Pre-Tax Advantage

One of the biggest advantages of your Employee Benefit Program is that your premium contributions are deducted from your paycheck on a pre-tax basis. When you pay for your premiums with pre-tax dollars, you are reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions.

A Section 125 Plan provides you with advantages to:

- Reduce federal income tax
- Reduce Social Security tax
- Increase take-home pay
- Reduce overall cost for premiums
- Reduce state tax (subject to state guidelines)

Hillsborough Community College will deduct your medical, dental, vision, HSA, Medical / Dependent Care FSA contributions on a pre-tax basis. The following example shows how a Section 125 Plans works for you:

	Without 125	With 125
Gross Income	\$1,000	\$1,000
Pre-tax benefit premiums	\$0	\$100
Taxable Income	\$1,000	\$900
Estimated taxes (15%)	\$150	\$135
Post-tax benefit Premium	\$100	\$0
Take-Home Pay	\$750	\$765

**Take-home pay
increased by
\$15!**

Medical Insurance Plans

	Plan A OAP Low	Plan B HDHP	Plan C OAP High
IN-NETWORK BENEFITS (Plan Year)			
Deductible (Individual Family)	\$2,000 / \$4,000	\$3,000 or \$3,200 / \$6,000	\$1,000 / \$2,000
Coinsurance (HCC Employee)	80% / 20%	100% / 0%	80% / 20%
Out-of-Pocket Max (Individual Family)	\$6,000 / \$12,000	\$3,000 or \$3,200 / \$6,000	\$3,000 / \$6,000
Office Services			
Preventative Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician	\$25 Copay	Deductible	\$30 Copay
Specialist	\$50 Copay	Deductible	\$45 Copay
Urgent Care	\$50 Copay	Deductible	\$35 Copay
Virtual Care (MDLive)	Covered 100%	Up to \$56	Covered 100%
Hospital Services			
Inpatient Hospitalization	Deductible then 20%	Deductible	Deductible then 20%
Outpatient Surgical	Deductible then 20%	Deductible	Deductible then 20%
Emergency Room	\$500 Copay	Deductible	\$250 Copay
Durable Medical Equipment (DME)	Deductible then 20%	Deductible	Deductible then 20%
Labs and Diagnostic Imaging			
Clinical Lab	\$0 Copay	Deductible	\$0 Copay
Radiology (i.e. X-ray)	\$50 Copay	Deductible	\$50 Copay
Major/Advanced Imaging (i.e. MRI, CT, PET)	\$250 Copay	Deductible	Deductible then 20%
Prescription Drugs			
Rx Deductible	No	Yes	No
Tier 1 2 3 4 Specialty	\$15 / \$30 / \$50 / 25% (Max of \$300)	Deductible then covered 100%	\$15 / \$30 / \$50 / 25% (Max of \$200)
Mail Order (90 days)	3 x Retail	Deductible then covered 100%	3 x Retail
SEMI-MONTHLY EMPLOYEE COST (24)			
Employee	\$0.00	\$12.50	\$25.00
Employee + Spouse	\$218.36	\$279.25	\$315.37
Employee + Child(ren)	\$140.00	\$207.90	\$236.42
Employee + Family	\$360.69	\$453.02	\$519.66
19 PAY EMPLOYEE COST (19)			
Employee	\$0.00	\$15.79	\$31.58
Employee + Spouse	\$275.82	\$352.74	\$398.36
Employee + Child(ren)	\$176.84	\$262.61	\$298.64
Employee + Family	\$455.61	\$572.24	\$656.41

One Guide by Cigna

DURING OPEN ENROLLMENT, WE ARE JUST A PHONE CALL AWAY:

- Answer questions about the basics of coverage for medical plans and products as well as Cigna Healthcare Pharmacy
- Identify the types of health plans available to you to help you choose the one that best meets your needs
- Find out if your doctors are in network to help you avoid unnecessary costs
- Get answers to any other questions you may have



1-888-806-5042

AFTER OPEN ENROLLMENT, PERSONALIZED SUPPORT HELPS YOU:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Understand your bills
- Navigate the health care system

After you've enrolled, access Cigna One Guide the way that's most convenient to you.



myCigna website or app



Live chat



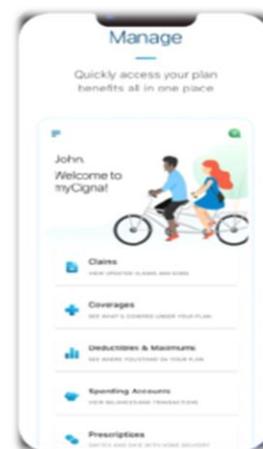
Phone

myCigna App

The myCigna app gives you a new and improved way to easily access your important health information.

