

EMPLOYEE BENEFITS HANDBOOK



**MONTGOMERY
COLLEGE**

Montgomery College
2019 Employee Benefits Handbook

Contents

Preface.....	6
Health Plans.....	7
Eligibility and Participation	7
Domestic Partner Coverage	7
Enrollment-Points to Consider	7
Special note when adding a new baby.....	8
New Health Insurance Marketplace Coverage Options & Your Coverage.....	8
<i>Medicare Prescription Drug Plan Credible Coverage Notice</i>	11
<i>The CIGNA Choice Fund/HSA</i>	13
<i>CIGNA HealthCare Point of Service Plan</i>	13
<i>Kaiser Permanente HMO</i>	14
<i>Health Plan Comparison Guide</i>	14
<i>Frequently Asked Questions –Health Insurance (FAQ’s)</i>	17
<i>The Cigna Dental PPO</i>	18
<i>Cigna Dental Care Plan</i>	19
<i>Frequently Asked Questions – Dental (FAQ’s)</i>	19
Travel Assistance	20
<i>Employers’ Frequently-Asked Questions about Travel Assistance</i>	20
Important Information for Healthcare and Dependent Care Flexible Spending Accounts:	27
<i>Health Care Spending Account</i>	27
<i>Dependent Care Flexible Spending Account</i>	30
<i>Transit and Parking Account</i>	30
<i>Flexible Spending Account Debit Card FAQ’s</i>	31

<i>Non-Attorney Costs</i>	36
<i>Personal Injury 25% Contingent Fee</i>	36
<i>National Protection Rider</i>	37
<i>Master Plan Exclusions</i>	37
<i>Expanded Coverage Rider</i>	37
<i>COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985)</i>	40
<i>Retirement</i>	42
<i>Montgomery College’s Pledge Regarding Health Information Privacy</i>	43
Privacy Obligations of the Plan.....	43
How the Plan May Use and Disclose Health Information about You	43
Special Use and Disclosure Situations.....	44
Your Rights Regarding Health Information about You	45
Changes to This Notice	47
Complaints	47
Other Uses and Disclosures of Health Information	47
Contact Information	47
<i>Annual Leave</i>	50
<i>Sick Leave</i>	50
<i>Personal Leave</i>	51
<i>Holiday Pay</i>	51
<i>Special Leaves with Pay</i>	52
Bereavement.....	52
Court Attendance	52
Annual Military Reserve Training.....	52
Professional Meeting	52
Enrichment Leave	53
Professional Development Leave for Staff	53
Sabbatical Leave for Faculty	53
Administrative Leave	53
All inquiries from the news media regarding an emergency event must be directed to the College’s Office of Communications.....	54
Emergencies	54

Options during Emergencies	54
Responsibilities during Emergencies.....	55
Special Considerations for Power Outages and Other Non-Winter Weather Events	55
Alternative Workplaces for Staff for Partial Closures	56
<i>Leave without Pay</i>	56
<i>Family and Medical Leave</i>	56
<i>Short-Term Disability</i>	57
<i>Full-time, Faculty, Administrators and Professional Staff</i>	58
• <i>Pension System for Employees and Teachers of the State of Maryland</i>	58
• <i>Optional Retirement Plan (ORP)</i>	58
<i>Full-time, Support, Paraprofessional and Technical Staff</i>	58
<i>Regular Part-time Employees</i>	59
<i>Frequently Asked Questions - Supplemental Retirement Annuities (FAQ's)</i>	59
<i>Educational Assistance Program (EAP)</i>	61
<i>Tuition Waiver</i>	61
Tuition Waiver - Employee Only	61
Fee Reimbursement	61
Tuition Waiver - Dependent/Spouse.....	61
<i>Frequently Asked Questions - EAP and Tuition Waiver (FAQ's)</i>	62
<i>Montgomery County Area Drug and Alcohol Treatment Services</i>	69
<i>Rockville area:</i>	69
Germantown Area:.....	70
Takoma Park Area:.....	71
<i>Tax Forms</i>	72
<i>W-2's</i>	72
<i>Direct Deposit</i>	72
<i>Credit Union</i>	72
<i>Time Sheets</i>	72

<i>Pay Sheets</i>	73
<i>Deferred Pay for Full-Time Faculty</i>	73
Benefits and Limitations	73
<i>MC Campus Stores</i>	76
<i>Center for Early Education</i>	77
<i>Libraries</i>	77
<i>Paydays</i>	77
<i>United Buying Services</i>	77
<i>Workday</i>	78
<i>MC's Employment Opportunities Self Service Web Sites</i>	78
Procedures and tips for internal employees:	78
HRSTM Website	79
Robert G. Roop, Chief Human Resources Officer	240-567-4995
	80

Preface

This Employee Benefits Handbook was created to provide a reference manual of benefits available at Montgomery College (the “College”). Much of the information contained in this Handbook may be subject to change at the sole discretion of the College and without prior notice, and may, at any time, be superseded by changes in the College wide Policies and Procedures (P&P) Manual, collective bargaining agreements, Maryland state law, external legal requirements, or other current official College documents. Consequently, this Handbook cannot be considered binding. This Handbook should not be construed as constituting a contract, express or implied, between the College and any person. The College may issue supplements at its sole discretion.

Readers should use this Handbook solely as a reference document, recognizing that it is not always the most authoritative or complete source of information. All employees are encouraged to use this Handbook in conjunction with current editions of other important College publications and documents, particularly the P&P Manual and any applicable collective bargaining agreement. Although this publication has been carefully reviewed for accuracy and currency, where there is a conflict between any official College document and any summary of such documents, which may appear in this Handbook, the provisions of the official document shall apply.

Health Plans

Available to Full-time and Part-time, Regular and Temporary with Benefits Employees.

The Open Enrollment period for calendar year 2019 will be October 29, 2018 through November 16, 2018 for a January 1, 2019 effective date. Generally, you cannot change your election or vary the benefits you have selected during the entire Plan Year (January 1 through December 31) outside of Open Enrollment, except in cases of a change in your family status. Please refer to the section entitled “Enrollment - Points to Consider” on page 3 for the rules relating to these types of changes.

The College offers a variety of high quality and affordable medical and dental benefit plans. You may elect to enroll in one of the three medical plans and/or two dental plans described below.

Eligibility and Participation

All full-time and part-time regular and temporary with benefits employees (and their dependents) are eligible to participate in the health benefit plans described in this booklet. You and the College share in the cost of the plans. If you are enrolling for the first time or changing your coverage, you will complete your enrollment through the Workday system.

Newly hired employees are eligible to participate in the benefit plans on the first of the calendar month following employment date, provided they have completed the Workday online enrollment process by the last day of the month in which they were hired. New employees have 31 days from date of hire to enroll. Failure to enroll within 31 days will preclude participation in a plan until the next open enrollment period.

Copies of birth certificates and marriage certificates are required to add dependents to group health, dental, vision, and life insurance plans. Certificates for dependents must be uploaded to Workday, or insurance coverage for dependents will be terminated. Once terminated, coverage cannot be reinstated until the next open enrollment period (provided the employee provides appropriate copies of their required documentation).

Domestic Partner Coverage

Effective January 1, 2016, the College no longer offers insurance coverage for same-sex domestic partner coverage. On June 26, 2015, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result, the College will now be able to extend benefits to College employees and annuitants who have legally married a spouse of the same sex, marriage certificates are required.

Enrollment-Points to Consider

Newly hired employees who elect coverage are eligible effective the first day of the month following employment. Certain changes in your family status may make you eligible to modify your benefit coverage before the end of the Plan Year. These changes include:

- Marriage, legal separation, or divorce
- Death of a spouse or child
- Birth or adoption of a child
- Dependent child reaches plan's maximum age limit of age 26 -
- Dependent child becoming eligible or re-eligible for coverage
- Loss of spouse's job
- Adding or dropping coverage through your spouse's plan during its open enrollment (i.e., during the 31-day period beginning with the first day of your spouse's open enrollment period).

In all cases, you **MUST** notify the Office of Human Resources and Strategic Talent Management (HRSTM) of your change of status, by logging into [Workday](#) within **31** days of the event. Failure to do so may result in a denial of coverage. Documentation for adding or dropping coverage because of your spouse's open enrollment or your spouse's change of employment is required as well as copies of birth and marriage certificates, if adding dependents to the plans. You will be able to upload your documentation directly to the Workday system.

Special note when adding a new baby: Even employees who already have family coverage must enroll the new dependent within **31** days of the birth or adoption.

Employees terminating their employment with the College are covered through the last calendar day of the month in which they worked.

Employees on leave of absence without pay are responsible for paying both the employee and employer cost for benefits for the duration of their leave. However, employees on leave of absence under the Family and Medical Leave Act (FMLA) are eligible for an employer contribution to health insurance and can pick to either pay their insurance during the FMLA period or when they return to work. Employees going on leave of absence should contact the Human Resources and Strategic Talent Management for further details.

New Health Insurance Marketplace Coverage Options & Your Coverage

PART A: General Information

The Affordable Care Act enables workers to purchase insurance coverage in the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your

monthly premium. Open enrollment for health insurance coverage through the Marketplace begins in October 2018 for coverage starting January 1, 2019.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing options if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Suzanne Redding](mailto:Suzanne.Redding@montgomerycollege.edu) (240.567.5354).

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name: Montgomery College		4. Employer Identification Number (EIN) 52-0891845
5. Employer address: 9221 Corporate Blvd., 1st Floor		6. Employer phone number: 240.567.5353
7. City: Rockville	8. State: MD	9. ZIP code 20850
10. Who can we contact about employee health coverage at this job? Suzanne Redding		
11. Phone number: 240.567.5354		12. Email address: suzanne.redding@montgomerycollege.edu

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

- As your employer, we offer a health plan to some employees.
- Eligible employees are: Faculty, Staff and Administrators in Benefit eligible positions, and temporary employees with benefits (and their eligible dependents) are eligible to participate in the health benefit plans.
- With respect to dependents we do offer coverage. Eligible dependents are:
 - Legal spouse
 - Biological step-child, legally adopted, foster child or child in legal custody under the age of 26
 - If checked, this coverage meets the minimum value standard, and the cost of the coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit www.HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums. The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next three months?

Yes (*continue to item 13a*)

- 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (*continue*)
- No (**STOP** and return this form to employee)
14. Does the employer offer a health plan that meets the minimum value standard*?
- Yes (*continue to item 15*)
- No (**STOP** and return form to employee)

Medicare Prescription Drug Plan Credible Coverage Notice

Important Notice from Montgomery College About Your Prescription Drug Coverage & Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current Montgomery College prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide if you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The College has determined that the prescription drug coverage offered by the College Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year during open enrollment. For 2019 Medicare coverage, open enrollment is in the fall of 2018, from **October 15 to December 7**. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current College coverage may be affected. If you drop your retiree coverage with the College and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later.

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

You should also know that if you drop or lose your coverage with the College and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you might pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

If you have questions, you may contact HRSTM at 240.567.5353.

You can find more information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. If eligible, you will get a copy of the handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Medical Plans

Pre-Tax Premiums

The employee's share of all health and dental insurance premiums will be paid with pre-tax dollars, as allowed by Section 125 of the Internal Revenue Service (IRS) code. This means that the health and dental insurance premiums deducted from your paycheck each pay period are not taxed. Therefore, by electing medical and/or dental coverage, you are also selecting pre-tax health premiums. All Section 125 contributions must be coordinated with any 403(b) and 457(b) contributions you make to any retirement annuity programs.

The CIGNA Choice Fund/HSA Plan is a consumer-driven healthcare plan that engages covered individuals in choosing their own health care providers, managing their own health expenses, and improving their own health with respect to factors that they can control.

- Out-of-pocket maximum is \$4,000 per person per year, \$6,500 for two persons and \$8,000 for a family.
- Prescriptions covered at a 10%, 20%, 40% coinsurance after the deductible has been met with minimums and maximums for each. Plan pays 100% once maximum out of pocket is reached.

The college will fund \$500.00 into an employee's health savings account in January 2019 for those with single coverage, \$750.00 for those with two-person coverage, and \$1,000.00 for family coverage. Individuals have the opportunity to save money that they do not spend this year for health care expenses in future years. A debit card will be issued for those who wish to pay health expenses from the account. Individuals may contribute towards their HSA via pre-tax payroll deduction up to the IRS limits (\$3,000 single, \$6,250 for 2 individuals, and \$6,000 for family). Age 55 and older may contribute an additional \$1,000.

The Open Access Plus (OAP) network provides the college with discounts. Employees who utilize OAP providers will pay 10%, after satisfying the deductible. Employees who utilize non-participating doctors or facilities pay 30%, after satisfying the deductible. All family members contribute towards the family deductible. The plan will not pay an individual's claims until the total family deductible has been met. Employees enrolled in the Choice Fund cannot have other health coverage, including Medicare Part A. Employees who are considering enrolling in the Choice Fund must incur and be reimbursed all their Health Care Flexible Spending Account (FSA) monies by 12/31/18 per IRS regulation. Dependent children who are on the plan must be claimed on the employee's tax return for that year of coverage in order to use HSA monies to pay for their expenses.

CIGNA HealthCare Point of Service Plan (POS) provides employees and their families the flexibility to use the plan as an HMO (in-network) by selecting a Primary Care Physician, in which case services are covered by payment of specific co-pays and/or deductibles, or to select their own physician (out-of-network) in which case the participant pays a greater share of the total cost. When using the plan like an HMO, participants must abide by specific rules concerning referrals for specialists. If you have any questions regarding specialty services, please call your Primary Care Physician prior to any appointment with a specialist.

Cigna is not the pharmacy benefit provider. CVS/Caremark administers the prescription drug benefit for pharmacy and mail order, for both the Cigna plans.

