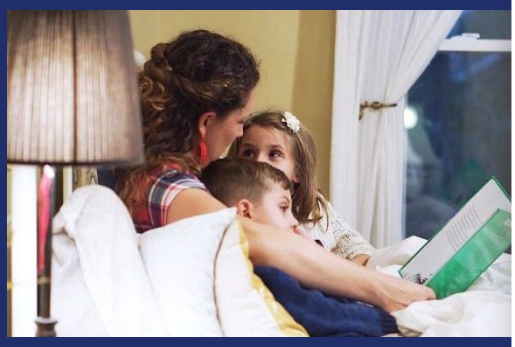


2023-2024 Employee Benefits Guide







July 1, 2023 – June 30, 2024

HCC

HCC is an equal access/equal opportunity educational institution

Welcome to Your Benefits!

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

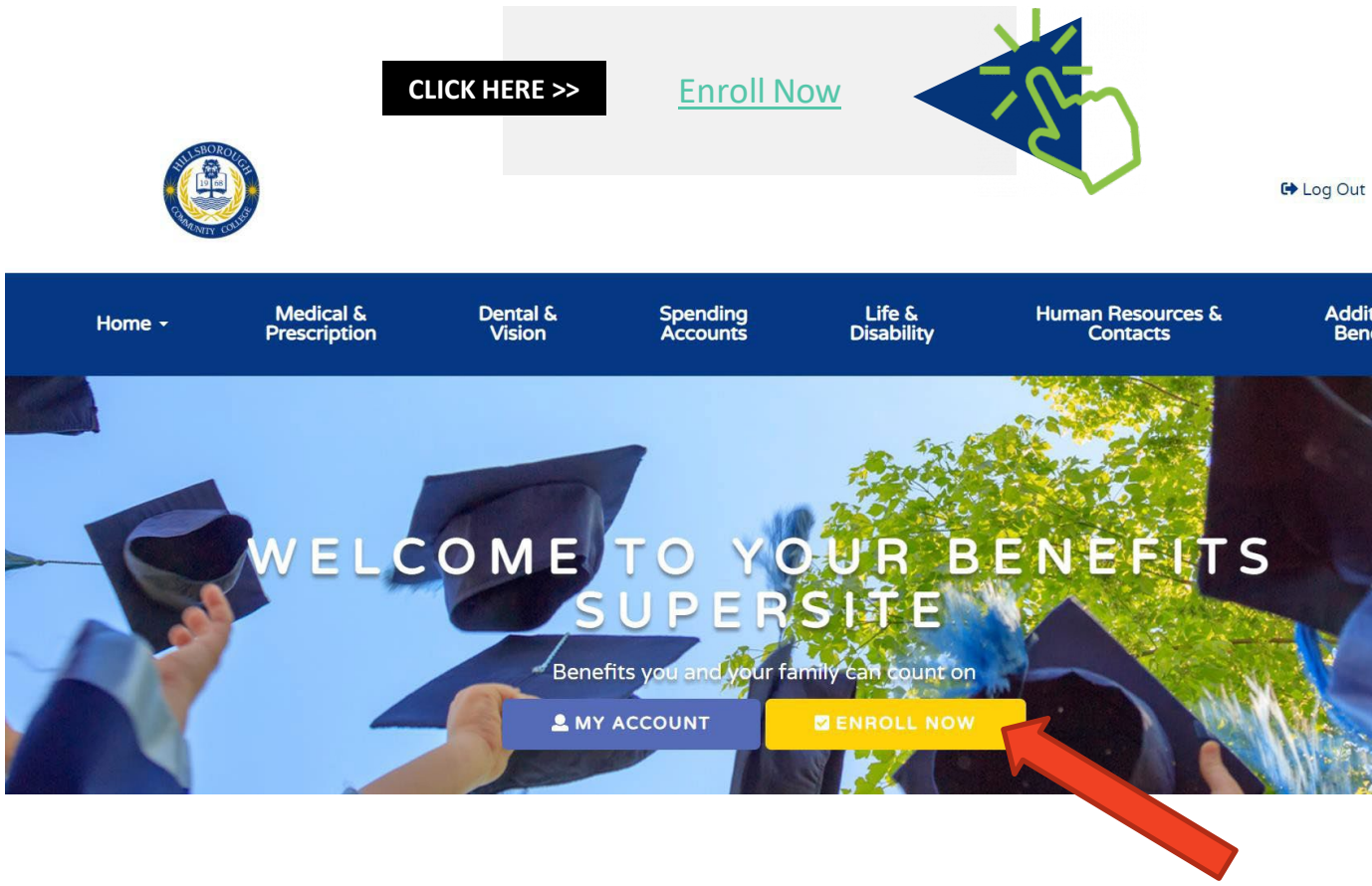
❑ **Who is Eligible?**

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 4 for eligibility information

❑ **How to Enroll?**

- ☐ Review this 2023 Benefit Guide carefully as you consider your plan choices
- ☐ Complete your enrollment online through Web Benefit Design accessible through Benefits Enrollment in Web Advisor or, in 2024, in your Workday employee portal
- ☐ Remember to review and submit your choices to complete your enrollment





On your interactive benefits journey, make sure to look for this icon. This icon indicates that there is an educational video available to help you better understand your benefits.