QUICK ACCESS TO YOUR PLAN BENEFITS, ALL IN ONE PLACE, 24/7

- Manage and track claims
- View, fax or email ID card information
- Find doctors and compare cost and quality information
- Review your coverage
- Track your account balances and deductibles



Health Savings Account

A Health Savings Account (HSA) is a tax-exempt savings vehicle used to accumulate money for eligible health care expenses. Your HSA may be used to pay for health care expenses as they occur, or the funds may remain in your account until you need them later in life. This plan is managed through **HealthEquity**, however you must individually monitor your contribution amount to not exceed the IRS determined limits. Contribution to an HSA is optional. The money you contribute may be used to pay for qualified medical, dental, and vision expenses.

ELIGIBILITY CRITERIA

- Be covered by an HDHP
- Not be covered by other health coverage that is not an HDHP (with certain exceptions)
- Not be enrolled in Medicare
- Not be eligible to be claimed as a dependent on another person's tax return

CONTRIBUTION AMOUNTS:

2024 H.S.A. IRS Maximum Limits

- Single Coverage: \$4,150
- Family Coverage: \$8,300
- (\$1,000 catch-up if age 55+)

**** CANNOT be used for Dependent Care or Domestic Partner Expenses ****

MONTHLY ACCOUNT FEES

While enrolled in an HDHP with HSA as an active, benefits-eligible employee, HCC will cover monthly account service fees. If you are no longer enrolled in this option, your account will be converted to an individual account and you will be responsible for all fees.

MEDICARE

Starting at age 65, account owners may take penalty-free distributions for any reason. However, to be tax-free, withdrawals must be for qualified medical expenses.

The IRS prohibits an individual from contributing to a health savings account IF:

- Individual is 65 or older who has filed for retirement benefits through the Social Security Administration Office
- Individual who is enrolled in Medicare Part A or B

IMPORTANT: Due to the Social Security Administration Office making retirement benefits retroactively for 6 months prior to an individual application, it is your responsibility to make sure you stop making your HSA contributions at least 6 months prior to applying for Social Security.

P.O. Box Address/Account Verification under the U.S. Patriot Act: If you currently have a P.O. Box listed with HCC as your main address and try to enroll in a HSA, your account will NOT BE SET UP. For security purposes. Health Equity must have a physical address on file. Be sure that HCC Human Resources has your physical address on file BEFORE enrolling. Under the U.S. Patriot Act, all accounts are reviewed before opening. You may be required to provide additional identity verification to Health Equity before your account can be finalized. If your account is not verified within 60 days, you will forfeit HCC contributions.

Flexible Spending Accounts

With a flexible spending account (FSA), you can set aside tax-free money to pay for eligible expenses. HCC offers two FSAs **through HealthEquity**:

- The Health Care FSA
- The Dependent Care FSA

When you participate in an FSA, you decide how much you want to contribute each plan year. The money you contribute is then taken from your pay before taxes are deducted — this lowers your taxable income, which means lower taxes for you! You're eligible for all FSAs even if you don't elect medical or dental coverage through HCC. **Note:** You are unable to enroll in a Health Care FSA when enrolled in a HSA.

HEALTH CARE FSA

Health Care FSA expenses are limited to \$3,200 per plan year with any remaining funds forfeited at the end of the year.

DEPENDENT CARE FSA

For the Dependent Care FSA, you generally can contribute up to \$5,000 each year per household. This FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as nursery or day care costs, so you and your spouse (if you're married) can work or look for work.

ELIGIBLE DEPENDENTS (For Dependent Care FSA)

Dependents (must live in your home at least 8 hours everyday) include:

- Children under Age 13
- Spouse or legal dependent of any age (must be physically or medically incapable of self-care)

****CANNOT be used for domestic partner or domestic partner's children****

DEPENDENT CARE ELIGIBLE EXPENSES:

- Child or Adult care center that complies with State and Local Regulations (NOT including nursing homes)
- Sitter inside or outside of the home
- Daycare during school vacation (provided it is not primarily for education purposes)
- Nursery School
- Relative who cares for eligible dependents (relative cannot be your dependent and must be at least age 19)

****CANNOT be used for healthcare expenses****

IMPORTANT!