- In-network deductible \$500 per person, per year
- Out-of-network deductible \$1,000 per person per year
- In-network out-of-pocket limits is \$4,000 per person per year and \$8,000 per family
- Out-of-network out-of-pocket limit is \$8,000 per person per year and \$16,000 per family
- Emergency Room copay \$150
- Office Visits (primary/specialist) are \$25/\$50
- No vision coverage under the plan.

Kaiser Permanente HMO is a traditional group model health plan in a clinic-type setting. Medical centers are located throughout the Washington, DC metropolitan area with primary care physicians, specialists, and vital services all under one roof. Kaiser Permanente is fully accredited by the National Committee for Quality Assurance (NCQA), the industry watchdog group that measures health plan quality and performance.

- Office Visits (primary/specialist) \$25/\$50
- Emergency Room copay \$100
- Inpatient copay \$250
- Rx generic/brand at Kaiser pharmacy \$20/\$35/\$50 and at participating pharmacies \$30/\$50/\$75

Health Plan Comparison Guide

Table 1 - Inpatient Services

	CIGNA Choice Fund/HSA	CIGNA/POS	Kaiser Permanente
Hospital Room & Board	90%/70% R&C after deductible.	90%/70% R&C after deductible.	100% after \$250 co-pay

Surgery	90%/70% R&C after deductible.	90%/70% R&C after deductible	100% after \$250 copay
Anesthesia	90%/70% R&C after deductible.	90%/70% R&C after deductible	100% after \$250 copay
Medical Services	90%/70% R&C after deductible.	90%/70% R&C after deductible	100% after \$250 copay
Diagnostic Tests	90%/70% R&C after deductible	90%/70% R&C after deductible	100% after \$250 copay
Special Duty Nursing	90%/70% R&C after deductible	90%/70% R&C after deductible	100% after \$250 copay
Drugs and Medications	90%/70% R&C after deductible	90%/70% R&C after deductible	100% after \$250 copay
Mental Health	90%/70% R&C after deductible	90%/70% R&C after deductible	100% after \$250 copay

OAP – Additional discounts available through the Open Access Plus network. R&C - Reasonable and Customary charges

NOTE: IT IS ONLY A SUMMARY. For specific coverage, limitations, and exclusions, please consult the literature provided by each company or call the appropriate member services number.

Table 2 - Outpatient Services

	CIGNA Choice Fund/HSA	CIGNA/POS	Kaiser Permanente
Office Visits	90%/70% R&C after deductible	\$25 copay PCP visit \$50 copay for specialist	\$25 copay PCP visit \$50 copay for specialist

	CIGNA Choice Fund/HSA	CIGNA/POS	Kaiser Permanente
Preventative Care Exams	No charge in network/70% R&C after deductible	No charge in network/70% R&C after deductible	No charge
Surgery	90%/70% R&C after deductible	90%/70% R&C after deductible	\$50 copay per procedure
Diagnostic Tests	90%/70% R&C after deductible	90%/70% R&C after deductible	No charge
Prescription Drugs	10% with \$10 min./\$20 max., 20% with \$20 min./\$50 max. 40% with \$40 min./\$100 max. after deductible ³ generic/formulary/non-formulary Drug Utilization Review Program ⁴	10% with \$10 min./\$20 max. 20% with \$20 min./\$50 max. 40% with \$40 min./\$100 max. generic/formulary/non-formulary Drug Utilization Review Program ⁴	\$20/35/50 generic/ brand at KP
Mental Health Care	90%/70% R&C after deductible	\$25 copay	\$25 copay/individual visits, \$12 copay/group visits
Deductible	\$1,350 Single \$2,700 Two Persons, \$3,300 Family	\$500 In-Network \$1,000 Out-of-Network	N/A
Maximum out-of-pocket Expenses	\$4,000 Single \$6,500 Two Persons \$8,000 Family	\$4,000/\$8,000 Single/Family In-Network \$8,000/\$16,000 Single/Family Out-of-Network (incl. prescriptions)	Single \$3,500 Family \$9,400

³ Effective April 1, 2005, double copay penalty applies on 4th fill at retail level on maintenance medications.

⁴ This program ensures appropriate drug therapies for members using prescriptions within the following key areas: Non-steroidal Anti-inflammatory, gastrointestinal, fungal infection, migraine and sexual dysfunction.

Table 3- Other Services

	CIGNA Choice Fund/HSA	CIGNA/POS	Kaiser Permanente
Routine Eye Exams	not covered	not covered	\$15/\$30 copay (eye refraction exam), 25% discount for eyeglasses purchased at Kaiser Optical Shops
Routine Hearing Exams	not covered	\$25/\$50 copay per visit	\$25/\$50 copay
Allergy Testing	90%/70% R&C after deductible	\$50 copay per visit	\$25/\$50 copay
Skilled Nursing Facility	90%/70% R&C after deductible	90%/70% R&C (60 days per CY)	100% for 100 days per CY
Home HealthCare	90%/70% R&C after deductible	No Charge In-Network (unlimited days per CY) 70% Out-of-Network after deductible (40 days per CY)	100% (2 hrs. per visit max.)
Hospice Care	90%/70% R&C after deductible	No Charge In-Network 70% Out-of-Network after deductible	No Charge
Emergency Room Care	90%/70% R&C after deductible	\$150 copay	\$100 copay

Frequently Asked Questions –Health Insurance (FAQ’s)

When am I allowed to change health carriers?

Employees are allowed to change health carriers once a year at open enrollment.

What if I get married or have a baby?

Changes in dependent coverage must be made within 31 days of the qualifying event (for example, birth or marriage date). Copies of marriage and birth certificates are required to add dependents.

How do I change my doctor if I am in an HMO?

This can be done by calling the toll free number listed on your identification card or on www.mycigna.com.

Which dental plan allows me to choose my own dentist?

The Cigna PPO plan allows you to go to the dentist of your choice.

What is a generic drug?

A generic drug is a prescription drug that has the same active-ingredient formula as a brand-name drug. A generic drug is known only by its formula name and its formula is available to any pharmaceutical company. Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and as effective as brand-name drugs and are typically less costly.

What is a formulary listing?

It is a list of preferred, commonly prescribed prescription drugs. These drugs are chosen by a team of doctors and pharmacists because of their clinical superiority, safety, ease of use and cost.

What is a brand drug?

It is a drug manufactured by a pharmaceutical company that has chosen to patent the drug’s formula and register its brand name.

Dental Plans

The Cigna Dental PPO provides traditional dental insurance coverage under which you are reimbursed for covered expenses on the schedule of benefits as outlined in the certificate of coverage. This dental plan offers the flexibility to see the dentist of your choice with a deductible and co-insurance varying depending on the services provided

Table 4 - Schedule of CIGNA PPO Dental Benefits

<u>Treatment Classification</u>	<u>PPO Dental Benefits</u>	
Class I (Preventative Care)	Plan Pays 100% of reasonable & customary (R&C) charges with NO deductible	
Class II (Basic Restorative)	Each covered family member pays \$50 annual Deductible	Plan Pays 80% R & C
Class III Major (Restorative)	Each covered family member pays \$50 annual Deductible	Plan Pays 60% R & C
Class IV (Orthodontia)	Each covered family member pays \$50 lifetime Deductible	Plan Pays 60% R & C
Class V (Periodontia)	Each covered family member pays \$50 lifetime Deductible	Plan Pays 60% R & C

Table 5 - Individual Deductible (Classes IV, V) \$50.00/year

Maximum Benefit	
Classes I, II, III Combined Calendar Year Maximum	\$2,000.00
Classes IV, V Combined Calendar Year Maximum	\$1,000.00
**If an employee gets their annual cleaning once a year, they will receive \$100.00 towards the combined calendar year maximum for 3 years	
Deductibles	
Individual Deductible (Classes II, III)	\$50.00/annual
**A person must satisfy these deductible amounts before Dental Benefits are payable.	

Cigna Dental Care Plan

Provides dental coverage under an HMO-like structure. A primary care dentist is required for service. This plan provides coverage based on a predetermined fee schedule with many basic services being covered at NO CHARGE. There are no patient charges for most preventative procedures, no claim forms, no deductibles and no annual dollar maximums. Complex procedures are available at low, pre-set patient charges.

Frequently Asked Questions – Dental (FAQ's)

Which dental plan allows me to choose my own dentist? The Cigna PPO plan allows you to go to the dentist of your choice.

What is the difference between the two dental plans? The Cigna DentalCare plan is a managed dental care program. There is a list of dentists that must be utilized, and there is a set fee schedule for services. There are no deductibles or claim forms, only copayments (which vary depending on the services provided).

The PPO Dental plan has a \$50 deductible and the flexibility to see any dentist, however claim forms must be completed for reimbursement if using a non-PPO dentist.

Life Insurance

Montgomery College offers a group life insurance plan through Minnesota Life Insurance Company. It provides a death benefit amounting to two times the employee's annual salary, rounded up to the next \$500, not to exceed \$100,000.00. It is important to be aware that any life insurance valued in excess of \$50,000.00 will be included as taxable income. Seventy-five percent of the cost of the plan is paid by the college and twenty-five percent by the employee. The basic life insurance provides a waiver of premium provision if you are disabled prior to age 60. Life insurance benefits are described in the Group Life Insurance Certificate maintained by HRSTM.

The life insurance plans also include, at no additional cost to employees, a Travel Assistance Program and Beneficiary Assist program that includes grief, legal and financial counseling. Employees, their spouses, and eligible dependent children are covered.

Travel Assistance

Provided by Global Rescue LLC available through Minnesota Life is a comprehensive program of information, referral, assistance, transportation and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel 100 miles or more from home. Travel Assistance also offers pre-travel assistance, which gives you access to information on things like passport and visa requirements, foreign currency, and worldwide weather. (www.lifebenefits.com/travel)

Employers' Frequently-Asked Questions about Travel Assistance

Who is eligible for this service?

Active U.S. employees (including U.S. territories of Guam and Puerto Rico) covered under the basic group life insurance plan and their spouses and dependents (as defined under the group life plan).

How many days are the basic emergency travel assistance services available?

The services are available for up to 60 days of consecutive travel whether traveling on a domestic or international basis.

Do employees need to enroll?

Employees do not need to enroll in the program. Services are accessible at any time online or via a toll-free number or collect/direct phone number.

Are dependents covered while traveling even if the employee is not with them?

Yes. Any covered individual more than 100 miles from their permanent home residence is able to receive services, regardless of whether they are traveling with the primary employee.

Are expatriates or foreign nationals covered?

No. Expatriates (defined as individuals spending more than 60 consecutive days away from their home country) are not eligible for services.

How do employees learn about the services available?

Minnesota Life can provide a variety of communications, including brochures, posters, flyers and an e-mail announcement, for the employer to distribute. We also include information about the program in enrollment materials, benefit fair handouts, etc.

Printed membership cards are available upon client request from Minnesota Life.

What is the cost to the employer?

There is no additional cost to your group life insurance benefit program.

Is there a cost to employees?

There is no cost to employees to access the service. Employees are responsible for third party costs of services (outside of the services provided by Global Rescue in accordance with the Basic Emergency Services Terms of Service), such as medical expenses, prescription transfers, translation services, cash advances and related fees, etc. For a complete list of terms and conditions, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

How is the program initiated?

Services automatically become effective on the effective or renewal date of the employer's policy with Minnesota Life. We will work with the employer to initiate the program, and provide all the necessary communication materials to introduce it to employees.

Is the employer responsible for administering any part of the program?

Global Rescue administers the program. There are no reporting requirements for the employer. However, an employer is asked to verify employment prior to an employee or his/her dependents receiving certain services, such as an emergency medical evacuation. In addition, an employer may be asked to pre-authorize certain third-party expenses if it is willing to on behalf of its employees.

Is there a web site to learn more about the program?

To learn more about the program, visit www.lifebenefits.com/travel or contact your Minnesota Life representative.

Once the program is initiated, whom does the employer call with questions?

For coverage questions, contact your Minnesota Life client relationship advisor. For communications questions, contact your Minnesota Life marketing specialist.

Do dependent children of eligible employee members have access to the basic emergency travel assistance services when attending school on a full-time basis in the United States?

Dependent children (a child within the age limits for coverage under the client's Group Life Plan with Minnesota Life/Securian Life) have access to all basic services when 100 or more miles away from their permanent home residence (parent's home) attending school on a full-time basis.

Do dependent children of eligible employee members, attending school on a full-time basis in the United States, have access to all services if they elect to study abroad as part of their current program?

Dependent children will have access to all basic services for the first 60 days of their stay abroad as part of their current program. The college location becomes the permanent home residence. When the student returns to the college location to resume their studies in the United States, their access to all basic services would resume. Global Rescue can provide a quote for basic services to cover the dependent student from day 61 abroad until they return home to the college location. Please keep in mind, this rule of 60 days is consistent with the basic emergency services terms of service for all eligible members traveling abroad whether for business or personal reasons.

Who provides the service?

Global Rescue LLC is the exclusive provider of these services for Minnesota Life and Securian. Global Rescue is the premier provider of worldwide travel assistance services and crisis response. Global Rescue supplies travel advisory and evacuation services during medical and non-medical emergencies for individuals, families, corporations, organizations, government agencies, athletic teams, and expeditions around the globe.

What information does an employee need to provide when calling Global Rescue?

To access services, the employee simply needs to call the appropriate phone number (1-855-516-5433 or 1-617-426-6603). Collect calls are accepted if necessary. To verify eligibility, the employee is asked for the name of their employer.

Depending on the nature of services requested, additional information could be required, including present location, call back number, nature of illness or injury, medical history, etc.

How does travel assistance work with health care benefits (e.g., emergency room care while traveling)?

Global Rescue can provide hospital recommendations, make an appointment at a doctor's office on the employee's behalf and even guarantee payment for medical treatment. (For expense guarantees a suitable repayment guarantee such as a credit card or bank wire must be provided, and Global Rescue must be reimbursed for any amount spent within seven [7] days).

The selection of a medical facility is not affiliated to any medical plan. When providing a recommendation, Global Rescue takes into account the nature of the illness or injury, and looks for English-speaking physicians, a reputation for Western-style medical standards, and the best care available in the area.