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Your Benefit Choices

HCC provides a wide variety of benefits. Some are provided at no cost to you. Other benefits are available if you elect them. Check the chart below to see which benefits you need to make a successful program designed just for you.

BENEFIT	Carrier	Your Options	Coverage Level	WHO PAYS THE COST?	Deduction
Medical Coverage	Humana	NPOS Copay HDHP Buy-up Copay	Employee + Eligible Dependents	HCC pays 100% of EE* only on the NPOS Copay	Pre-Tax
Dental Coverage	Humana	DHMO PPO	Employee + Eligible Dependents	HCC pays 100% of EE* only on both DHMO & PPO	Pre-Tax
Vision Coverage	Humana	Vision	Employee + Eligible Dependents	Employee pays 100%	Pre-Tax
Health Savings Accounts ***(must be enrolled in HDHP)***	Health Equity	Max $3,850 Individual Max $7,750 Family *Includes $750 HCC Contribution*	Employee + Eligible Dependents	HCC contributes $750 ***if enrolled in HDHP plan**** Employee Pays additional	Pre-Tax
Medical FSA	Health Equity	Max $3,050 Individual/Family *Excludes $750 HCC Contribution*	Employee + Eligible Dependents	HCC contributes $750 ***if enrolled in HDHP plan**** Employee Pays additional	Pre-Tax
Dependent Care FSA	Health Equity	Max $5,000	Eligible Dependents	Employee Pays 100%	Pre-Tax
Basic Life and AD&D	Mutual of Omaha	1x annual Salary not to exceed $250,000	Employee	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	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	Spouse	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	Child(ren)	Employee pays 100%	Post-Tax
Short Term Disability	Mutual of Omaha	60% of annual salary not to exceed $1,000 per week	Employee	Employee pays 100%	Post-Tax
Long Term Disability	Mutual of Omaha	50% of annual salary not to exceed $6,000 per month	Employee	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	Employee pays 100%	Post-Tax
Accident, Hospital, Cancer & Critical Illness	Allstate	Lump sum benefits for specified services	Employee	Employee pays 100%	Post-Tax
Legal Shield & Identity Theft	Legal Shield	Identity Theft protection and legal advice and representation	Employee	Employee pays 100%	Post-Tax
Pet Insurance	Nationwide	Veterinary Discounts and services	Employee	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

Who is Eligible?



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 age 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
- ✓ 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 notify HR within 31 days of the qualifying life event. If you do not contact HR within 31 days of the qualifying event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event). Depending on the type of event, you must provide proof of the event.

Medical Coverage

Humana

HCC offers a comprehensive medical package through Humana to ensure all faculty and staff have the coverage they need. The following chart provides an overview of the medical plan effective July 1.

Faculty and Staff may seek services from in-network and out-of-network providers. Utilizing an in-network provider offers an enriched benefit; a lower deductible and out-of-pocket maximum, a lower co-insurance charge, and expenses over the usual and customary limit are waived. If an out-of-network provider is selected, the employee may be responsible for charges above the usual and customary limit.

Please take time to review the chart below. **Please note:** Deductibles & OOP Maximums run on a plan year basis (July 1 – June 30)