As with any great tax break, there are a few important rules for FSAs, so make sure to review the information from the IRS – (<https://www.irs.gov/pub/irs-pdf/p969.pdf>) before you enroll.

FSAs come with a "use it or lose it" rule. You need to use all the funds in your FSA during the plan year – or you'll forfeit any remaining funds. HCC does allow you to incur services through August 15th if you submit the claim by September 30th. So, please be sure to plan carefully!



Virgin Pulse Wellness App

With Cigna Healthcare, HCC Employees can now enjoy a new wellness platform with Virgin Pulse!

HCC Members who are enrolled in one of the Cigna Health plans will be able to access Virgin Pulse directly through the myCigna app.

HOW DOES IT WORK?

Members can set their goals and track them across several devices to change behavior and improve well-being, including:

- Better physical or mental health
- An improved night's sleep, and
- More meaningful social interactions

Through personalized experiences that offer fitness challenges, digital coaching and other wellness tools employees can customize their goals, invite family members and friends to join them, and get real-time insights to drive healthy routines and lasting change.

The Cigna Healthcare well-being solution, together with Virgin Pulse offers:



Personalized customer experience

- AI-driven experience improves content relevance
- Action-oriented custom content served daily to improve engagement
- Full integrated into myCigna.com for a seamless experience



Exceptional engagement

- Well-being challenges, including peer-to-peer interactions for social motivation
- Ability to invite up to 10 friends and family members
- Incentive-based design rooted in behavioral science



Holistic and Inclusive

- Focus on whole-person health throughout the experience
- Addresses social determinants of health
- Emphasizes diversity, equity and inclusion

Accredo – Specialty Pharmacy

As part of your Cigna Healthcare administered pharmacy benefits, you have access to Accredo, a Cigna Healthcare specialty pharmacy. If you're using a specialty medication, Accredo can help. Their team of specialty-trained pharmacists and nurses will fill and ship your specialty medications to your home (or location of your choice) They'll also provide you with the personalized care and support you need to manage your therapy, at no extra cost.

WHAT IS A SPECIALTY PHARMACY

A specialty pharmacy fills specialty medications, which are used to treat complex medical conditions like multiple sclerosis, hepatitis c and rheumatoid arthritis. Specialty medications are typically injected or infused and may need special handling (like refrigeration).

WHAT ACCREDO PROVIDES

- **Personalized care services** including counseling and training on how to administer your medication.
- **24/7 access to specialty-trained pharmacists and nurses** experienced in complex conditions that require specialty medications.
- **Fast shipping, at no extra cost** – even for medications that need special handling, like refrigeration.
- **Easy refills and free reminders** to help make sure you don't miss a dose. You can also refill certain prescriptions by text.
- **Easily manage your medications and track your orders online** using the myCigna app or website.
- Help with applying for third-party **copay assistance programs** and other payment options.



MDLIVE – Virtual Care

Cigna Healthcare has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options – available by phone or video whenever it works for you.

MDLIVE for Cigna offers reliable 24/7 health care by phone or video. Our national network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and behavioral health needs.

PRIMARY CARE

Preventive care, routine care and specialist referrals

- Preventive care checkups / wellness screenings available at no additional cost
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities



BEHAVIORAL CARE

Talk therapy and psychiatry from the privacy of home

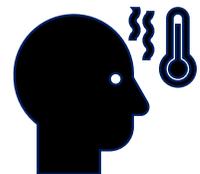
- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression



URGENT CARE

On-demand care for minor medical conditions

- On-demand 24 / 7 / 365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate



DERMATOLOGY

Fast, customized care for skin, hair and nail conditions – no appointment required

- Board-certified dermatologist review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

Omada – Diabetes Prevention

Cigna’s Diabetes Prevention Program in collaboration with Omada is a digital lifestyle change program designed to help individuals lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease. The program surrounds participants with the tools and support they need to make lasting, meaningful changes to the way they eat, move, sleep, and manage stress – one small step at a time.

HOW IT WORKS

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits.

- Designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease
- Surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep and manage stress – one small step at a time
- Teaches healthy habits – guided by interactive online lessons and support groups, professional health coaching and a digitally connected scale
- Receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna Healthcare, are at risk for type 2 diabetes or heart disease and are accepted into the program.



Visit <https://app.omadahealth.com/registration/v2> to see if you qualify!



Employee Assistance Program

As an employee of Hillsborough Community College, you have access to our valuable Employee Assistance Program (EAP) at no cost to you.

HOW IT WORKS

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

SERVICES

Take advantage of a wide range of services offered at no cost to you:

- **Six (6)** face to face counseling sessions with a counselor in your area, as well as video-based sessions
- **Legal Assistance:** 30-minute consultation with an attorney, face-to-face or by phone*
- **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet Care:** Resources and referrals for pet sitting, obedience training , veterinarians and pet stores.
- **Identity Theft:** 60-minute consultation with a fraud resolution specialist.



WE'RE HERE TO LISTEN. CONTACT US ANY DAY, ANY TIME.

- Call 877.622.4327
- Or log in to myCigna.com.
- Employer ID: **hccfl** (Needed for initial registration only)

If already registered on myCigna.com, simply log in and go to the EAP link under the Review My Coverage Tab.

*Employment-related legal issues are not covered.

Dental Insurance Plans

	DHMO	PPO	
		In Network	Out of Network
Deductible (Single / Family)	None	\$25 / \$75	\$50 / \$150
Plan Year Maximum	Unlimited	\$1,500 (then 30% discount)	
Primary Dentist Selection	Yes	No	
Type A - Preventive Services			
Exams Routine cleanings X-rays	Covered 100%	Covered 100% (includes 3 routine & 4 deep cleanings)	
Type B - Basic Services			
Fillings Extractions Simple Surgery	See Copay Schedule	Covered 90%	Covered 80%
Type C - Major Services			
Crowns Dentures Implants	See Copay Schedule	Covered 60%	Covered 50%
Other Services			
Periodontics Endodontics	See Copay Schedule	Covered 90%	Covered 80%
Implants	Excluded	Covered 60%	Covered 50%
Orthodontia			
Adult / Child	See Copay Schedule	50% Coinsurance (\$1,000 Lifetime max per person)	
SEMI-MONTHLY EMPLOYEE COST (24)			
Employee Only	\$0.00	\$0.00	
Employee + Spouse	\$8.22	\$17.84	
Employee + Child(ren)	\$6.91	\$21.41	
Employee + Family	\$17.30	\$41.04	
19 PAY EMPLOYEE COST (19)			
Employee Only	\$0.00	\$0.00	
Employee + Spouse	\$10.38	\$22.53	
Employee + Child(ren)	\$8.72	\$27.04	
Employee + Family	\$21.85	\$51.84	

Important Notes on DHMO:

- You must use an assigned primary care dentist. Call 1-800-979-4760 with your Primary Care Dentist (PCD) selection.
- If the PCD change is received between the 1st and 15th of the month, the change is effective on the 1st of the following month.
- If the PCD change is received after the 15th of the month, the change is effective on the 1st of the subsequent month.
- No Out of Network Benefits

Vision Insurance Plan

	In Network	Out of Network (Reimbursement)	Frequency
Exam			
Eye Exam	\$10 Copay	Up to \$30 allowance	Every 12 months
Materials Copay	\$15 Copay	Not Covered	Every 24 months
Base Lenses (one pair per frequency)			
Single Vision Lenses	100%	Up to \$25 allowance	Every 12 months
Lined Bifocal Vision Lenses	100%	Up to \$40 allowance	Every 12 months
Lined Trifocal Vision Lenses	100%	Up to \$60 allowance	Every 12 months
Frames (one per frequency)	\$130 allowance then (20% off balance)	Up to \$65 allowance	Every 24 months
Contact Lenses (in lieu of lenses and/or frames per frequency)			
Elective	\$130 allowance (15% off balance)	\$104 allowance	Every 12 months
Medically Necessary	100%	\$200 allowance	Every 12 months
Diabetic Eye Care			
Examination	100%	Up to \$77 allowance	Every 6 months
Retinal Imaging	100%	Up to \$50 allowance	Every 6 months
Extended Ophthalmoscopy	100%	Up to \$15 allowance	Every 6 months
Gonioscopy	100%	Up to \$15 allowance	Every 6 months
Scanning Laser	100%	Up to \$33 allowance	Every 6 months
SEMI-MONTHLY EMPLOYEE COST (24)			
Employee Only		\$3.30	
Employee + Spouse		\$6.61	
Employee + Child(ren)		\$6.27	
Employee + Family		\$9.84	
19 PAY EMPLOYEE COST (19)			
Employee Only		\$4.16	
Employee + Spouse		\$8.34	
Employee + Child(ren)		\$7.92	
Employee + Family		\$12.43	



Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment insurance is designed to provide a benefit in the event of accidental death or dismemberment.