What's the difference between travel assistance and business travel accident coverage?

A business travel accident plan, typically a supplement to group life insurance or Accidental Death & Dismemberment coverage, pays a benefit if, as the result of an accident, an employee dies or is injured while traveling for business. Depending on the plan, some travel assistance services such as emergency evacuation and the repatriation of final remains, may be included.

What happens when calls are placed to the Global Rescue number?

Emergency management experts, such as critical care paramedics and military special operations veterans, answer calls in one of the Global Rescue Operations Centers. These professionals will triage symptoms and the situation, provide immediate guidance and instruction, and work to find a resolution.

Global Rescue will request the name of the caller's employer. Certain services, such as medical transports or security evacuations, may require additional verification of eligibility, which Global Rescue and Minnesota Life will do by contacting your employer.

What kinds of transports does Global Rescue provide?

Global Rescue provides "bed-to-bed" medical evacuations from a local, stabilizing facility to the nearest appropriate hospital where your condition can be treated with modern, Western-style medicine. Evacuations will utilize the most appropriate means of transportation, including private air ambulance, commercial aircraft, helicopters, ground and/or surface transport. Global Rescue will provide transport for the return of dependent children, and one family member to visit you if hospitalized.

Global Rescue also provides security evacuations in the event you are in a foreign country, and either the U.S. government or the host government has issued a recommendation for evacuation. Evacuations will utilize the most appropriate means of transportation, including private aircraft, commercial aircraft, and surface transport. You are transported to the nearest safe area, where you can either continue your journey or return home on your own.

For a complete list of terms and conditions, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

What are the plan benefit limits?

Global Rescue will provide services up to the stated amount, subject to the terms and conditions of the Basic Emergency Services Terms of Service:

Medical Evacuations: \$200,000

Mortal Remains Repatriation: \$200,000

Security Evacuations: \$100,000

Return of Dependent Children: \$5,000

Family Member Visitation: \$5,000

For a complete list of terms and conditions, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

What are the exclusions?

Global Rescue reserves the right to determine, in its sole discretion whether your condition is sufficiently serious to warrant transport or services, and the mode of transport. You cannot receive more than one evacuation in any 12-month period.

Certain other terms and conditions apply. For a complete list, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

Are business sojourns or sabbaticals covered?

Yes. You are covered whenever more than 100 miles from home, domestic or abroad, for business or pleasure, as long as you are an active employee.

Are security or political evacuations offered?

Yes. Global Rescue provides security evacuations in the event you are in a foreign country, and either the U.S. government or the host government has issued a recommendation for evacuation. Evacuations will utilize the most appropriate means of transportation, including private aircraft, commercial aircraft, and surface transport. You are transported to the nearest safe area, where you can either continue your journey or return home on your own.

For a complete list of terms and conditions, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

Is medical monitoring and outpatient case management available?

Yes. Global Rescue's medical personnel, including critical care paramedics, nurses, and physicians, will monitor your case. In addition, an exclusive partnership with Johns Hopkins Medicine provides the medical expertise of the top-ranked U.S. hospital. X-rays, lab results, and other information will be reviewed by Global Rescue and Johns Hopkins physicians, and you and your treating physician will be provided with recommendations and advisory support. Although you do not enter into a doctor-patient relationship with Global Rescue, you may be requested to share information and provide consent in certain circumstances.

For a complete list of terms and conditions, please contact Minnesota Life or Global Rescue to receive the Basic Emergency Services Terms of Service or visit www.lifebenefits.com/travel.

Is there assistance available to arrange for medical supplies that may not be available where the employee is treated?

Yes. Global Rescue will provide the assistance and coordination, but you are ultimately responsible for the costs of purchasing and shipping any supplies requested.

How does Global Rescue ensure that the best care is available?

Global Rescue is proud to maintain an exclusive partnership with Johns Hopkins Medicine, the top-ranked U.S. hospital for over 20 consecutive years. This partnership provides you the expertise of the world's finest physicians whenever necessary.

If you are being treated or hospitalized, Global Rescue will obtain available x-rays, lab studies, and other diagnostic information from the local health care providers. This information will be reviewed by Global Rescue and Johns Hopkins Medicine physicians.©

Beneficiary Assist

When a life insurance claim is filed, the beneficiary is sent a booklet of information from regarding the grief, legal, and financial counseling services available, along with a phone number to contact.

Accidental Death and Dismemberment Insurance (AD&D)

AD&D is provided to all employees who elect the basic life insurance benefit. Employees or beneficiaries will be paid if an employee sustains body injuries or loss of life as a result of an accident. AD&D benefits are described in the certificate maintained by the Office of Human Resources and Strategic Talent Management. AD&D benefits are not payable if your death or loss is caused by:

- suicide, whether sane or insane,
- physical or mental illness
- an act of war
- while serving in the military
- injury incurred while taking part in a crime
- riding in an aircraft as pilot or crew member
- Infection or poisoning.

Optional Term Life Insurance

Employees may purchase optional life insurance in the following quantities:

- 1 x salary (up to \$300,000)
- 2 x salary (up to \$300,000)
- 3 x salary (up to \$300,000)

This benefit is available to all support, associate and administrative staff, working at least 20 hours per week in a regular or temporary-with-benefits position and full-time faculty.

The premiums, which are based on age, will be deducted from your bi-weekly paycheck. The premium for Optional Life Insurance Coverage is paid entirely by the employee. Coverage is not automatic. If this benefit was not elected during the initial offering or at the time of hire, you must complete an evidence of insurability form.

Dependent Term Life Insurance

Employees have the opportunity to purchase term life insurance on dependents. To be eligible to purchase dependent life insurance the employee must also be enrolled in Optional Life Insurance (minimum of 1 x salary benefit). The benefits are paid as follows:

\$25,000	-	Spouse
\$ 5,000	-	Per Dependent Child (up to age 26)

Notice: The premium for Dependent Life Insurance Coverage is **paid entirely by the employee.**

Long-Term Disability

To be eligible, an employee must complete six months of continuous service. The benefit is 60% of your base monthly salary to a maximum of \$5,000/month, payable after 12 months of total, continuous disability, until age 65.

Flexible Spending Accounts

There are three kinds of [spending accounts](#) available to College employees. One is for health care expenses, one is for dependent care expenses, and the other is for mass transit/parking costs. The accounts permit you to be reimbursed for certain expenses with money that is tax-free. You may set up any combination of accounts. Participation in the Healthcare Care Flexible Spending Accounts may only be elected during the Open Enrollment period for existing employees. New employees may elect to participate in the Health Care, Dependent Care, or Transit/Parking Spending Account within 31 days of hire. **You may participate in a health care reimbursement account even if you do not elect health, dental or vision care through the College.**

Table 6 - FSA Categories & Funding Limitations

FSA Type	FSA Funding Limitation
Health Care Reimbursement Account	\$2,650.00
	\$5,000.00 (<i>Married filing joint & single</i>)

Dependent Care Reimbursement Account	\$2,500.00 (<i>Married filing separate</i>)
Transportation Account Limit (per month)	\$260.00 for transit, \$260.00 for parking

If you set up an account, pre-tax dollars are deducted from your paycheck in equal installments 26 or 20 times a year depending upon your pay cycle.

Please note that elections to participate in the Health Care and/or Dependent Care Accounts MUST be made annually. Please enroll through the Workday system by **November 16, 2018**.

Important Information for Healthcare and Dependent Care Flexible Spending Accounts:

- You may be reimbursed for expenses you incur only during the plan year.
- These are “use or lose” accounts. The funds you contribute to your account may only be used for eligible expenses. If you do not use all of the funds in an account by the end of the plan year (calendar year), it cannot be returned to you or carried over to the next year (except health care has a \$500 rollover). If you estimate your expenses carefully, you can save money and lose nothing.
- You have 90 days after the close of the plan year to submit receipts for reimbursement. At the end of the 90-day period (March 31) after the plan year, any funds remaining in the account will be forfeited.
 - You cannot modify the amount you decide to contribute to an account until the next open enrollment period, unless you have a change in family status and submit the proper documentation.
 - You may not transfer money from one account to the other.
 - You may fax or e-file claims to the flex vendor.
 - Employees can select to have payments direct deposited into a checking or savings account or if they prefer, a check may be mailed to the home address on record with the flex vendor.
 - Employees can check their claim status online.

Health Care Spending Account

Begin by anticipating the eligible health care expenses you will have during the coming year. You may use your health care account for reimbursement of medical and dental expenses that are not fully covered by your medical and dental plans. These include deductibles and copayments, expenses not reimbursed for orthodontics, vision, hearing and other services, and any other health care service which would qualify as a medical deduction under IRS rules. Some examples are weight loss or smoking cessation programs prescribed by your physician, special medical equipment, transportation for special medical services under certain circumstances, etc.

Eligible health care expenses may be for you, your spouse, or your eligible dependents. However, please keep in mind that medical and dental premiums under the College benefits program are already excluded from your income and not eligible for reimbursement. Also, premiums paid toward coverage under your spouse's employer's medical and/or dental plan and expenses incurred for cosmetic surgery are not eligible for reimbursement. The following illustration (see **Table 7** below) shows you how a health care reimbursement account actually increases your spendable income.

Table 7 - How a health care reimbursement account actually increases your spendable income

	Without Flexible Spending Accounts	With Flexible Spending Accounts
Gross Monthly Salary	\$2,500.00	\$2,500.00
Less pre-tax medical expense	\$0.00	\$100.00
Less pre-tax dependent care expense	\$0.00	\$400.00
Adjusted taxable salary	\$2,500.00	\$2,000.00
Less Federal Taxes	\$375.00	\$300.00
Less State Tax	\$175.00	\$140.00
Less FICA Tax	\$191.00	\$153.00
Less after tax medical expense	\$100.00	\$0.00
Less after-tax dependent care expense	\$400.00	\$0.00
Monthly Spendable Income	\$1,259.00	\$1,407.00

By taking advantage of both Flexible Spending Accounts this employee is able to increase his spendable income by \$148 per month for annual tax savings of \$1,776.

A few examples of reimbursable expenses, which are commonly considered, are: medical and dental plan deductibles, co-insurance and co-payments, routine eye exams, glasses, contact lenses and necessary cleaning solutions.

Please note: that due to the health care reform legislation, over-the-counter medications are no longer considered eligible expenses without a doctor's written prescription.

The following is a summary of medical expenses that are eligible for medical care reimbursement accounts. For more information, please refer to IRS publication 502. You can order a copy of publication 502 by calling 1-800-TAX-FORM (1-800-829-3676).

Medical services fees (from doctors, dentists, surgeons, specialists, and other medical practitioners).

- Prescription medicines (those requiring a prescription by a doctor for their use by an individual) and insulin
- Oxygen equipment and oxygen
- Hospital services fees (lab work, therapy, nursing services, surgery, etc.)
- Special items (artificial limbs, false teeth, eyeglasses, contact lenses, hearing aids, crutches, wheelchairs, etc.)
- Expenses of an organ donor
- Meals and lodging provided by a hospital during medical treatment
- Wages for nursing services (see Publication 502)
- Social Security tax for worker-provided medical care (see Publication 926)
- Psychiatric care at a specially equipped medical center (includes meals and lodging)
- Capital expenses for equipment or improvements to your home needed for medical care (see Publication 502)
- Special school or home for mentally or physically disabled persons (see Publication 502)
- Transportation for needed medical care (see Publication 502)
- Treatment at a drug or alcohol center (includes meals and lodging provided by the center)
- Legal operation to prevent having children
- Cost and care of guide dogs or other animals aiding the blind, deaf, and disabled.
- Cost of lead-based paint removal (see Publication 502 Quick Reference of Expenses Eligible for Flexible Spending Accounts:

The following is a summary of medical expenses that are **not eligible** for medical care reimbursement accounts. For more information, please **refer to IRS publication 502**.

- Surgery for purely cosmetic reasons.
- Expenses for your general health (even if following your doctor's advice) such as:
 - Health club dues
 - Household help (even if recommended by a doctor)
 - Social activities, such as dancing or swimming lessons
 - Trip for general health improvement
- Diaper Service
- OTC drugs or medicines merely beneficial for general health are not eligible for reimbursement. OTC drugs purchased without a written doctor's prescription are not eligible.
- Funeral, burial or cremation expense

- Illegal operation or treatment
- Life insurance, income protection policies, or policies providing payment for loss of life, limb, sight, etc.
- Maternity clothes
- Medical insurance included in a care insurance policy
- Nursing care for a healthy baby
- Toothpaste, toiletries, cosmetics, etc.

Dependent Care Flexible Spending Account

Are you part of a two-income family with dependent children or parents? Are you a single parent? If so, you may want to consider opening a dependent care spending account. A dependent care account lets you set aside part of your salary to pay for day care while you work. **The amount you set aside is not taxed.**

To determine how much to set aside in your account, begin by anticipating the eligible dependent care expenses you will have during the coming plan year (January 1 - December 31). You may use the dependent care account to pay for child care and adult day care required for you to be able to work. These expenses include day care centers, preschool tuition, after school care, summer day camp and care provided inside or outside your home by someone age 19 or older who is not your dependent. A qualified dependent is anyone under age 13 whom you claim on your federal tax return. Other dependents, such as your parents, your spouse, or an older child, may qualify if they are unable to care for themselves, require full-time care, and you claim them as dependents on your tax return.

You pay your dependent care provider as usual. Make sure to get a receipt for each payment. You will be required to furnish the name, address, social security number or the taxpayer identification number of the dependent care provider. Submit your claims. You will be reimbursed for all eligible expenses (services must have been already provided), up to the current balance in your dependent care account.

Transit and Parking Account

Qualified Transportation Account – Qualifying expenses include mass transit costs incurred for commuting to and from work including rail, bus, subway, and ferry. Van Pooling expenses may qualify provided the van is primarily used as a commuting vehicle, and has seating capacity for at least six adults (not including the driver). Only college employees are eligible for reimbursement for commuting expenses.