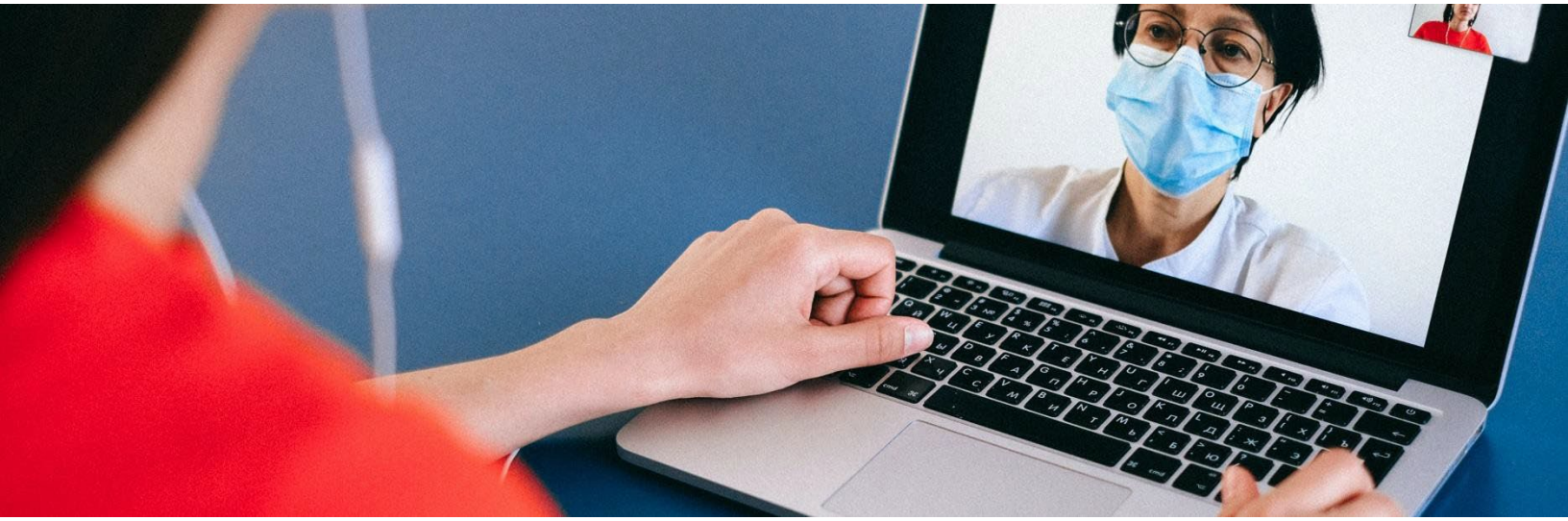
	Humana NPOS COPAY	Humana HDHP	Humana Buy up Copay
NETWORK BENEFITS	NPOS Network	NPOS Network	NPOS Network
Deductible (Individual / Family)	$2,000 / $4,000	$3,000 / $6,000	$1,000 / $2,000
Coinsurance (HCC / Employee)			
Out-of-Pocket Maximum (Individual / Family)	$6,000 / $12,000	$3,000 / $6,000	$3,000 / $6,000
Deductible Type			
OFFICE SERVICES			
Doctor on Demand (e Visit)			
Primary Care Physician	$25 copay	Deductible	$30 copay
Specialist			
Urgent Care	$50 copay	Deductible	$35 copay
Preventive Care Services			
HOPSITAL SERVICES			
Inpatient Hospitalization	Deductible + 20%	Deductible	Deductible + 20%
Outpatient Surgical	Deductible + 20%	Deductible	Deductible + 20%
Emergency Room	$500 Copay	Deductible	$250 Copay
DIAGNOSTIC SERVICES			
Independent Clinical Lab	$0 copay	Deductible	$0 copay
X-ray Services	$50 Copay	Deductible	$50 Copay
Major Diagnostic (MRI, CT, PET Scan)	$250 Copay	Deductible	Deductible + 20%
Durable Medical Equipment (DME)	Deductible + 20%	Deductible	Deductible + 20%
PHARMACY SERVICES			
Tier 1 / 2 / 3 / Specialty (retail)	$15 / $30 / $50 / 25% ($300 max/RX)	Deductible then covered 100%	$15 / $30 / $50 / 25% ($200 max/RX)
Mail Order (90 Day Supply)	3x retail	3x retail	3x retail
NON NETWORK BENEFITS			
Deductible (Individual / Family)	$4,000 / $8,000	$6,000 / $12,000	$2,000 / $4,000
Coinsurance (HCC / Employee)	50% / 50%	50% / 50%	50% / 50%
Out-of-Pocket Maximum (Individual / Family)	$12,000 / $24,000	$6,000 / $12,000	$6,000 / $12,000

SEMI MONTHLY EMPLOYEE COST (24)	NPOS Copay	HDHP	Buy up Copay
Employee Only	$0.00	$12.50	$25.00
Employee+Spouse/Domestic Partner	$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)	NPOS Copay	HDHP	Buy up Copay
Employee Only	$0.00	$15.79	$31.58
Employee+Spouse/Domestic Partner	$275.82	$352.74	$398.36
Employee+Child(ren)	$176.84	$262.61	$298.64
Employee+Family	$455.61	$572.24	$656.41

This chart is a brief summary only. In the event of discrepancy, plan documents will prevail. Certain limitations and exclusions apply. For exact terms and conditions, please refer to the summary plan description which will be distributed, per U.S. Department of Labor guidelines, within 90 days of becoming covered by the plan.

Doctor on Demand



In addition to the Humana platform, HCC offers an enhanced telemedicine experience to all faculty and staff enrolled in our medical plan! This offering provides employees (and their families) with simplified access to high quality medical care through Doctor on Demand's innovative video platform technology. **The NPOS Copay and the Buy-up Copay are covered 100%, no copay, and the HDHP plan will cost up to $56 per visit (no charge after deductible)**

WHAT IS DOCTOR ON DEMAND?

Doctor on Demand is the next-generation video telemedicine company, offering people live, secure, HIPAA-compliant, on-demand, and scheduled video visits with US-licensed providers that are able to write prescriptions.

HOW DOES IT WORK?

Employees download the MyHumana app or Doctor on Demand app from the App Store or Google Play. Both of these app's work on any smart phone, tablet, or computer with a front-facing camera. Employees can also access Doctor on Demand via the DOD website, www.doctorondemand.com. Within just a few minutes, employees are able to sign up and connect to a US-licensed provider.