HCC provides 1x your annual salary, not to exceed \$250,000, of Basic Life and AD&D Insurance to all eligible employees at **no cost to you**.

You have the option to purchase additional life insurance on yourself, your spouse, and your dependent children. Below is a brief summary of coverage. [Rates available on Workday Benefits Enrollment portal](#) (Based on age & salary)

Coverage for	Voluntary Life Benefit	The Basic Life and AD&D benefit paid by HCC is one times your annual base salary, up to a maximum benefit of \$250,000 with a minimum of \$25,000.
You	Minimum of 1x annual salary Maximum of \$650,000, not to exceed 5x annual salary	
Your Spouse	\$25,000	
Children	\$5,000	

VOLUNTARY TERM LIFE | IMPORTANT INFORMATION

- **Benefit Age Reductions:** Your benefit reduces at age 70 by 33% and again at age 75 by 50%
- Rates are based on your **age as of July 1st**
- **Spouse/Child Voluntary Life:** You must elect voluntary life on yourself in order to purchase spouse and child coverage. Coverage for spouse and/or child cannot exceed 100% of the employee's benefit coverage amount.
- **Spouse Voluntary Life** coverage terminates when the spouse reaches age 100.
- **Child Voluntary Life** is available for children **14 days to 26 years old**
- **Portability:** Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium in coverage.
- **Conversion:** If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
- In the event of death, the death benefit will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
- **Living Care/Accelerated Death Benefit:** 80% of the amount of life insurance benefit is available to you if terminally ill, not to exceed \$500,000.
- **Waiver of Premium:** If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain condition

GUARANTEE ISSUE AMOUNTS

Newly Eligible/New hires: You may elect supplemental life up to \$300,000 for yourself and \$25,000 for your spouse, without having to complete an EOI.

Currently enrolled with coverage, you can increase by one increment (1 x annual salary) up to \$300,000 without EOI. If you are not currently enrolled or applying for coverage greater than \$300,000, you must complete an EOI. **It is your responsibility to provide Mutual of Omaha with all the necessary documentation.**

Disability Insurance

The goal of disability insurance benefits is to provide you with income protection should you become disabled and unable to work due to a non-work-related illness or injury. HCC provides eligible employees Long Term Disability at no cost to you. You have the option to purchase Short Term Disability and an additional 10% Long Term Disability. [Rates available on Workday Benefits Enrollment portal](#) (Based on age & salary)

	Short Term	Long Term																		
Benefits Payable	Weekly	Monthly																		
Income Amount	60%	50%																		
Maximum Benefits	\$1,000 per week	\$6,000 per month																		
Buy-Up Option	N/A	You may purchase an additional 10% not to exceed \$8,000 per month																		
Waiting Period	7 days (accident) 14 days (sickness)	90 days																		
Benefits Begin	8th day of disability (accident) 15th day of disability (sickness)	On the 91st day of disability																		
Benefit Duration	12 weeks	<table border="1"> <thead> <tr> <th>Age Disabled</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>62 and younger</td> <td>48 months or SSNRA</td> </tr> <tr> <td>63</td> <td>42 months or SSNRA</td> </tr> <tr> <td>64</td> <td>36 months</td> </tr> <tr> <td>65</td> <td>36 months</td> </tr> <tr> <td>66</td> <td>36 months</td> </tr> <tr> <td>67</td> <td>36 months</td> </tr> <tr> <td>68</td> <td>36 months</td> </tr> <tr> <td>69 and older</td> <td>18 months</td> </tr> </tbody> </table>	Age Disabled	Benefit	62 and younger	48 months or SSNRA	63	42 months or SSNRA	64	36 months	65	36 months	66	36 months	67	36 months	68	36 months	69 and older	18 months
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65	36 months																			
66	36 months																			
67	36 months																			
68	36 months																			
69 and older	18 months																			
Pre-existing Waiting Period	3/6 (definition below)	3/12 (definition below)																		
Definition of Disability																				
Own Occupation	99%	99%																		
Any Occupation		85%																		

Evidence of Insurability (EOI): EOI is **not** required when applying for Short Term Disability. EOI is required when applying for the Long-Term Disability Buy up plan if you do not currently have coverage. Both plans have a pre-existing waiting period noted above and below.