Qualified Parking Account – Qualifying expenses include costs incurred for parking on or near a location from which you commute to work by mass transit. You may not use this account for parking expenses at your home. Since the college already provides a pre-tax option for parking, you may not use this account to pay for parking here.

You may change your deduction amount as often as monthly. Changes must be made at least 15 days prior to the effective date of the change. Participants are required to complete a claim form and submit bills, receipts, or other written proof substantiating their

expenses. The required itemization should include the following information: name of the transit or parking provider, dates of use, and the amount charged.

Flexible Spending Account Debit Card FAQ's

Things You Need to Know

The Spending Account Card is provided so you can conveniently pay for eligible healthcare expenses with spending account funds when you receive care. If you forget your card when payment is due at the provider, don't worry; you have the option to submit paper reimbursement claims to the Claims Processing Center. Because your Spending Account funds are pre-tax, the IRS requires that the Spending Account Card be used only at providers and retailers who provide "healthcare" services and products. Once you activate and sign your card, you can immediately use it for eligible healthcare expenses. If prompted to select debit or credit, always choose "credit." There is no PIN assigned to the card. Be sure to pay for non-eligible items separately.

Save All Receipts!

The Internal Revenue Service (IRS) requires only eligible health-related expenses be purchased with your card. **It is important to save all your receipts!**

Is there any situation where I will NOT have to provide receipts?

Information from your health, dental, or vision plan may allow the automatic validation of certain purchases with your card. However, if that information is not available, you will be asked to prove that the purchase was healthcare-related and eligible. Therefore, we highly recommended that you continue to save ALL receipts.

How do I know if you need my receipts?

You will receive a Card Swipe Validation Request asking that you return either an itemized receipt or an Explanation of Benefits (EOB) showing that the expense was valid.

What happens if I can't provide the requested information?

Based on IRS regulations, if you are unable to provide information validating that the requested expense was an eligible health expense, your card may be suspended or you may be requested to repay the unsubstantiated amount. In some cases, we may forward the issue to your employer for further action.

Why can't I access my Dependent Care Flexible Spending Account fund with the Spending Account Card?

IRS rules require that expenses from your Dependent Care Flexible Spending Account be incurred and services received before funds can be reimbursed to you. The Card cannot confirm that either of these two criteria have been met, therefore, your card cannot be used for Dependent Care expenses.

My employer allows me to access funds from multiple spending accounts. How do those accounts work with the Spending Account Card?

Each employer has established specific guidelines with regard to the sequence that spending account funds are used. Purchases will be allocated to the appropriate account based on the priority set by your employer and/or the eligibility of the item for a particular account. Check with your employer to see if this applies to you. Learn more by visiting [Flexible Spending Information](#)

Group Legal Benefit

This is an employee pay all benefit. Employees will have the opportunity to enroll annually during Open Enrollment. All attorney fees for legal services listed in the “Summary of Services” (below) are either covered in full 100% or discounted 25% depending on the legal matter.

You choose a law firm from the Legal Resources Network. Their experienced, local attorneys provide services covered by the plan. You receive a Subscriber Membership Card with your plan attorney firm’s name and phone number. The affordable payroll deducted monthly fee includes unlimited use of covered services for all covered family members. If you leave the College you may keep this benefit for up to two years and pay the group rate in effect the plan provides nationwide coverage with the National Protection Rider.

Table 8 - Estimated Attorney Fees Covered under the Legal Resources Network

Examples of Estimated Legal Services	Estimated Attorney Fees without Legal Resources	Attorney Fees as Legal Resources Subscriber
Legal Counsel and Advice for all covered benefits	\$300-400/Hour	\$0
Traffic Court Representation	\$750 - \$1,500	\$0
Will Preparation (living will, medical durable power of attorney, advance directives, & coverage provisions for minors)	\$500 - \$750 per person	\$0
Reviewing a financial contract or lease	\$300-400/Hour	\$0
Tenant Disputes with Landlords	\$300-400/Hour	\$0
Uncontested Divorce Representation	\$1,250 - \$2,000	\$0
Uncontested Domestic Adoption (includes name change)	\$1,000 - \$1,500	\$0
Purchasing, Selling, or Refinancing a primary residence (A minimum \$50.00 administrative charge will apply in all real estate closings conducted by the Plan Attorney)	\$400 - \$700	\$0

Defending a Civil Action in District Court	\$1,000 - \$1,500	\$0
Defending your child in Juvenile Court (misdemeanor)	\$875 - \$1,500	\$0

Identity Theft Services are now covered. Plan members can now call Legal Resources at (800) 728-5768 and speak to a specialist who will:

1. Help them understand what “identity theft” is and how to avoid it.
2. Walk the plan member through a checklist of activities and provide them with resources to help them minimize and recover from the theft.
3. Review and explain any in-office legal coverages that apply to the situation and refer the plan member to an attorney.
4. Provide the member with a comprehensive check list and brochure on identity theft.

There is a minimum enrollment period of one year in the plan.

Summary of Services

The duties and responsibilities of the Plan Attorney under this Agreement to the Subscriber and Covered Person (where applicable) shall consist of the following legal services:

1. **General Consultation and Advice:** To be provided at the Plan Attorney’s office, or by telephone as deemed appropriate by the Plan Attorney regarding general legal issues covered under the Summary of Services. For matters listed under the Expanded Coverage Rider, up to one (1) hour of initial consultation is provided. Any other consultation and advice will be at the discretion of the Plan Attorney, and may be billed by the attorney at his discounted rate as provided for in the Expanded Coverage Rider.
2. **Consumer Relations:** Representation of Subscriber in connection with any action which may be brought in the District Court against a manufacturer, distributor, service agency or retailer for defects in any merchandise, article or service or in a recovery on any warranty or guarantee whether implied or expressly given in connection with the sale of any merchandise, article or service, where such claim is in excess of \$400. Personal injury claims as a result of such defects are specifically excluded.
3. **Credit Protection:** Consultation, advice, and preparation of clarification letter(s) relating to billing disputes and collection agency harassment. District Court representation is provided if applicable. This does not include credit recovery action(s) or extensive credit negotiations.
4. **Preparation of Will and Related Documents:** Preparation, revision and periodic review of Will. This Will is defined as a Will with a reasonable number of direct bequests of money and/or property, and which:
 - **In Virginia** may also include a simple contingent trust provision for children in the event of the death of both parents.
 - **In Maryland and the District of Columbia** may also include a provision for a transfer under the Uniform Transfer to Minors Act for the benefit of each child in the event of the death of his/her parents. These services do not include Wills requiring the

creation of other types of trust. This Will may include, at Subscriber's request, an Advanced Medical Directive (Medical Durable Powers of Attorney and the preparation of "Living Wills") and Financial Powers of Attorney. This coverage is for the subscriber and spouse only and is not transferable to dependent children.

- 5 a. **Estate Advice:** Plan Attorney will also provide advice to Covered Person in connection with problems they may encounter as beneficiaries, administrators, or executors with respect to any estate, provided that the estate is not of a size to require the filing of a Federal estate tax return. However, this provision shall not require the Attorney to act as administrator or executor of such estate.
- b. **Elder Law Matters:** Elderly parent powers of attorney will be provided in accordance with Plan Attorney's professional and ethical requirements in the event of incapacity of the parent where parent is granting Covered Person power of attorney. Elderly parent powers of attorney do not include estate matters, gifting, disclaimers and creation of trusts and all such documents.
- 6 a. **Civil Actions (Plaintiff):** Representation as a plaintiff in connection with the filing of a civil action subject to the jurisdiction of the District Court. Representation shall be limited to action in the District Court. Claim must exceed \$400. Collection of judgments covered under the Expanded Coverage Rider. No representation shall be available under this item for any action that the Plan Attorney deems is either non-meritorious, calculated to be vexatious only, of a non-material or non-consequential nature or which would be contrary to public policy.

In the event any damages are recovered or some form of monetary benefit received, the first one thousand dollars (\$1,000) of any such recovery shall be free from any fee assessment by the Plan Attorney. The one thousand dollar (\$1,000) exclusion does not apply to Personal Injury Claims (see Personal Injury Box). With respect to any excess, however, a contingency fee may be assessed by prior written agreement between the Covered Person and the Plan Attorney. If legal fees are awardable by either statute, rule of court, or contract Plan Attorney shall be entitled to the full amount of such fees.

- b. **Civil Actions (Defendant):** Representation in connection with any civil action in which the covered person is named as a defendant, at the District Court only. Claim must exceed \$400. This excludes cases where Covered Person is provided legal representation through insurance or other indemnification arrangements.
7. **Domestic Adoptions:** (1) Representation of Covered Person as adopting step-parent in an uncontested adoption; (2) representation of Covered Person as adopting family member with parental consent in uncontested adoptions of family members; and (3) representation of Covered Person as adopting parent or step-parent in an uncontested adoption previously recommended by a licensed child placement agency. These services include change of name of adopted child. This does not include other private adoptions where the Court functions as agency representative. An uncontested adoption is defined as an adoption in which all necessary parties affirmatively consent to, or

affirmatively waive their rights to oppose the adoption by signing a consent form. Necessary parties who cannot be located and must be provided with notice of the adoption should not be deemed to have consented to the adoption.

- 8 a. **Real Estate Transactions (Closings):** The Subscriber is entitled to legal assistance and representation in connection with the sale, purchase and/or refinancing of the Subscriber's primary dwelling. **If purchasing or refinancing**, this includes representation in relation to the primary family dwelling. Representation for purchases will be on **either** the purchase and closing of the lot, or the closing on a construction loan, **or** the closing on a permanent mortgage, but not each individually unless they are combined into a single closing. **If selling**, this includes contract review and deed preparation for the Subscriber. **The real estate benefit is not transferable to dependents or non-subscribers involved in the transaction.**

This shall not include representation nor negotiations to secure the transfer or financing, nor the performance of any title search or surveys, nor situations involving special circumstances (such as liens or title issues) as deemed by the Plan Attorney (see Expanded Coverage Rider). In Real Estate cases where closing services are provided for the Subscriber (by a builder, real estate agent, title company, etc.), representation will not be provided. However, if circumstances develop in the closing which leave the Subscriber without representation, the Plan Attorney will provide representation. The Plan Attorney is not responsible for administrative costs associated with the closing. A *minimum* \$50 administrative fee will be charged to cover non-attorney costs.

- b. **Non-Sale Real Estate Transactions (Deeds):** Review and preparation of quit claim deeds, and deeds of transfer, provided the legal work requested is for the Covered Person.
9. **Insurance Matters:** Representation of Covered Person in connection with any claim against his/her insurer by reason of failure to provide or pay the benefits as contracted for and general advice as to interpretation of any policy provision. Includes: Accident and Health, Life Annuity, Fire, Automobile and Homeowners. Litigation limited to District Court. In the event of litigation, the conditions set forth in item 6a. (Plaintiff) shall apply.
- 10 a. **Tenant-Landlord Matters:** Representation of Covered Person as Tenant in connection with any claims or controversies arising out of a tenant-landlord relationship with respect to Covered Person's apartment or dwelling which is the Subscriber's principle place of residence. Litigation limited to the District Court only.
- b. **Landlord-Tenant Matters:** Up to one (1) hour of initial consultation and advice on matters involving Subscriber as Landlord. This will include preparation of "five-day late letter" and advice for filing the motion for judgment. Court representation may be provided under the Expanded Coverage Rider at the discretion of the Plan Attorney.
11. **Traffic Violations:** Representation before the District Court for misdemeanor traffic offenses for Covered Person with a valid driver's license not subject to restriction or suspension (See Expanded Coverage Rider). Alcohol or controlled substance related traffic offenses are limited to first offense only.

12. **Preparation and Review of Legal Documents:** Preparation and review of routine legal documents including but not limited to specific and general powers of attorney, financial powers of attorney, bills of sale, and affidavits.
13. **Defense of Juveniles:** Representation of Subscriber's minor dependent children in misdemeanor proceedings in the District Court, Juvenile and Domestic Relations Court, or Family Court. For offenses involving alcohol or illegal drugs, representation is limited to the first offense only. Subsequent offenses, felonies and/or felony related charges excluded (see Expanded Coverage Rider).
14. **Uncontested Divorce:** *The Subscriber only* shall be entitled to representation in connection with any uncontested divorce proceeding or separation, including the preparation of a separation agreement and the filing of the bill of complaint for divorce, separation or annulment and other services necessary for termination of the relationship. Uncontested divorce refers to initiating a no fault divorce which will include a property settlement agreement reconciling all equitable distribution; property issues; and child custody, support and visitation issues; signed by your spouse. It includes the draft of one proposed property settlement agreement meant to resolve all issues. It does not include multiple drafts of property settlement agreements with the exception of correcting (a) clerical errors and (b) minor revisions.

In the event of a **contested** divorce/separation matter or family law issues which arise subsequent to the divorce/separation, representation by your Plan Attorney will require a separate fee as stated under the Expanded Coverage Rider.

The preparation of Qualified Domestic Relations Orders, pre-nuptial agreements, or representation in any separate family law matters involving child custody, visitation, and support; spousal support; or contested adoption may be available under the Expanded Coverage Rider.

15. **Criminal Violations:** Representation in misdemeanor matters as defendant through trial in the District Court.
16. **Change of Name:** Simple uncontested change of name.
17. **Local Administrative Proceedings:** Consultation, advice and representation if applicable (*at the initial hearing*) with respect to civil administrative proceedings by or against any local government commission or local government board such as zoning or property disputes.

Non-Attorney Costs

Covered Person responsible for all non-attorney costs (i.e., filing fees, court costs, mileage, postage, phone calls, etc.).