UNIQUE FEATURES:

- Largest primary care telehealth provider in the country
- Their US-trained, board-certified physicians can treat 17 of the top 20 emergency room cases as well as many other conditions

Examples of covered services:

- ✓ Cold & Flu
- ✓ Cough
- ✓ Nausea & vomiting
- ✓ Asthma
- ✓ Fever
- ✓ Sinus Infection
- ✓ Headaches
- ✓ Acne
- ✓ Hives
- ✓ Rashes & other skin irritations
- ✓ Allergies
- ✓ Allergic sinusitis
- ✓ Epipen Refills
- ✓ Joint pain
- ✓ Stress management
- ✓ Metabolic syndrome
- ✓ Cellulitis
- ✓ And more!

What is a video visit?
By [Doctor on Demand]

Go365 Wellness Program

How do I get started?

Step 1: Take your 2023-2024 Health Assessment

Step 2: Activate your goals based on information gathered from your Health Assessment

***Available to members enrolled in HCC's Humana Medical Plan**

How does it work?

You earn points every time you complete a verified workout or achieve a wellness goal. Points help you work towards a higher status level. Every time you achieve a higher status, you earn rewards for yourself with things like gift cards, movie tickets, fitness devices, and much more!

What's in it for me?

Not only do your points add up into 'Go365 Bucks' that you can spend in their mall, but HCC gives you additional money for hitting your goals!

- Employees who reach **SILVER STATUS** will receive a **$100 reward** in Go365 bucks
- Employees who reach **GOLD STATUS** will receive an **ADDITIONAL $150 reward** in Go365 bucks



Do my points carryover?

Every plan year you must reactivate your account in order to transfer **10%** of the previous year points as well as use unspent bucks.

- **You can reactivate in one of 3 ways:** take the Health Assessment, complete a Biometric screening, or log a verified workout.



GO MOBILE WITH Go365 APP!

Search "**Go365**" and download the free App!

Notice Regarding Go365 Wellness Program

Humana Go365 rewards program is a voluntary wellness program available to those employees participating in the Hillsborough Community College Health Benefit Plan. The Humana Go365 rewards program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will be asked to complete a biometric screening, which will include a blood test for HDL, LDL, Total cholesterol, TC ratio, Triglycerides, and glucose levels. However, you are not required to complete the health risk assessment or to participate in the Biometric screenings or any other medical examinations.

Employees who choose to participate in the wellness program will receive an incentive of reward points for the purchase of gift cards, Fitbits and other prizes through the Go365 mall. HCC may also provide a reward. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive Go365 points and rewards.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain program status such as Silver Status. If you are unable to participate in any of the health-related activities or achieve any of the program statuses required to earn an incentive, you may request a reasonable accommodation or an alternative standard by contacting the member service number located on the back of your medical ID card, to speak with a representative from the Go365 program. You may discuss an alternate activity if it is unreasonably difficult for you to reach certain goals due to your medical condition; or your qualified practitioner advises you not to take part in the activities presented to reach certain goals. The rewards program administrator or Humana may require proof in writing from your qualified practitioner that your medical condition prevents you from taking part in the available activities.

The information obtained from your health risk assessment and the results from your biometric screening will provide you with information to help you understand your current health and potential risk. and may also be used to offer you services through the wellness program, such as health programs offered through Humana which are tailor-made for your needs including personal health coaching, Humana Beginnings (following your baby's development) and Humana Achieve (helping you improve your health with a chronic condition). You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The Go365 rewards program and HCC Health Benefit Plan may use aggregate information collected to design a program based on identified health risks in the workplace. The rewards program will never disclose any of your personal information either publicly or to HCC, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Humana Go365 rewards program, and Health and Wellness Professionals, Inc. (Biometric Screening Vendor) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions to avoid any data breach are taken at Humana, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

HCC will not discriminate against any employee due to the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shante Lowe, at 813-253-7039.

Prescription Drug Coverage

Humana

Within our medical plan, we provide prescription drug coverage that rewards you for utilizing generic drugs but still offers the choice of other drug options so you can meet the needs of you and your family. All medical plans share the same formulary.

Pillar Rx | Copay Assistance Program

Included on NPOS Copay & Buy-up Copay plans only:

Pillar Rx provides personal, hands-on support to receive the maximum assistance available. They do this by assisting in obtaining copay assistance by drug manufacturers, for certain high-cost medications or specialty meds, as little as $0 or $10!

IPC Copay Assistance Program PillarRx Consulting

Pillar Rx is not administered by Humana. If you need assistance or have questions, contact Brown & Brown at 727-450-7049 or 727-450-7115.