Pre-existing: If the insured has received treatment, been consulted or prescribed medication for a specific condition within 3 months prior to their effective date and is subsequently disabled, the insured will experience a waiting period (6 month for short term and 12 month for long term) for that specified condition.

Supplemental Insurance

ACCIDENT INSURANCE through Allstate helps you handle the medical out-of-pocket costs that add up after an accidental injury. You can't always avoid accidents — but you can protect yourself from accident-related costs that can strain your budget. Accident insurance pays a benefit directly to you if you have a covered injury and need treatment. You can get coverage for your spouse and dependents, too. As medical costs continue to rise, accident insurance provides a necessary layer of financial protection. The below list is not an all-inclusive list. Please refer to plan documents for additional information and full payout breakdown. [Rates available on Workday Benefits Enrollment portal](#)

Initial & Emergency Care	Benefit Amount
Ground Ambulance/Air Ambulance	\$100 / \$300
Emergency Care Treatment	\$100
Physician Office Visit	\$50
Hospitalization Benefits	
Hospital Admission	\$1,000
Hospital Stay (per day)	\$200
Intensive Care Unit Stay (per day)	\$400

CANCER INSURANCE through Allstate helps to provide coverage for an initial diagnosis of cancer as well as additional benefits for out-of-pocket costs for treatments and expenses as they occur.

Coverage for	Benefit Amount
Initial Cancer diagnosis	\$4,000

Supplemental Insurance

HOSPITAL INDEMNITY PLAN through Allstate helps to provide financial relief for unexpected hospital expenses. Statistics show that most people aren't prepared to handle the financial burden that comes with such expenses. This benefit can help cover the out-of-pocket costs, especially if your medical deductible has not been met.

Coverage for	Benefit Amount
Hospital Confinement	\$1,500 first day
Hospital Confinement	\$150 / day (days 2 – 10)

CRITICAL ILLNESS INSURANCE through Allstate helps to provide financial relief so you can focus on getting better. Critical Illness insurance pays a cash benefit in the event you or your family are faced with a covered critical illness like cancer, heart attack or stroke. This policy pays a cash benefit that can be used to help pay medical expenses not covered by your primary health insurance, or to help with everyday expenses — allowing you to focus on recovery.

Coverage for	Benefit Amount
You	\$25,000
Your Spouse	50% of employee amount
Your Child(ren)	50% of employee amount

Covered Illnesses include (but not limited to):

- Invasive Cancer
- Heart Attack
- Stroke
- Kidney Failure
- Paralysis
- Blindness
- Alzheimer's Disease
- Parkinson's Disease

Legal Services

HCC offers legal services as well as many other consulting services with LegalShield. LegalShield & IDShield provides the resources to help you manage your financial and legal well-being.

LEGALSHIELD COVERAGE INCLUDES:

- Legal Consultation & Advice
- Court Representation
- Will Preparation
- Dedicated Provider Law Firm
- Legal Document Preparation & Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access

SEMI-MONTHLY EMPLOYEE COST (24)		
	LegalShield	IDShield
Individual Plan	N / A	\$3.48
Family Plan	\$7.88	\$6.48

19 PER PAY EMPLOYEE COST (19)		
	LegalShield	IDShield
Individual Plan	N / A	\$4.39
Family Plan	\$9.95	\$8.18

IDSHIELD COVERAGE INCLUDES:

- Identity Consultation & Advice
- Dedicated Licensed Private Investigators
- Identity, Credit & Financial Account Monitoring
- Child Monitoring
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring
- Online Privacy Reputation Management

SEMI-MONTHLY EMPLOYEE COST (24)	
	LegalShield & IDShield
Individual ID Plan/Family Legal	\$10.85
Family Plan	\$13.40

19 PER PAY EMPLOYEE COST (19)	
	LegalShield & IDShield
Individual ID Plan/Family Legal	\$13.71
Family Plan	\$16.93

Visit www.shieldbenefits.com/hcc/overview for more information and to enroll.