Personal Injury 25% Contingent Fee

Consultation and review for Covered Person in connection with a personal injury claim as plaintiff. Attorney will evaluate all factors and determine, at the attorney's discretion, whether or not representation will be provided. If attorney represents

covered person and any damages are recovered or a monetary benefit is received, a contingent fee of twenty-five percent (25%) will be assessed by the Plan Attorney. The one thousand-dollar (\$1,000) exclusion under Item 6a does not apply. Federal Court, Appellate Court, Supreme Court, Medical Malpractice claims and products liability claims may require a separate fee arrangement based upon the mutual agreement of the Covered Person and the Plan Attorney. Covered Person will be responsible for all non-attorney costs.

National Protection Rider

- **Receive free initial advice and consultation** on legal matters outside your Covered Area.
- **Receive a 25% attorney fee discount** for most personal legal matters, where attorneys are available.

You must call Legal Resources for a referral to a National Protection Rider representative.

Master Plan Exclusions

- A. No benefits or services of any kind are provided under the Master Plan wherein the following circumstances are present:
- B. Controversy or proceeding between Administrator and any party to the Plan.
- C. Consultations, civil or criminal legal actions, any part of which: (a) involve the Contract Holder, or any included employer or participating sponsor of this coverage; or (b) relate to employment would exclude the entire action.
- D. In controversies or any matter between Subscriber and spouse or dependents, Subscriber only is covered.
- E. Any legal matter which might involve or name the Covered Person, but the legal work, advice, or action requested is for the benefit of a non-covered person. Except in the event of elderly parent powers of attorney as set forth under item 5b.
- F. Any matter between Subscriber and Plan Attorney.

Expanded Coverage Rider

A twenty-five percent (25%) attorney fee and/or legal assistant/paralegal fee discount on customary and usual fees. Plan Attorney Firm will evaluate all factors, before representation will be provided where specialized attorney services are available.

- (Pre-Existing). The matter requiring legal services originated prior to the effective date of the Subscriber Enrollment Form and involved either (1) the commencement of any legal action or legal proceeding by or against the Subscriber including the issuance of a summons; or, (2) the prior retention by the Subscriber of the services of another attorney or mediator; or, (3) the signing of a real estate contract or separation agreement prior to membership.
- Probation Violations, Bond Hearings and/or violations of existing court orders, and capias charges (failure to appear).

- Immigration – Specialty consultation fee of \$100 (one-hour consultation session) is provided. This fee may be applied to the attorney fees if further representation is provided. Subscriber will receive 25% attorney fee discount. Service provided only where immigration Plan Attorneys are available.
- Defense of criminal actions which involve the use of alcohol, illegal drugs or fire arms, except first offense DUI as set forth under item 11 and juvenile first offenses as set forth under item 13.
- Any matter not specifically covered under the Summary of Services herein.

Personal and Family Matters

Preparation of Qualified Domestic Relations Orders, contested family law issues, pre-nuptial agreements, Parental Placement Private Adoptions, re-adoptions, adoptions that originated outside the United States, protective orders/peace orders, guardianships, bankruptcy filing, estate representation, elder law, felonies, expungements, applicable DUI and/or traffic offenses, collection of judgments, tax law issues, securities law issues, appellate court proceedings, removal, appeals, trials de novo, felonies, and federal court proceedings.

Real Estate Matters

Civil actions and disputes not tried in District Court. These include matters evolving from a real estate closing such as a dispute with builder and/or breach of contract. Other matters include real estate issues involving specialized property rights, adjacent property acquisitions, home equity/improvement matters, refurbishment requirements, refinances, second homes and rental property.

Small Business Matters

Representation for Covered Person for routine business or commercial matters. To qualify, business must not exceed \$100,000 gross revenue per year.

Court and Arbitration Representation

Representation as plaintiff or defendant in arbitrated disputes; federal courts and non-covered state courts.

Additional Administrative Proceedings

Representation for school board disputes, civil administrative proceeding by or against any state or federal government agency, and family law or other social services disputes, and representation in condo/homeowner associations and other non-government entity disputes.

Legal Matters Outside Covered Area

Legal matters that can be referred to a Plan Attorney in another Covered Area.

Vision Plan

The College offers a stand-alone [Vision Plan](#) (employee pay all benefit). The vendor is **EyeMed**.

The EyeMed WellVision Plans define the industry standard for quality vision care benefits by including:

- Thorough eye exams that ensure ongoing eye care wellness.
- A wide variety of eyewear coverage options, including eyeglasses and contact lenses.
- Controlled pricing on eyewear and lens options through EYEMED doctors and labs.
- Choice of eye care doctors from one of the nation's largest doctor networks.

EyeMed offers the most extensive national doctor network of independent, private practitioners. In fact, 90% of Americans are within 10 miles of an EYEMED doctor. Annually, EyeMed retains more than 98% of the doctors in their network, so members develop lasting relationships with the eye care advisors they trust.

The plan design is 12/12/12. Eye exams are covered every 12 months, frames every 12 months, and lenses every 12 months. Hearing aid benefits are also a part of the EyeMed plan.

The plan offers a \$10 copayment for exams and a \$20 copayment for materials (for participating doctors and opticians). If your doctor does not participate there is still a benefit, however, coverage is not as comprehensive as it is with in-network provider selections. Please also note that out-of-network claims must be filed online with EyeMed within 180 days from the date of service. For more information please visit: [MC Vision Plan](#)

Accommodations under ADA

Requests for accommodations under the Americans with Disabilities Act (ADA) should be directed to Rowena D'Souza, Risk Management Coordinator at 240.567.5370.

Worker's Compensation (*All Employees*)

CorVel is responsible for the management of the Montgomery College Workers' Compensation Program. They serve as a general contractor and manager of the program with responsibility to provide **Total Program Management**.

The program is designed to provide close coordination of all the services necessary to assure that Montgomery College employees receive prompt and necessary medical care.

The following is a brief description of the flow process of a workers' compensation claim:

1. Injured employee or supervisor reports claim to Security.
2. Security provides employee with basic information about the work injury program at Montgomery College.
3. Security informs Environmental Safety and Human Resources and Strategic Talent Management about injury.
4. The workers' compensation incident is reported to a toll free number.
5. Within 24 hours the claim is electronically sent to CorVel and HRSTM.
6. Contact is attempted with the treating physician, the employee and the employer in the first 24 hours.
7. Within the first 14 days, the claim is investigated to determine if it is covered under the workers' compensation laws of the State of Maryland.
8. CorVel monitors the claim to assure that the claimant is improving as expected. If not, they will direct additional resources to assure that the employee receives the medical care necessary to return to productive employment

All questions concerning the workers' compensation program at Montgomery College can be directed to Rowena D'Souza at (240) 567-5370.

Unemployment Insurance

Unemployment compensation may be available upon termination of employment with the college as determined by the rules and regulations set forth by the State of Maryland, Office of Unemployment Insurance.

Continuation of Health/Dental Benefits

COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985)

Please note as an employer offering group health plans, the College is required by Public Law 99-272, Title X, to offer employees and their families the opportunity for a temporary extension of medical and dental coverage in certain instances where coverage under the group plan would otherwise end. This notice is intended to inform you of your rights and obligations concerning the continuation of your benefits if your coverage ceases.

Listed below are events that may cause you, your spouse or children to lose medical and/or dental insurance. Next to each qualifying event is the length of time for which you are entitled to continue that coverage.

Table 9 - Length of Time Benefits May be Continued

Employees	
Cessation of Employment (except for gross misconduct)	18 months
Reduction in the hours you work	18 months

Dependents	
Death of the employee	36 months
Divorce or legal separation	36 months
Employee becoming eligible for Medicare	36 months
Dependent child reaching maximum age	36 months

Table 10 Length of time Benefits May be Continued

You, your spouse and/or dependent child must notify HRSTM immediately upon divorce or separation, or when your child reaches the maximum age eligible for participation in the plan under which he/she was insured. An election package will be sent to your home address as most currently listed on your employment records. Included in this package will be instructions, premium information and an election form. You will have 60 days from the later of the date of the qualifying event or the date of the notification to decide if you wish to continue coverage for yourself and/or dependent(s). Whether or not you exercise your option, the election form must be completed and returned to Benefit Strategies, Inc.

Any person opting for continued medical/dental benefits must assume 102% of the actual premium charged for the same coverage offered to active employees. The extra 2% charged is to cover the cost of administering the program.

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

There will be a 45-day grace period to pay the initial premium after you notify Benefit Strategies, Inc. of your decision to continue coverage. You are responsible for paying any past due premium from the date coverage would have normally ceased.

If the group plan benefits and/or premium change, your benefits and/or premium will change accordingly. You will be notified in advance of any circumstances affecting your coverage.

You and/or your dependents continued coverage would terminate under the following circumstances:

1. The maximum time period (18 or 36 months) is reached. However, during the last 180 days of continued benefits, a conversion privilege is available.
2. The premium is not paid according to the terms defined in the election package. There is no reinstatement provision for late payments.
3. The continuing individual(s) become insured for group medical benefits, either as an employee or dependent.
4. The College ceases to provide any medical and/or dental benefits to our active employees.

HIPAA - The Health Insurance Portability and Accountability Act (**HIPAA**) of 1996 made the following important changes in COBRA continuation coverage rules that took effect on January 1, 1997:

HIPAA limits the circumstances under which coverage may be excluded for medical conditions present before you enroll. Under the law, preexisting condition exclusions generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12-month (or 18-month) exclusion period is reduced by your prior health coverage. You are entitled to a certificate that will show evidence of your prior health coverage. If you buy health insurance other than through an employer group health plan, a certificate of prior coverage may help you obtain coverage without a preexisting condition exclusion.

You have the right to receive a certificate of prior health coverage which will be provided by your insurance company at termination of your coverage.

Retirement

Employees may continue health coverage with the college after retirement. The college defines a retiree as someone who has commenced receiving a retirement benefit from the College. The cost of insurance to the retiree varies and is dependent upon the length of service with the college.

Health Information Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you access this information. Please review it carefully

HIPAA requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by Montgomery College (the "Plan"), as sponsored by Montgomery College. The Plan provides coverage for the following types of benefits:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts
- Faculty Staff Assistance Program
- Wellness Program

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your health insurance, dental insurance, vision insurance and flexible spending accounts. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Montgomery College's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information about You

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the College in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the College so it may be used without the College learning who the specific participants are.
- **To the College.** The Plan may disclose your PHI to designated College personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the College's Plan Administrator and/or the members of the College's Office of Human Resources and Strategic Talent Management. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information may not be disclosed by the Plan to any other College employee or department, and will not be used by the College for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the College.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information about You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.
- **Right to An Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the Plan Administrator. You must advise us:
 - 1) what information you want to limit;
 - 2) whether you want to limit the Plan’s use, disclosure, or both; and
 - 3) to whom you want the limit(s) to apply.

Note: *The Plan is not required to agree to your request.*

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time.

Changes to This Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the College's Human Resources and Strategic Talent Management all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

NOTE: YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

Rowena M. D'Souza – HIPAA Privacy Official

Risk Management Coordinator
Montgomery College Central Services
9221 Corporate Boulevard
Rockville, MD 20850
Phone: 240.567.5370

Notice Effective Date: April 14, 2003

Discrimination is Against the Law

Montgomery College complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Montgomery College does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Montgomery College:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact [Heather Pratt](#).

If you believe that Montgomery College has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Heather Pratt, Director, 9221 Corporate Blvd., Rockville, MD 20850 Phone: 240.567.5353, Fax: 240.567.3097, or heather.pratt@montgomerycollege.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Heather Pratt is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-240.567.5353.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-240.567.5353

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-240.567.5353 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-240.567.5353.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-240.567.5353.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-240.567.5353.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-240.567.5353.

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-240.567.5353.

1-240.567.5353 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

تماس بگیریڈ۔ 1-240.567.5353 توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد۔ با

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-240.567.5353.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-240.567.5353.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-240.567.5353.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-240.567.5353 (رقم هاتف الصم واليكم:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-240.567.5353 まで、お電話にてご連絡ください。

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-240.567.5353

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-240.567.5353

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-240.567.5353

Leave Policies

If the terms and conditions of your employment are governed by a collective bargaining agreement (AFSCME or AAUP) please refer to your specific contract for information in reference to your leave benefits.

Montgomery College has extensive leave regulations covering every type of situation necessary for an employee to be absent from work. A few brief statements are listed here describing some of the leave policies. Employees who have a situation that may not be listed should contact their immediate supervisor or the Human Resources and Strategic Talent Management for further information. Requests for leave must be approved by the employee's supervisor before the start of the leave.

NOTE: Employees unable to report for a scheduled work period must notify their immediate supervisor as soon as possible. Failure to report for work as scheduled or to report the reason for absence to the employee's supervisor will be considered as an unauthorized absence.

All Staff employees and temporary employees who receive benefits earn leave. Employees assigned to work 20 hours per week but less than 40 hours earn leave in the proportion that their workweek is to a 40-hour week. For example, if an employee works a 30-hour week, their leave should be figured by multiplying 30/40 times the amount of leave earned. Ten-month employees earn leave only during those pay periods when they are actively on the payroll. During the months when they are inactive, leave cannot be earned nor used. Earned leave may be used by the week(s), full day, or by the hour/portion of an hour, as necessary.

For purposes of calculation, please note that Staff and Administrators are not paid twice a month, but rather every two weeks, which equals 26 pay periods per year. Full-time Faculty are paid on an academic year basis and their salary is calculated over 20 pay periods.

Creditable Service – The rate of annual accrual for sick and annual leave is based upon the amount of service time which an employee has accumulated. This period of time is referred to as "creditable service" and is computed by including all current service time the employee has working at Montgomery College as well as the following:

Previous full-time service in an established position with the College.