Prescription Drug Program Reminders

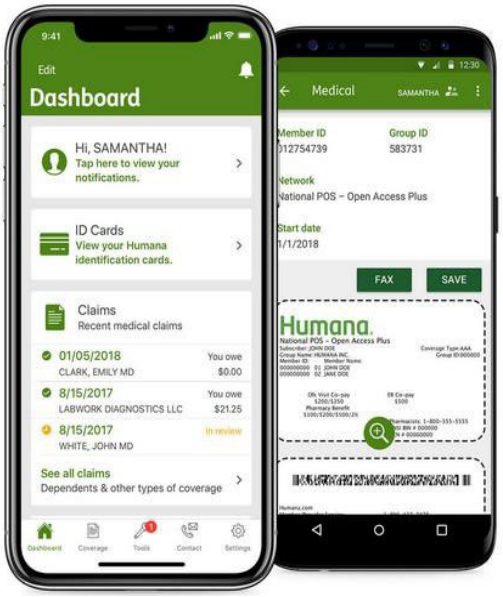
Humana

Included on ALL medical plans:

- Step Therapy continues to help find the lowest-cost medication before trying higher cost drugs.
- Specialty Drugs continue to fall in Pharmacy Tier 4 and may be administered through Humana's Specialty Pharmacy or a Provider's Office.

How To Find Humana's Formulary Drug Listing:

- ✓ Go to www.MyHumana.com
- ✓ Download the MyHumana App or;
- ✓ Find prescription formularies available on the Intranet and updated bi-annually



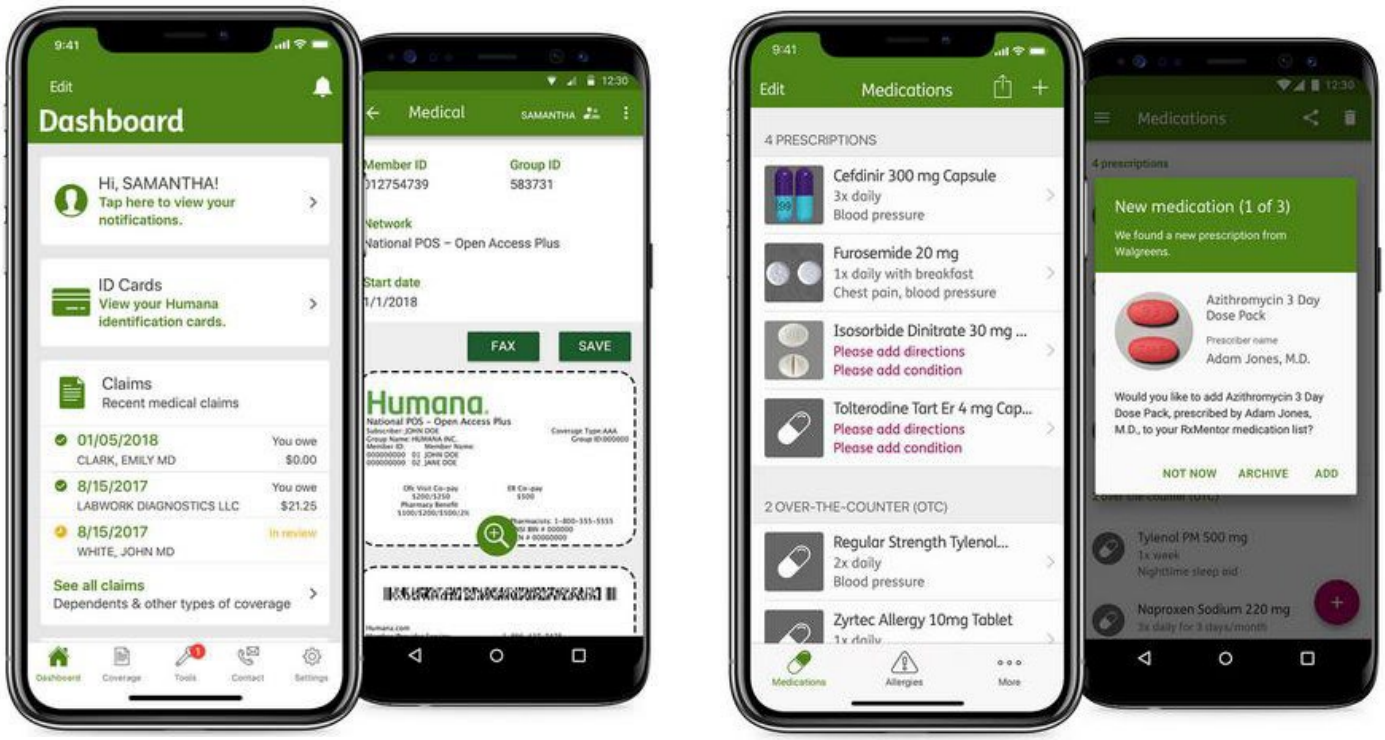
CLICK HERE >> View Prescription Drug List

Humana Mobile App

Access Your Humana Benefits Anywhere, Anytime!

You can now access Humana's medical, dental and vision benefit plan information and resources right from your mobile device!

- Access and print ID cards
- Review claim information and status
- Download and print benefit related documents and forms
- Review prescription drug information
- Watch educational benefit videos
- Find online provider directories
- Utilize your Doctor on Demand telemedicine service



MyHumana.com

Access the URL from your mobile device or desktop browser.