Additional Benefits

PET INSURANCE

You work hard to provide your family with everything they need. So whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions, and more!

- Custom made plans for employees only
- Visit any vet, anywhere
- Choose from 70% to 50% reimbursement of vet's invoice
- Low \$250 annual deductible
- Pet Rx Express for prescription medications
- Easy online claim submission
- 24/7 VetHelpline access for policyholders

Visit PetsNationwide.com or call 877-738-7874 for a fast, no obligation quote, today!

*For a quote to enroll birds or exotic pets, give us a call!

FARMERS AUTO & HOME INSURANCE

- Sign- up anytime through Farmers
- Mention special discount code B2W.
- Payroll deducted premiums



Farmers GroupSelectSM

Get special employee savings on auto insurance. Others saved **\$562*** on average.

(844) 288-0591

[GET A QUOTE](#)

 FARMERS[®] INSURANCE

The advertisement features a blue header with the text 'Farmers GroupSelect SM'. Below this, there is a light blue background with several cars (white, blue, and silver) arranged in a cluster. The text 'Get special employee savings on auto insurance. Others saved \$562* on average.' is prominently displayed. At the bottom, there is a white section containing the phone number '(844) 288-0591', a red button with the text 'GET A QUOTE', and the Farmers Insurance logo which includes a stylized sunburst icon and the text 'FARMERS INSURANCE'.

Employee Discounts

Free Admission for Employees to HCC Sports Events

10% off ICCE Kids' College (813-259-6010)

Emergency Ride Home (ERH) program offered through TBARTA Commuter Services. The ERH program is the region's 'safety net' for employees who regularly use an alternative commute to work (carpool, vanpool, used transit, biked, or walked) from being stranded at work during the event of an emergency. Eligible employees are those who work or live in Citrus, Hernando, Hillsborough, Pasco, or Pinellas counties and use an alternative commute mode at least 2 times per week. Commuters are eligible for up to four (4) free rides home per year. For more information, please call commuter services today at 1-800-998-RIDE(7433).

NOVA: Educational Corporate Partnership with NSU's Huizenga College of Business offers a special tuition award valued up to \$7,370 (dependent on the program), when you enroll in one of their master's in business degree programs. Courses are offered in a variety of formats. <https://www.business.nova.edu/corporate/hcc/>. Contact Michael Abraham at 813-574-5274 or ma837@nova.edu

Tickets At Work: Sign up to become a member and begin to reward yourself and your family members with discounts for tickets to theme parks, shows, sporting events, car rentals and more. At the link, click on "BECOME A MEMBER" and on the screen that pops up complete the information under "Sign Up With Your---"Company Code"---HCC's company code is: "HAWK" to complete your registration. <https://www.ticketsatwork.com/tickets>

Fitness Facilities and Programs: Sign up at your local YMCA or click on the following link for additional discounts for "Active and Fit now" <https://www.activeandfit.com/>



H&R BLOCK®



DURING THE ACADEMIC YEAR STUDENT PROGRAMS AVAILABLE TO EMPLOYEES AT A COST:

HCC Opticianry – To request an appointment email HCCOpticianry@hccfl.edu or Istokes@hccfl.edu

Bistro118 - For more information about the menus and hours visit www.bistro118.org



Insurance Definitions

Accident Insurance - Coverage paid to you if you are accidentally injured.

AD&D - Benefit that is paid due to accidental death or dismemberment. Dismemberment includes loss of body parts or functions (ex: limbs, eyesight, or hearing)

Benefit - The amount of money (or other types of compensation, such as wellness credits) you receive from an insurance carrier.

Coinsurance - The amount you pay for services after you meet your deductible. For example, your coinsurance might be 20% of the total charge, while your insurance company pays the other 80%.

Copay - A flat fee you pay for health care services; your insurer pays the balance.

Critical Illness Insurance - Insurance coverage that pays you cash if you are diagnosed with a specific illness covered by your plan such as heart attack or stroke.

Deductible - The amount you'll pay toward medical expenses before your insurer begins to pay for them.

Dependent - A qualifying child, spouse or domestic partner, who relies on you for financial support.

Disability Insurance - Cash paid to you by your insurance company in the event that an illness or accidental injury causes you to be out of work for a certain amount of time.