Annual Leave

Annual leave is granted to allow vacation time or for taking care of activities that can't be scheduled on non-working days. It can also be used to supplement sick leave when necessary. Employees assigned to work a 40-hour week earn annual leave as follows:

Length of Service	Leave Earned Per Pay Period	Leave Earned Per Year
Less than 3 years	4.61 hours	15 days per year (120 Hours)
3 years but less than 15	6.15 hours	20 days per year (160 Hours)
15 years or more	8 hours	26 days per year (208 Hours)

Annual leave may not be used during the first 30 days of employment unless pre-arranged as a condition of employment. Annual leave must be scheduled with your supervisor at a time which will be in the best interest of the College.

Up to one year of accumulation of unused annual leave may be carried forward to the next year. All other unused annual leave will be lost. Upon termination of employment with Montgomery College, employees are paid in full for all unused annual leave up to a maximum of one year of accumulation at their current rate of accumulation. Please note that for part-time employees the amount of leave carried forward each year or for which the employee may be paid upon termination is pro-rated according to the proportion that their workweek is to a 40-hour work week.

Sick Leave

Sick leave is granted for personal illness, injury, and quarantine, as well as for medical, dental, or optical examinations and treatment. The leave policy permits use of sick leave for illness in the immediate family. Full-time staff employees earn sick leave at 3.69 hours per pay period (12 days per year). Sick leave can be used only after it has been earned. Employees may request advanced sick leave not to exceed the amount earned during the next g 12 months (96 Hours for full-time staff). Unused sick leave may be accumulated

and carried forward from year to year without limit. Upon termination, staff employees hired prior to January 1, 1993, and who have 5 years or more consecutive service with the College are eligible to receive pay for 25% of their unused sick leave balance up to a maximum of 25% of 180 days. This benefit is not available to employees hired after that date. At the time of termination of employment, a full-time faculty member who was employed as a full-time faculty member during the fiscal 1989 academic year and who has served five or more years immediately preceding such termination, shall be paid for 25% of no more than 180 days of unused sick leave computed on the basis of salary at termination.

Employees who are unable to report to work due to illness or injury should notify their supervisor as soon as possible, preferably before or during the working hours of the first day they are absent. Supervisors are to report excessive or questionable use of sick leave in writing to the Office of Human Resources and Strategic Talent Management.

Personal Leave

Personal leave with pay is granted on a noncumulative basis to a maximum of 24 hours (3 days) per calendar year for full-time staff employees and on a prorated basis for part-time staff employees. It is to be used for personal obligations such as those listed below, or for other important personal unplanned crises or emergencies involving family members or personal property. Personal leave is advanced at the beginning of each calendar year and does not accrue from year to year.

The following are guidelines to assist employees in determining what situations are appropriate for use of personal leave. However, while personal leave must be requested from and approved by the immediate supervisor, employees are on the honor system and do not need to provide their supervisors with a reason for requesting the leave.

Personal Leave may be used for purposes such as the following:

- Religious observance
- Appointment with a lawyer
- Court appearance, if not covered under Civil Leave policy
- Settlement/purchase, walk-through on a house
- School registration or conference for children
- Graduation
- Bereavement for other than family members

Holiday Pay

Employees are authorized paid leave on official holidays when such holidays fall on days when the employees are regularly scheduled to work. Such leave is referred to as "holiday leave". Official holidays are those days designated each year in the College calendar on which the College is listed as being closed, including the Saturdays and Sundays. Some employees may be required to work on an official holiday if determination is made that certain College services must be maintained. Non-exempt employees who are required to

work on an official holiday are paid (in addition to pay for their regular holiday leave) at one and one-half times their pay for each hour of work performed on the holiday.

When an official holiday falls on an employee's regularly scheduled day off, the employee will not be paid for that day. In those situations where a temporary change in work schedule serves to reduce the individual's number of paid holidays below the minimum number received by those employees working a regular work schedule, the person so affected will receive an alternate paid holiday during the same week.

Special Leaves with Pay

Bereavement

Employees are entitled to leave with pay for five work days, not to exceed 40 hours, in the case of the death of a member of the employee's immediate family. "Immediate family member" is defined as spouse; natural, foster, or stepchild; in-law; parent; step-parent; sibling; grandchild; grandparent; or member of the employee's immediate household. Leave need not be taken on consecutive days provided such leave is taken during the period between the date of death and the conclusion of the mourning period or date of burial.

Court Attendance

Employees who are subpoenaed as a court witness or who are called to serve on a jury may be granted court attendance leave for the period required to be in court plus necessary travel time. Employees must submit the appropriate leave form with a copy of the subpoena or summons to HRSTM. Any pay (less travel or other necessary and uncompensated expenses) received by the employee for such service is paid to the College unless the employee elects to use annual leave or leave without pay, in which case the employee may retain all pay received for such court service.

Annual Military Reserve Training

Employees who are members of the National Guard or of the United States Armed Forces Reserves may be granted special leave with pay for training purposes not to exceed 15 calendar days in any 12-month period when required by federal or state order. In addition, such leave with pay as required may be granted to an employee when his/her reserve unit is activated by federal or state order in the event of a civil disturbance or other emergency. Employees must submit the leave in Workday, and upload a copy of the military or other governmental orders. Any pay (less travel or other necessary and uncompensated expenses) received by the employee for such active duty must be paid to the college unless the employee elects to use annual leave or leave without pay, in which case the employee may retain all pay received for such active duty.

Professional Meeting

Granted for purposes of attending off-campus professional meetings that are in the best interest of the College and the employee.

Enrichment Leave

Beginning July 1, 2011, the college began an enrichment leave program that will enable staff to utilize up to 8 hours of enrichment leave each fiscal year. The purpose of this leave is to allow staff to participate in some of the unique opportunities available on campus such as attending a guest lecture, joining a Jefferson Café, or listening to a panel discussion. Requests for enrichment leave must be made at least a week in advance and must be approved by the supervisor.

Professional Development Leave for Staff

This leave is available for administrative, associate, and support staff for a period of three months or one semester at full pay. To be eligible to apply and be considered for this leave an employee must have served continuously at Montgomery College for at least three years. The employee must sign a written agreement to return to work at the College for at least four months for each month of leave after the Professional Development leave ends. Employees in temporary positions with benefits are not eligible for this particular leave.

Sabbatical Leave for Faculty

Sabbatical leave provides full-time faculty the opportunity to take time away from the classroom to engage in various types of professional development endeavors for a period of one semester at full pay or one full academic year at half-pay. To be eligible for sabbatical, a faculty member must have 14 consecutive semesters of service. The faculty member must sign a written agreement to return to work for the next succeeding four (4) full academic semesters after completion of the leave period.

Administrative Leave

Paid administrative leave is granted when the health, safety, or general welfare of an employee is in danger, or when leave is in the best interest of the College. Leave may be authorized for all employees or for selected offices of personnel of the College. Non-exempt staff employees who are classified as “essential personnel” and who are required to work during administrative leave are paid (in addition to their regular pay) at one and one-half times their regular rate of pay for those hours worked.

NOTE: Administrative leave is the leave granted for weather-related emergencies. When the decision is made to close the College (not just cancel classes), staff are not required to report for work.

The College will always operate on its regular schedule unless otherwise announced. Depending on the nature of the incident, notifications of emergencies and changes to the College’s operational status will be communicated through one or more of the following means:

- College emergency responders: security officers, Campus Response and/or Support Teams
- Montgomery College ALERT. Registered users receive text and e-mail messages. Registration information is available at <http://www.montgomerycollege.edu/emergency>
- Montgomery College Web site at www.montgomerycollege.edu
- My MC web site at <https://mymcprod.montgomerycollege.edu/cp/home/displaylogin>

- Montgomery College employee e-mail. From off-site, <http://mcmail.montgomerycollege.edu>
- Montgomery College main phone number at **240.567.5000**
- Montgomery College employee voice mail. From off-site, dial **240.567.1701**.
- Montgomery College cable channel 10 in Montgomery County
- Montgomery College Emergency Desktop Notification. Scrolling messages are broadcast on College computers
- Social Media: Like MC on Facebook and/or follow MC on Twitter; The College will always post emergency notifications on Facebook and Twitter. The College’s official Facebook and Twitter feeds: [facebook.com/montgomerycollege](https://www.facebook.com/montgomerycollege), twitter.com/montgomerycollege
- Commercial radio and TV stations including:

Table 11- Local TV & Radio Emergency Stations

Local Television Stations	Local Radio Stations
Channel 4 WRC	WTOP (103.5 FM)
Channel 5 WTTG	WFRE (99.5 FM) – Frederick
Channel 7 WJLA	WAMU (88.5 FM)
Channel 9 WUSA	WFMD (930 AM) – Frederick
News Channel 8	WMAL (630 AM)

All inquiries from the news media regarding an emergency event must be directed to the College’s Office of Communications.

Emergencies

Options during Emergencies

1. The College is open. Classes are conducted. All personnel are expected to report at the normal time.
2. The College is closed. Classes held on-campus are cancelled. Students should consult their course syllabi for clarification on completing any assignments. Staff members designated as “essential personnel” may be required to report to work at the normal time. All other employees will be granted administrative leave.

3. A campus is closed. All classes, events, and activities are cancelled. Students should consult their course syllabi for clarification on completing any assignments. Staff members designated as “essential personnel” may be required to report to work at the normal time or report to work at an alternative location. All other employees will be granted administrative leave.
4. A specific College building or a few buildings are closed. Classes held in the closed building(s) may be cancelled or relocated. Staff members designated as “essential personnel” may be required to report to work at the normal time or report to work at an alternative location. All other employees who normally report to the closed building(s) may either be granted administrative leave or may be reassigned and instructed to report to work at an alternative location.
5. The College will close at (time). Essential personnel may be required to remain or report to work. All other employees will be granted administrative leave.
6. The College will delay opening until (time), or the College is closed and will reopen at (time). Essential personnel maybe required to report to work at the normal time. All nonessential personnel will be granted administrative leave for the hours that the College is closed and will report to work at the designated time of opening.

Responsibilities during Emergencies

Any decision to close the College or any operations, or to delay opening, will be made by the Senior Vice President for Administrative and Fiscal Services (SVPAFS). TheSVPAF’s decision will be made in consultation with the Associate Vice President for Facilities (or designee) and conveyed to the College President, the Senior Vice President for Academic and Student Services, the vice president/provosts, the Office of Communications, and the Campus Directors of Facilities. The Office of Communications will notify the media, so that public radio and TV announcements will be made, and will notify the in-house communications systems (e.g. **MC Alert**, Call Response Center, voice mail, email, Web site).

Continuing education courses on campus shall be governed by the decisions of the campus on which they are located. Decisions regarding off-campus credit and noncredit courses shall be made by the Senior Vice President for Administrative and Fiscal Services.

Special Considerations for Power Outages and Other Non-Winter Weather Events

If there is not a total power outage to a campus or the region, it is possible that some College campuses and buildings will have power while others do not. In these cases, the decision to remain open or close specific campuses, sites, or buildings will depend on a variety of factors including, but not limited to: if classes are in session, time of day, season/temperature, expected duration of power outage, etc. For these reasons, definitive guidance in advance is not possible. Decisions will be made based on the available information with the best interest of the College and the safety of individuals in mind.

Alternative Workplaces for Staff for Partial Closures

If a building is closed due to loss of power, for example, the unit administrator may re-assign staff to an alternative location with power, if possible and practical. In these cases, The Office of Human Resources and Strategic Talent Management and the appropriate Senior Vice President must be notified as soon as possible.

Leave without Pay

Up to 12 months of leave without pay may be granted for reasons not covered by the FMLA and which is in the best interests of both the College and the employee. With the exception of military service, employees who are on leave may continue to participate in the Montgomery College employee benefit plans by paying 100% of the cost.

Leave without pay for 1 to 5 working days may be granted by the employee's supervisor. Leave for more than 5 days requires the approval of the employee's supervisor and the Chief Human Resources Officer.

Family and Medical Leave

Under the Family and Medical Leave Act of 1993 (FMLA), employees are eligible for up to 12 weeks of unpaid leave if they have worked for the College for at least 12 months and for at least 1,250 hours over the previous 12-month period. Regular part-time staff who have been employed for at least one year will be entitled to request and receive FML. Sick leave runs concurrently with FML. Leave may be granted for any of the following reasons:

- To care for an employee's child after birth, or placement for adoption or foster care,
- To care for the employee's spouse, son or daughter, or parent who has a serious health condition, or
- For a serious health condition that makes the employee unable to perform his/her job.
- A qualifying exigency which occurs while the employee's spouse, son, daughter, or parent who is a reservist, member of the National Guard, or retired member of the Regular Armed Forces or Reserves is on federal active duty or has received a federal call to active duty in support of a contingency operation.
- To care for a "covered service member" injured or who incurred a serious illness in the line of duty while on active duty. A "covered service member" means a current member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty while on active duty, that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

The College will require medical certification to support a request for leave because of a serious health condition, and may require a second or third opinion (at College expense) and a fitness for duty to return to work.

For the duration of leave under the FMLA, the College will maintain group insurance coverage under the same conditions as if the employee were still working. These procedures will be administered in accordance with the provisions of the FMLA.

Short-Term Disability

Short-term disability is a type of leave that pays a percentage of the employee’s salary (50%, 60%, or 80%, depending on years of service). Employees working in regular budgeted positions and temporary with benefit positions are eligible for short-term disability leave if they have worked at least 6 months for the College. Employees who have been disabled because of sickness or accidental bodily injury may be granted disability leave with pay up to the first 12 months of the disability. Once all accumulated sick leave is used, a percentage of the employee’s salary will be continued according to the following chart. Sick leave and Short-term disability runs concurrently with FML for 12 weeks.

Table 11 - Short-Term Disability

Employee Time of Service	Disability Pay as a Percentage of Salary
Workers’ Compensation Disability	100% of pay <i>(If participating in the Managed Care Program; if not, 66 2/3% of pay as required by Maryland State Law)</i>
Employees with 6 months but less than 3 years of service	50% of pay
Employees with 3 years but less than 10 years of service	60% of pay
Employees with 10 or more years of service	80% of pay

In workers’ compensation cases, the use of sick leave will not be required before Disability Leave is authorized. Salary continued by the College is reduced by other disability benefits or pay for rehabilitative work.