Health Savings Account (HSA)

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 a 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:

2023 H.S.A. IRS Maximum Limits

- Single Coverage: $3,850
- Family Coverage: $7,750
- ($1,000 catch-up if age 55+)

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

WATCH VIDEO:
HSA Spend, save and invest in your healthcare



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.

VISIT SITE Health Equity

Flexible Spending Accounts (FSA)

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 $3,050 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.

WATCH VIDEO:
FSA: A flexible way to save

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!

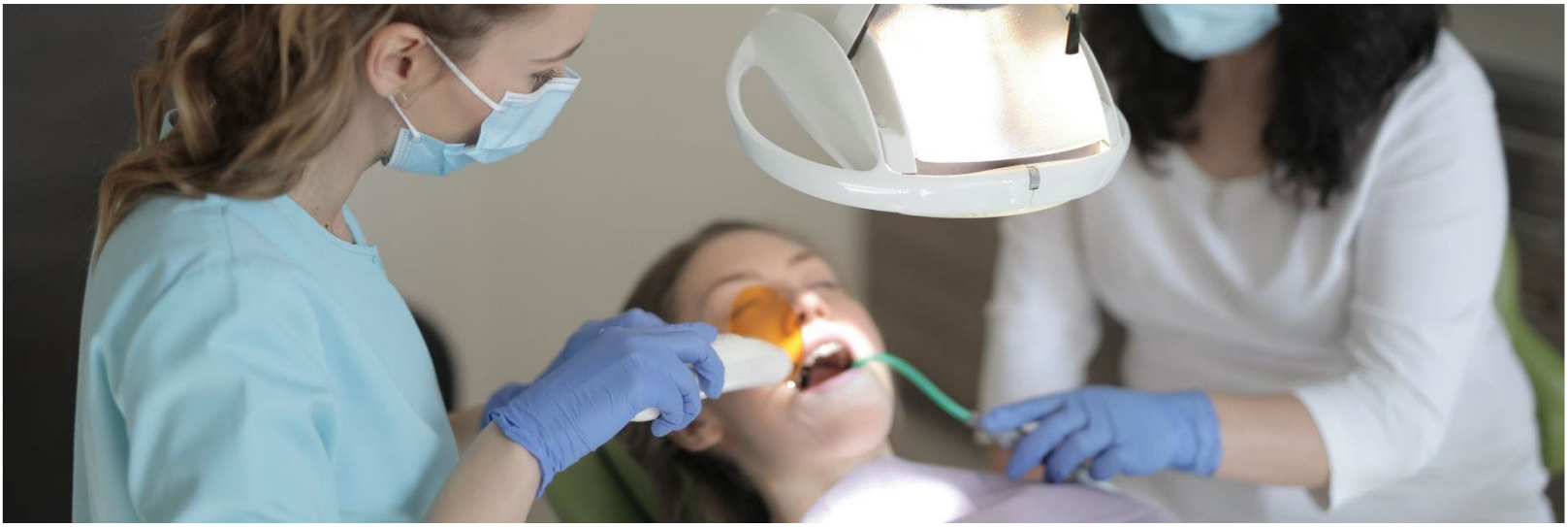
As with any great tax break, there are a few important rules for FSAs, so make sure to review the information from the IRS (https://www.irs.gov/pub/irs pdf/p969.pdf) before you enroll.

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!



Dental Insurance

Humana



	DHMO	PPO	
Financial Features	In Network Only	In Network	Out of Network
Plan Year Deductible (Individual / Family)	None	$25 / $75	$50 / $150
Plan Year Maximum	Unlimited	$1,500 (then 30% discount)	
Primary Dentist Selection	Yes	No	
Type A Services			
PREVENTATIVE SERVICES Exams | Routine Cleanings | Bitewing | X-rays	Covered 100%	Covered 100% (includes 3 routine & 4 deep cleanings)	
Type B Services			
Fillings | Extractions | X-ray | Simple Oral Surgery	See Copay Schedule	Covered 90%	Covered at 80%
Type C Services			
Oral Surgery | Crowns | Dentures	See Copay Schedule	Covered 60%	Covered at 50%
Other Services			
Periodontics | Endodontics	See Copay Schedule	Covered at 90%	Covered at 80%
Implants	Excluded	Covered 60%	Covered at 60%
Orthodontia			
Adult / Child *(Lifetime Maximum)*	See Copay Schedule	Covered 50% with a $1,000 lifetime max	

Employee	$0.00	$0.00
Employee + Spouse/Domestic Partner	$8.22	$17.84
Employee + Child(ren)	$6.91	$21.41
Employee + Family	$17.30	$41.04

19 PAY EMPLOYEE COST (19)	DHMO	PPO
Employee	$0.00	$0.00
Employee + Spouse/Domestic Partner	$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 Coverage