Evidence of Insurability (EOI) - is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health to be approved for coverage.

Health Savings Account (HSA) - A tax-advantaged financial account set up through your employer that allows you to set aside a portion from your paycheck to be used for qualifying medical expenses such as prescriptions, deductibles, and copays. HSAs are only offered in conjunction with qualified high-deductible health plans. Money deducted from pay into an HSA is not subject to taxes.

High Deductible Health Plan (HDHP) - A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

Hospital Indemnity Insurance - Coverage that pays out a set amount for a designated period of time (day, week, month or visit) spent in the hospital due to sickness or injury

Life Insurance - A specific amount of money paid to designated beneficiaries in the event of the insured person's death.

Open Enrollment - A period of time (usually a few days to a few weeks) in which companies allow employees to choose their insurance coverage for the coming year.

Out-of-Pocket Maximum - The highest amount you'll pay toward medical expenses in a year including deductibles, copays, and coinsurance. This does not apply to your monthly premiums deducted from your paycheck. If the out-of-pocket-maximum is met, any further qualified expenses will be 100% covered by the insurance company for the remainder of the year.

Premium - The specified amount of money you'll pay monthly (deducted from your salary each pay period) in exchange for insurance coverage.

Important Notices

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

CONTINUED COVERAGE RIGHTS UNDER COBRA CONTINUED

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days of the qualifying event. You must provide this notice to: Human Resources.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Attn: COBRA Department

WEX

Phone (866) 451-3399

Email: customerservice@wexhealth.com

Website: <https://www.wexinc.com>

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) Important Notice About Your Prescription Drug Coverage and Medicare

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, **and you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA(3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 1, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Medicaid
Medicaid Website: <http://www.colorado.gov/hcpf>
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid
Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.hip.in.gov>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA – Medicaid
Website: <http://www.dhs.state.ia.us/hipp/>
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: <http://mn.gov/dhs/ma/>
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – MedicaidWebsite: http://www.nyhealth.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MedicaidWebsite: <http://www.ncdhhs.gov/dma>

Phone: 919-855-4100

NORTH DAKOTA – MedicaidWebsite: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIPWebsite: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – MedicaidWebsite: <http://healthcare.oregon.gov/Pages/index.aspx><http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – MedicaidWebsite: <http://www.dhs.pa.gov/hipp>

Phone: 1-800-692-7462

RHODE ISLAND – MedicaidWebsite: <http://www.eohhs.ri.gov/>

Phone: 401-462-5300

SOUTH CAROLINA – MedicaidWebsite: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – MedicaidWebsite: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – MedicaidWebsite: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website:

Medicaid: <http://health.utah.gov/medicaid>CHIP: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT – MedicaidWebsite: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:

http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – MedicaidWebsite: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website:

<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – MedicaidWebsite: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICES

This notice is being provided to make certain that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive health insurance coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 31 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Cristina Petrie
Hillsborough Community College
4115 N. Lois Ave.
Tampa FL 33614
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DISCLAIMER

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IMPORTANT CONTACTS

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Ashley Kinsey	Dedicated Account Service Rep	727-450-7115	Ashley.Kinsey@bbrown.com
OR Questions on Benefits/support, ID Cards, Claims, Billing, etc.	Dedicated Employee Benefits Hotline	1-888-408-3671	

BENEFIT	CARRIER	PHONE#	WEB
Medical	Cigna	1-800-997-1654	www.myCigna.com
HSA/FSA	HealthEquity	1-866-346-5800	www.healthequity.com
Dental	Humana	1-800-457-4708	www.humana.com
Vision	Humana	1-800-457-4708	www.humana.com
Life & Disability Insurance	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com
Telemedicine	MDLive	Via Mobile App	www.mdlive.com
Employee Assistance Program (EAP)	Cigna	1-877-622-4327	www.myCigna.com
Hosp., Acc., CI, & Cancer	Allstate	1-800-521-3535	www.allstate.com
Legal Shield & IDShield	LegalShield	1-800-654-7757	www.shieldbenefits.com/hcc/overview
Tickets at Work		1-800-331-6483	www.Ticketsatwork.com
Pet Insurance	Nationwide	1-888-899-4874	www.petinsurance.com/affiliates/hillsborough

HCC BENEFITS TEAM

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Cigna Well-Being Coordinator	Cigna	813-253-7039	



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This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