Retirement Plans

As an educational institution of the State of Maryland, Montgomery College has access to state-funded retirement programs that are offered to employees. During your working years, you are busy with your career, family and social life, but you also need to think about retirement. A comfortable, secure retirement requires planning.

You select a retirement program when you begin employment and your election takes effect on the first of the month following receipt of your election form.

Full-time, Faculty, Administrators and Professional Staff

These employees are able to choose between the Maryland State Pension System Plan and the Optional Retirement Plan (ORP).

- **Pension System for Employees and Teachers of the State of Maryland**

The Maryland State Retirement and Pension System is a contributory plan up to the level of the current Social Security wage base. Employees in the Teachers' System are required to contribute 7% of their gross annual salary over the academic year. Those enrolled in the Employees' system are required to contribute 7% of their gross annual salary over the entire calendar year. This reduction will not be subject to federal taxes; however, it is subject to state and FICA taxes. If or when an employee's gross wages exceed the Social Security wage base (monitored by the payroll department), the individual would contribute seven (7%) to the plan. Contributions earn interest at the rate of five percent (5%). The State contribution to the MSRPS is determined annually by the State Retirement system's Actuary. There is a ten-year minimum service requirement in order to be vested. This is a defined benefit plan.

- **Optional Retirement Plan (ORP)**

There are two vendors to select from in the Optional Retirement Plan (ORP): Fidelity or TIAA. Employees do not have a required contribution. The State of Maryland (or Montgomery College for certain employees) contributes 7.25% of the employee's academic year salary to their annuity account. Benefits are vested immediately under the Optional Retirement Plan. This is a defined contribution plan.

Full-time, Support, Paraprofessional and Technical Staff

Support staff employees are automatically enrolled as members of either the Maryland Teachers' Pension System or the Maryland Employees' Pension System according to state regulations.

- **The Employees' Pension system** requires a 7% contribution over the calendar year. The reduction will not be subject to federal taxes; however, it is subject to state and FICA taxes. Contributions earn interest at the rate of five percent (5%). There is a 10-year minimum service requirement in order to be vested.
- **The Teachers' Pension system** requires a 7% contribution over the academic year. The reduction will not be subject to federal taxes, however, it is subject to state and FICA taxes. Contributions earn interest at the rate of five percent (5%). There is a ten-year minimum service requirement in order to be vested.

Regular Part-time Employees

Part-time employees are also eligible for retirement benefits on a prorated basis. Faculty and professional staff employees can choose between MSRPS and one of the Optional Retirement Plans. Support, Paraprofessional, and Technical Staff are automatically enrolled in MSRPS.

Supplemental Retirement Annuities (SRA's)

In addition to the group insurance and retirement benefits available to you as a Montgomery College employee, you also have the opportunity to participate in Supplemental Retirement Annuities (SRA) as permitted under Section 403(b) and Section 457(b) of the Internal Revenue Code. You may reduce your salary in accordance with IRS limits allowed on a pre-tax basis and the College will remit such funds to one of the SRA plans offered. You may establish a SRA contract with ING/VOYA, AXA/Equitable, TIAA and/or VALIC. Each plan provides a variety of fixed and variable accounts in which to invest your funds.

It is never too early to plan for retirement. No one should expect that his or her retirement income can be comprised only from an employer plan and Social Security - personal savings is absolutely necessary. You are fortunate to have a SRA program available. Generally, an employee can contribute 100% of his/her salary, up to a maximum of \$19,000 (per year. This limit is effective 1/1/19. If you are 50 or turning 50 in 2019 you can contribute an additional \$6,000 per year (for a total of \$25,000) per type of annuity. The college is also offering employees an additional opportunity to save pre-tax dollars for retirement. In addition to the 403(b) products already offered, you have the opportunity to participate in a 457(b) plan. The college is offering a 457(b) plan in addition to the 403(b) plans. 457(b)s offer employees the capability to save up to an additional \$19,000 or \$25,000 (if you are 50 or turning 50 in 2019). The contributions reduce taxable income and earnings grow tax-deferred. These contributions are made on a pre-tax basis and the investment returns on these funds accrue tax free. You will pay taxes at the time the funds are distributed, which will likely occur during your retirement years when you are apt to be in a lower tax bracket.

TIAA, Valic, AXA and VOYA offer a variety of investment options which may include annuities, mutual funds, and/or money market funds. These programs offer significant tax savings while planning for retirement and the convenience of making contributions through salary reduction. HRSTM has the TIAA forms in house, and the other vendors are to be contacted to set up accounts. All plan representatives will be pleased to discuss these programs in further detail. Representatives' contact information can be found at the end of this document in Vendor Information.

Frequently Asked Questions - Supplemental Retirement Annuities (FAQ's)

When can I make changes in the amount I am having deducted from my pay for my supplemental retirement annuity (SRA)?

Changes can be made anytime through the Workday system. No paper is needed unless a new account is being established.

Is there a dollar limit to how much I can contribute to my SRA?

Yes, the federal law limits this deduction to 100% of your annual salary up to \$19,000 for calendar year 2019. If you are 50 or older you can contribute an additional \$6,000 for calendar year 2019 (for a total of \$25,000).

Am I allowed to have more than one SRA?

Yes, the college has contracts with 4 companies. They are TIAA, Valic, AXA/Equitable and ING/VOYA. However, the total deductions cannot exceed the amount stated earlier (100% of your salary to \$19,000 or \$25,000 if you are over 50 for calendar year 2019). It is your responsibility to keep track of the deductions to ensure that you do not go over the limit

Professional Development and Training

As an educational institution, the College's ability to promote learning and enhance student success depends upon the competency of the people who work with them in every area of the organization and at every level. The values of continuous learning, professional growth, and high performance are woven into the fabric of our institution. This is reflected in the College's practices that commit to the scholarship, innovation, and development of our employees and our organization. To fulfill this commitment, the College provides numerous programs and services for our employees. Each and every employee – faculty, staff, and administrator – then embraces and demonstrates the College's values by thoughtfully planning and engaging in professional development opportunities.

[The Office of E-learning, Innovation and Teaching Excellence](#) (ELITE) is committed to providing excellence and leadership to the diverse MC community in the areas of instructional professional development, learning technology support and college-wide academic initiatives. We hold ourselves accountable to seek and provide practical, innovative solutions to enhance the learning experience of faculty, staff and students. ELITE provides programs, classes and services that support employees and work teams, and impacts student success! To access course schedules, visit the MC Learns site.

Educational Programs

Educational Assistance Program (EAP) and Tuition Waiver (TW)

Tuition waiver for Montgomery College credit courses and tuition reimbursements are provided to facilitate the continued growth and education of our employees. These benefits are available to full-time and part-time benefits-eligible employees.

Educational Assistance Program (EAP)

Assists eligible College personnel with educational expenses, including continuing education courses, in order to help them perform more effectively in their current job or prepare them for higher-level responsibilities, or another career here at the college. Administrators, Full-time Faculty, and Staff are eligible after six months of benefits-eligible employment.

Tuition Waiver

Tuition Waiver - Employee Only

The purpose of the tuition waiver plan is to allow eligible full-time regular and part-time benefits-eligible employees to enroll in credit courses at Montgomery College. Noncredit Continuing Education courses are excluded from tuition waiver coverage for employees but may be covered in accordance with EAP regulations, as appropriate. Fees for courses taken at Montgomery College under the Tuition Waiver Plan which meet EAP regulations may also be covered under the Educational Assistance Program (EAP).

In accordance with Maryland State law, tuition is waived at time of enrollment for Montgomery College courses approved in advance under this policy and taken during non-working hours. Tuition waiver is limited to a space-available basis.

Fee Reimbursement

Fees for courses taken at Montgomery College that are job, career, or degree-related would also be eligible for reimbursement. Course fees, only for courses taken at another college, which are job, career, or degree-related would also be reimbursed.

Tuition Waiver - Dependent/Spouse

Tuition Waiver for Dependent/Spouse is available to dependents and spouse of full-time staff, part-time staff, and full-time faculty with benefits.

- No waiting period.

- Courses for which credit is earned at Montgomery College are eligible. Developmental classes (no credits earned) are now eligible.
- Earn a passing grade and the associated credit for the course.
- No limit to the number of courses.
- No schedule limitation.
- Only the tuition cost is waived. Employee is responsible for fees and books.
- Proof of the dependent/spouse relationship will be requested of the employee. For dependents, a photocopy of the birth certificate must be provided if not already on file with the Office of Human Resources and Strategic Talent Management.
- Courses that are not satisfactorily completed may not be retaken using the Tuition Waiver benefit.

Frequently Asked Questions - EAP and Tuition Waiver (FAQ's)

When am I eligible for EAP and tuition waiver?

Full or part-time employees (with benefits) are eligible for EAP after 6 months at the College. Full-time and part-time employees (with benefits) are eligible for TW at time of employment (no waiting period).

EAP funds run on a fiscal year basis (7/1– 6/30). For FY19, the individual limit for full-time faculty is \$2,956.00. Additionally, for full-time faculty members taking graduate coursework beyond the Master's degree level, the maximum EAP benefit can exceed the \$2,956.00 such that total reimbursement would be equal to the University of Maryland College Park (UMD-CP) rate for in-state tuition and fees for graduate coursework up to a maximum of 12 graduate credits per academic year (\$9,414.00). For full-time bargaining staff, the amount is \$2,500.00 for those not taking graduate or undergraduate coursework. Additionally, for full-time bargaining staff enrolled in undergraduate and undergraduate coursework beyond the Associate's degree level, the maximum EAP benefit can exceed the \$2,500.00 by an amount such that total reimbursement would be equal to the UMD-CP rate for in-state tuition and fees for graduate or undergraduate coursework for each credit, up to a maximum of 12 credits (\$5,297.50 for undergraduate, \$9,414.00 for graduate). For full-time non-bargaining staff, the amount is \$2,400.00 for those not taking graduate or undergraduate coursework. For non-bargaining full-time staff enrolled in graduate or undergraduate coursework beyond the Associate's Degree level, the maximum EAP benefit can exceed the \$2,400.00 by the amount equal to the UMD-CP rate for in-state tuition and fees for graduate or undergraduate coursework for each credit, up to a maximum of 12 credits (\$5,297.50 for undergraduate, \$9,414.00 for graduate). Part-time staff EAP benefits are prorated.

May I carry my unused funds into the next fiscal year?

No. Any funds not used in the previous year are forfeited. Every employee begins with renewed funds each new fiscal year. The current year's EAP funds may not be used to pay for courses, seminars, etc. that occurred in the previous year. Courses/seminars that begin in one fiscal year and end in another will be charged to the fiscal year in which they end.

May I donate my unused funds to another employee who needs additional EAP funds?

No. Once an employee has exhausted his/her EAP funds, he/she may not receive any additional funds either from the College or from a co-worker.

What does EAP cover?

EAP will cover the cost of tuition or registration fee for a course, workshop and/or seminar. It will also cover any **required** books and supplies for the course, workshop or seminar. Books and supplies which are merely recommended or suggested are not covered.

Will EAP cover meals or travel expenses?

No. However, employees may be reimbursed for expenses related to travel for approved professional development. Refer to the [Fiscal Update](#) for details.

Will EAP cover my individual membership to a professional organization?

Yes, one job-related professional membership per fiscal year is eligible.

How do I request use of EAP?

Complete an EAP form found on the HRSTM Website.

Does the course or workshop need to be work related in order to use EAP and TW?

To use EAP, the course, workshop or seminar must be work-related, a requirement in a work-related degree program, or preparing you for higher-level duties or another career here at the College. Tuition Waiver courses do not need to be job-related. However, to be reimbursed for fees and books, the course must meet the EAP criteria.

If I make a change to my approved/EAP/TW request, do I need to let HRSTM know?

Yes. You need to notify HRSTM of any changes or cancellation. It may impact future EAP/TW benefits.

Will I need to send in to HRSTM a certificate of completion when I have completed the course, workshop or seminar?

Yes.

What if the vendor does not provide a certificate at the end of the program/course?

In this situation, you may send in a name badge, copy of an agenda or program of the course, workshop or seminar.

May I take a tuition waiver course during my lunch hour?

No. A requirement for a tuition waiver course is that the meeting time of the course is **outside** of your normal, non-adjusted work schedule. Also, the official lunch break of the College is 30 minutes. Classes are a minimum of 50 minutes long.

What is considered a normal, non-adjusted work schedule?

A normal, non-adjusted work schedule means that you are not changing your work start time, end time, or lunch time to take a course. It must be taken before or after your normal scheduled time. If you choose to take a course during your normal work hours, it will not be eligible for tuition waiver, but may be eligible for EAP.

May I apply for Tuition waiver for the same course more than once?

Policies & Procedures requires satisfactory completion of the course. You may repeat courses using Tuition Waiver only if you dropped the course without a grade, or received a grade higher than an "F". Courses that you received an "F" grade for may not be taken again under Tuition Waiver or EAP.

May I audit a class under tuition waiver?

No, you will need to earn the credit associated with the class to be eligible for tuition waiver.

How many courses may I take under tuition waiver?

There is no limit to the number of courses you may take using tuition waiver.

Can I take a continuing education course under tuition waiver?

No. Tuition waiver applies to only credit courses.

MC's Next Generation Wellness at Work Program

The College is committed to creating an environment that supports healthier lifestyles for employees. With the support of senior management, the college runs a comprehensive Wellness Program on three campuses with a wide range of programming. The college provides up to one and one-half hours of release time per week for eligible staff to participate in wellness activities such as nutrition and stress management workshops, exercise activities, walking programs and wellness workshops.

The College permits employees to take on-site wellness activities such as Zumba, Body Sculpting, Yoga, Aqua Aerobics, Pilates, Weight Training and other similar activities. We also provide Lunch and Learn sessions on various subjects based on the National Health observances calendar.