Humana



COVERAGE	In Network	Out of Network Reimbursements	Frequency
Eye Exam	$10 Copay	Up to $30 allowance	Every 12 months
Materials Copay	$15 Copay	N / A	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 frame per frequency)			
Elective	$130 allowance	$104 allowance	Every 12 months
Medically Necessary	100%	$200 allowance	Every 12 months
Diabetic Eye Care			
Examination	100%	Up to $77 allowance	Every 12 months
Retinal Imaging	100%	Up to $50 allowance	Every 12 months
Extended Ophthalmoscopy	100%	Up to $15 allowance	Every 12 months
Gonioscopy	100%	Up to $15 allowance	Every 12 months
Scanning Laser	100%	Up to $33 allowance	Every 12 months

SEMI MONTHLY EMPLOYEE COST (24)	
Employee	$3.30
Employee + Spouse/Domestic Partner	$6.61
Employee + Child(ren)	$6.27
Employee + Family	$9.84

Employee	
Employee + Spouse/Domestic Partner	$8.34
Employee + Child(ren)	
Employee + Family	$12.43

Lasik Discounts available for Humana vision members. For more information, please visit www.humana.com or call 855.621.3937

How to Find Providers

Humana

Whether you are located in Florida or anywhere in the US, you are covered with Humana NPOS National Network



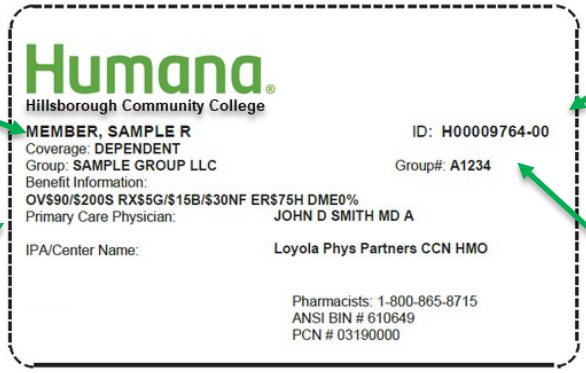
Provider Search

	Medical	Dental	Vision
Step 1: Visit the website		www.humana.com	
Step 2:		Select 'Find a doctor' (bottom of page)	
Step 3 :		Select 'Insurance through Employer'	
Step 4: Be sure to select your coverage type using the drop down menu	Medical	Dental	Vision
Step 5: Choose your network	National POS-Open Access	DHMO /Prepaid CS150 or PPO/Traditional Preferred (PPO)	Humana Insight Network
Step 6:		Enter your zip code and search	

Here's an image of the Humana Member ID card. Note the Humana logo on the top left-hand corner of the card. Additional information, including claims submission instructions are listed on the back of the card.

Member Name
Each Family member covered by your plan will have an ID card.

Plan details



Member ID Number
Your ID Number helps providers look up your plan details.

Group Number
This identifies HCC's plan

NEED HELP?

If you have questions about Humana, call our Humana Onsite Advisor
Shante Lowe @ 813.253.7039
Or email her at Slowe10@humana.com

Employee Assistance Program

LifeWorks

As an HCC employee, you automatically have access to our EAP — a confidential resource available to help you with life's everyday issues. The EAP covers you and your household family members 24 hours a day 365 days a year.

When you contact The Life Assistance Program, you can speak to a counselor or other professional who will assess your needs and advise you of available options.

How It Works

When you contact LifeWorks EAP, a licensed counselor will assess your needs and advise you of available options. You will be provided with information and support as well as directed to additional resources as necessary.

Services

LifeWorks EAP offers short-term counseling to help you and members of your household manage everyday life issues and can assist you with:

- Weight Control
- Emotional issues
- Family relationships
- Coping with a serious illness
- Loss of a loved one
- Eating disorders
- Relationship and Workplace concerns
- Smoking cessation
- And more!



NO COST

- Six (6) free face-to-face visits with an EAP counselor.
- Unlimited telephonic visits with an EAP counselor.

Also available through the EAP program is the 'Work-Life' program which is extensive assistance, information, and support to help you achieve a better balance between work, life, and family. You can access information and self-search locators to find resources and providers that can help you with:

- Housing Options
- Child Care
- Pet Care
- Adoption, Pregnancy, and Infertility
- Tutors and Test Prep
- Child Development
- Consumer Education
- Financing College
- Home Ownership
- Services & Education for Children with Special Needs
- And more!

Call: 1-844-261-3286
Online: login.lifeworks.com
Username: hum
Password: eap

Confidentiality

Your right to privacy is one of the most crucial aspects of this program. Confidentiality is maintained to the full extent permitted by the law. Participation in the EAP will not jeopardize job security or opportunity for promotion. In fact, since the EAP helps you resolve your personal problems that may be affecting your work performance, job security and career development may be enhanced.

Life & 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 Benefits Enrollment Portal** (Based on age & salary)

Coverage for	Voluntary Life Benefit
You	Minimum of 1x annual salary Maximum of $650,000, not to exceed 5x annual salary
Your Spouse	$25,000
Child(ren)	$5,000

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.

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 50% 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 conditions.

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 Protection



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 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	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
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 are not newly eligible for the 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.

Allstate 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 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

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

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)

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

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

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 Plan	N / A	$3.48
Family Plan	$7.88	$6.48

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

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



Employee Discounts

Free Admission for Employees to HCC Sports Events

10% off Child(ren)'s 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 compete 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.activeandfitdirect.com/

SERVICES PROVIDED BY STUDENTS:

HCC Optician Clinic, DM Tech 227, 813-253-7434



Medical Insurance Terms

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.

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.

Important Notices

Continuation Coverage Rights under COBRA Continued

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
Web Benefits Design
4725 W. Sand Lake Rd. Suite 300 Orlando, FL 32819
Phone (888) 600-3440
Email: cobra@wbdcorp.com
Fax: (407) 641-8223
Website: https://cobra.mybensite.com

Important Notices

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 July 31, 2016. 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://flmedicaidtplrecovery.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

Important Notices

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 – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: 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– Medicaid
Website: 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 – Medicaid
Website: 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 – Medicaid
Website: 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

Important Notices

HIPAA Special Enrollment Rights Notice

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

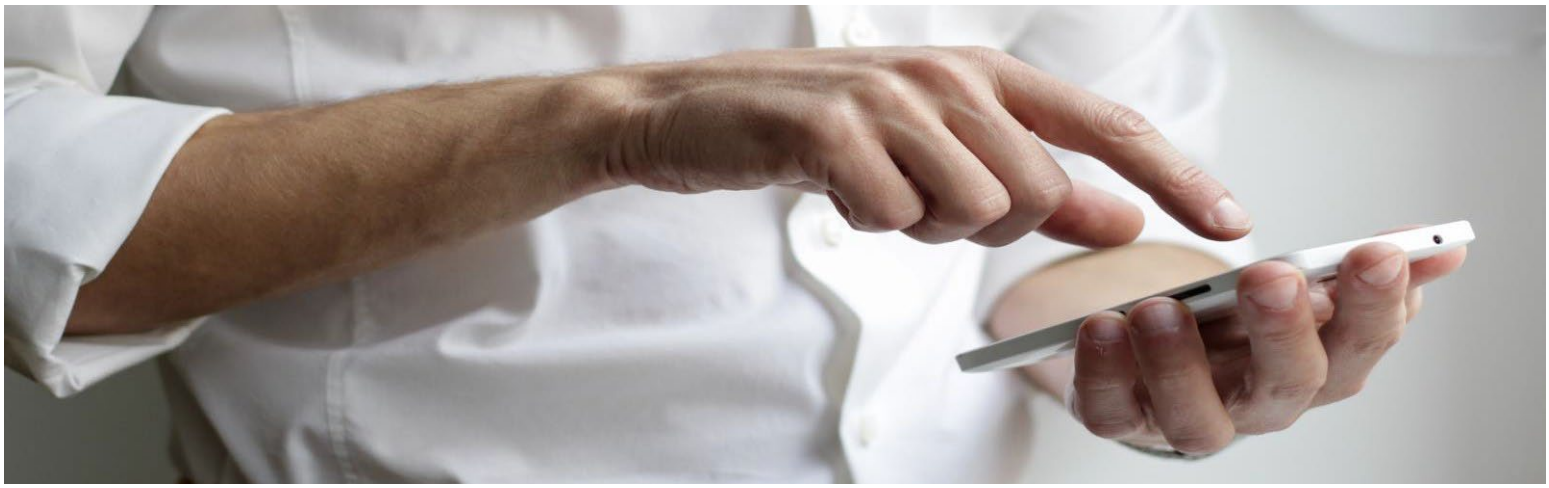
To request special enrollment or obtain more information, please contact:

Cristina Petrie
Hillsborough Community College
4115 N. Lois Ave.
Tampa FL 33614
813-253-7555
cpetrie2@hccfl.com

Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.

Contacts



BROWN & BROWN INSURANCE TEAM

Hali Myers	Dedicated Account Executive	727-450-7049	Hali.Myers@bbrown.com
Ashley Kinsey	Dedicated Account Service Rep	727-450-7115	Ashley.Kinsey@bbrown.com
Dental	Humana	1-800-233-4013	www.humana.com
OR Questions on Benefits/support, ID Cards, Claims, Billing, etc.	Dedicated Employee Benefits Hotline	1-800-940-3303	

BENEFIT	CARRIER	PHONE#	WEB
Medical	Humana	1-888-393-6765	www.humana.com
HSA/FSA	HealthEquity	1-866-346-5800	www.healthequity.com
Dental	Humana	1-800-233-4013	www.humana.com
Vision	Humana	1-877-398-2980	www.humana.com
Life & Disability Insurance	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com
Telemedicine	Doctor on Demand	Via Mobile App	www.doctorondemand.com
Employee Assistance Program (EAP)	Humana	1-866-440-6556	www.humana.com/eap
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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Shante Lowe	Humana On-Site Advisor	813-253-7039	SLowe10@humana.com



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.