Each semester programming is reviewed and adjusted to meet the needs of employees. Surveys and face to face sessions are utilized to ascertain the efficacy of the program. The nature of the programs offered each semester is based on employee feedback and suggestions.

The Wellness Program at Montgomery College strives to assist employees to manage work life issues and to enable employees to stay healthy in mind, body and spirit.

For disability related accommodations to enable you to participate in any wellness program, promotion, or activity please contact the Wellness Coordinator, India Hunter at (240) 567-9145 or india.hunter@montgomerycollege.edu

Registration is available right before each semester and completed online through MyMC.

- Online registration **MUST** be completed, even if you have completed manual paperwork.
- Only the Waiver needs to be signed and returned to India Hunter. Waiver only needs to be signed once per year.
- Please register by campus, Wellness registration will cover classes and fitness center. If you utilize more than one campus please register for each.
- For registration, log into MC Learns: (MYMC, Training and Professional Development, MC Learns)
 1. Click **Schedule of Classes & Events**
 2. Click **Personal Development**
 3. Click **Wellness for particular campus**
 4. **Sign ALL program enrollment forms** (found under Wellness Homepage- "Wellness Forms & Documents")
 5. Send Liability Waiver only to HRSTM, CT Building
 6. Keep Staff/Faculty Release Time Request form signed by your supervisor for your records

Diversity Program

The College is an equal opportunity institution, committed to fostering a diverse academic community among its student body, faculty, and staff. The College is committed to providing an environment in which all persons are provided the opportunity for employment and/or participation in academic programs, and other College activities free from any form of discrimination or harassment as prohibited by federal regulations and state law.

Faculty/Staff Assistance Program

The College contracts with ComPsych to provide employees and their families with a “Faculty Staff Assistance Program” (FSAP). This program provides confidential assistance to employees to address problems they face at home or at work such as Stress, Marital concerns, Relationship issues, financial difficulties, Bereavement, Alcohol and/or drug problems etc. Please visit the website for information at <https://www.guidanceresources.com/>.

How will the FSAP help you?

The FSAP can help you with most personal problems that happen at home or work. Some of these include:

- Stress
- Feelings of sadness or anxiety
- Marital concerns
- Family pressures (children, teens, older relatives, etc.)
- Relationship issues
- Financial difficulties
- Bereavement
- Alcohol and/or drug problems

What happens when you meet with the FSAP professional?

You will talk with one of the professional about what is troubling you. Once he or she learns more about your situation, the professional will recommend specific ways to help. Sometimes several additional sessions between you and the FSAP professional will be necessary – the number of additional sessions is dependent upon the nature of the problem and the number of sessions available to you.

In other instances, the FSAP professional will recommend a counselor or agency in your community that specializes in the help you need. IN all cases, your FSAP professional will stay in touch with you to make sure you are getting the necessary assistance.

How confidential is the FSAP?

All information regarding your participation in the program is confidential except as governed by state and federal laws and regulations. Instances where your emotional conditions make you a threat to self or others, suspected child or elder abuse, and, in some states, spousal abuse are examples of cases that require reporting.

The College will not even know that you participated in the FSAP unless you give your written consent.

Sometimes a supervisor may recommend that you contact the FSAP if there has been a noticeable decline in job performance. If you decide to follow the recommendation, your supervisor will only be informed that the initial contact was made; no information about your conversation will be given to your supervisor without your written permission.

Will FSAP services cost me anything?

Your FSAP is provided by your employer at no cost to you. You will not be charged for any services provided to you by the FSAP staff. If a counselor or agency in your community is recommended, your FSAP professional will assist you in finding one which is covered by your health benefits program or a community program that will be affordable.

How do I contact the FSAP?

To use this free and confidential service, simply call them at any time. The team of FSAP professionals will answer your call promptly 24-hours a day, seven days a week. To take advantage of these confidential services, call 1-800-935-9551. Hearing impaired? Dial 1-800-855-2881, and then connect to 1-800-935-9551.

Who may use the Program?

YOU – as an employee of the College, your spouse, family members living in the home, and dependents who are claimed for tax purposes to be used for counseling and education.

SUPERVISORS to be used for consultation and training.

Drug and Alcohol Abuse Prevention Policy

The College's commitment to drug and alcohol abuse prevention is underscored by the following policy adopted on May 15, 1989 by the College Board of Trustees:

- I. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a college wide substance abuse prevention program and other ongoing efforts that will foster such education; and to the maintenance of a drug-free environment throughout the College.

- II. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- III. College students and employees are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- IV. The College president is authorized to establish procedures to implement this policy.

Per 31005CP, II, the following standards of conduct are applicable to employees:

- Employees should report for work fit for duty and free of any adverse effects of illegal drugs or alcohol. This does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their physicians about the medication's effect on their fitness for duty and the ability to work safely and promptly disclose restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions to supervisors, but may share concerns with HRSTM.
- . The unlawful manufacture, sale, distribution, dispensing, possession or use of controlled substances, and the unlawful use or abuse (e.g., being intoxicated) of alcohol by anyone on College property (including any facilities leased or used by the College) or in College vehicles is prohibited. The use of alcohol by anyone under 21 years of age or the abuse of alcohol by anyone at any College sponsored or supervised activity off campus is also prohibited.

C. Notification of Criminal Conviction

- 1. As required by the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments, the Maryland Higher Education Commission's Policies Concerning Drug and Alcohol Abuse Control, and as a condition of employment, employees must abide by the terms of this procedure and notify the Office of Human Resources, Development and Engagement in writing, of any criminal drug statute conviction for a violation occurring on or off Montgomery College property, no later than five calendar days after such conviction. Lack of compliance with these requirements may subject the employee to immediate disciplinary action, up to and including dismissal.
- 2. Upon receipt of notification of a conviction, the College will take the following actions as required by law:
 - a. Notify the appropriate federal agencies of such convictions, and
 - b. Take appropriate personnel action against the employee, up to and including termination; and/or
 - c. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

D. Consequences of Alcohol and Drug Abuse

1. The unlawful manufacture, distribution, use, sale, or possession (e.g., on the person or in a desk, or vehicle) of illegal drugs or of opened alcohol while on the job or on College leased or owned property is a dismissible offense and may result in criminal prosecution. Any illegal drugs found will be turned over to the appropriate law enforcement agency.
2. The illegal use or abuse of alcohol on campus or as a part of any College activity whether on College leased or owned property is prohibited in accordance with all applicable Federal, State and local laws and the Drug and Alcohol Abuse Prevention Policy. In addition to possible prosecution under the aforementioned laws, employees who violate the prohibitions of this policy are subject to College imposed disciplinary sanctions consistent with applicable procedures and regulations. Sanctions may include, but need not be limited to, suspension, termination of employment, or referral to appropriate authorities for prosecution. Any disciplinary sanction imposed may also include the completion of an appropriate rehabilitation program as a condition of reinstatement or continued employment.

Health Risks of Alcohol Abuse

For information concerning the health risks of alcohol abuse, click [here](#).

Health Risks Associated with the Use of Illicit Drugs

For a description of health risks associated with the use of illicit drugs and abuse of alcohol see attachment. For additional information click on the link <http://www.drugabuse.gov> .

Drug and Alcohol Abuse Treatment Resources and Clinical Services

For information about national and local resources available for drug and alcohol abuse treatment, please see list below. For more information on the Drug and Alcohol Abuse Prevention Program for Employees, contact Rowena D'Souza, Risk Management Coordinator, at Rowena.dsouza@montgomerycollege.edu.

Montgomery County Area Drug and Alcohol Treatment Services

Rockville area:

AAA-1 Abuse & Addiction Helpline

12154 Darnestown Rd. Ste 305
Gaithersburg, MD 20878
240-587-5450

Kolmac Clinic



1003 Spring Street
Silver Spring, MD 20910
Phone: (301) 589-0255

Kolmac Clinic

15932-B Shady Grove Road
Gaithersburg, MD 20878
301-330-7696

Suburban Hospital Outpatient Addiction Services

6001 Montrose Rd. Ste. #302
Rockville, MD. 205000
301-896-2036

Shady Grove Adventist Hospital

9901 Medical Center Drive
Rockville, MD 20850
240-826-6000

Montgomery General Hospital Addiction and Mental Health Center

18101 Prince Philip Dr.
Olney, MD. 20832
301-774-8800

Adventist Behavioral Health

14901 Broschart Rd.
Rockville, MD 20850
301-251-4545

Montgomery County Dept. Health/Human Services

751 Twinbrook Parkway, 2nd Floor
Rockville, MD 20851
240-777-1680

Germantown Area:

Khi Services Inc.

19530 Doctors Drive
Germantown, MD
240-686-0707

Takoma Park Area:

Washington Adventist Hospital

7600 Carroll Avenue
Takoma Park, MD
301-891-5600

Free help and advice for citizens of Maryland:

Maryland Alcohol and Drug Abuse Administration
Department of Health and Mental Hygiene Info line: 410-402-8600

Call the above number to learn about state funded drug and alcohol treatment, and your eligibility for subsidized care.

Payroll Information

Tax Forms

The College will withhold state taxes from residents of Maryland, Virginia, the District, West Virginia and Pennsylvania. There is no form for Pennsylvania; a flat rate will be withheld automatically. Blank tax forms are available in the HRSTM Office, the Payroll Office, or they may be downloaded using the links on the [HRSTM forms page](#).

W-2's

The IRS allows the College to transmit W-2's electronically with employee consent. To grant your consent to receive your W-2 electronically:

Go to MyMC; Click on Employee tab (upper middle); Click on Employee Services (on the left); Click on Tax forms; Click on W-2 consent election; Read the disclaimer and instructions; Check; Submit; Logout. Checking grants your consent until you return and uncheck.

Direct Deposit

Direct Deposit is available and highly encouraged for those employees that wish to have their paychecks directly deposited into their bank accounts and ensuring that paychecks are delivered in the most efficient manner regardless of weather conditions.

Credit Union

You must initially join the Credit Union in person (you will need to make a \$5 deposit and sign papers). Subsequent changes to the allocation may be made at the Payroll Office. Allocation (a separate payroll deduction which shows up on your pay stub) is restricted to employees eligible for benefits. All employees may have their pay direct deposited to the Credit Union.

Time Sheets

Each Friday is either a pay day or pay period end day. Occasionally there will be an early deadline which will be advertised and listed in the schedule of pay periods which is available at the Payroll web site on MyMC. Time sheets should be completed in Workday and submitted for approval before the department deadlines. The final cut off for submission and approval is noon on the pay period end date. Check with your supervisor for the exact procedure for your department. Contact the Payroll Office (x 75330, x 75331) if you have any questions.

Pay Sheets

Advices are available on the web. Checks are sent to the Cashier's Office on each campus to be picked up by the department for staff or placed in full time faculty mailboxes. Social Security is listed in two parts – FICA and Medicare.

There is a FAQ section pertaining to the payroll at the Payroll web site. If you have additional questions or would just like to stop in and say hello, we are located in the CT (Central Services) Building. Our phone number is x 75330.

Deferred Pay for Full-Time Faculty

The College offers all full-time faculty the option of having their salary paid over 12-months (26 paychecks) instead of the current 10-month (20 paycheck) structure. This option, called the Deferred Pay Program, is available through the Banner HR/Payroll system.

An employee who elects to participate in the program will remain in the program until one of three events occur:

- the employee notifies HR/Payroll to cease their participation in the program at the end of the academic year;
- the employee moves into a 12-month position;
- the employee leaves the College at which time the accumulated deferment will be paid as a lump sum.

The program allows the College to distribute an employee's salary using a year-round schedule. The actual divisor used in calculating your bi-weekly pay rate will always be 20 regardless of whether you elect to receive your payments over 10 months or 12 months. The reason for noting this method is that, regardless of which payment schedule you elect, a faculty member's compensation is earned over a 10-month period. So, during the academic year, a portion of your salary is set aside in a non-interest-bearing college account through the Deferred Pay Program. The same dollars you already earned are later used to make the payments in the summer.

Please read over the Deferred Pay Program Benefits and Limitations before deciding if this option is right for you.

Benefits and Limitations

- Employee benefits deductions (including group insurance, retirement, credit union, dues, group legal, bonds, etc) will only be deducted over the current 20 pay check structure. This means that summer paychecks will not include benefit deductions.
- The decision to select Deferred Pay is available only at the beginning of the fall semester. The Human Resources and Strategic Talent Management must be notified, in writing, of an employee's wish to sign up for or discontinue Deferred Pay two weeks prior to the beginning of the fall semester.
- Deferred Pay is not a personal savings account and as such, employees are not permitted to request those funds in advance of the scheduled payout periods.
- Faculty hired on a one academic year contract will not be eligible.

- Deferred Pay is only available on the employee's primary job. Summer pay, overload pay, and so forth, are not eligible for Deferred Pay. The employee will get paid as normal on these earnings.
- The election of this option could require an employee to reduce the amount of funds paid toward 403b or 457b accounts, as sufficient net pay must be available to cover taxes and the payment of benefits.
- Faculty not eligible for Deferred Pay or those who would like to earn interest or exercise more flexibility with their funds may still opt to join the ESFCU summer savings plan. Information concerning this program is available through the Credit Union.
- It is important to note that if there are any pay adjustments, the summer paychecks could be a different amount and that the final pay for the summer payout will reflect those adjustments and rounding.
- The College's computerized payroll system requires that the pay be based on 20 full pays. Employees enrolling in the program will have their pay divided equally over 200 days, regardless of the number of days in the academic year. The contract will remain the same, the number of days worked will remain the same for all full time faculty, but the hourly rate will be smaller. For that reason, anyone planning to retire at the end of the academic year should NOT enroll in Deferred Pay.
- Your income taxes are based on a percentage predetermined by the respective governmental agencies and your election on forms W-4 and State tax forms. Following IRS regulations, wages are taxed when received by the employee; therefore, the earnings set aside for the summer payments have not had taxes deducted from those amounts. Deferring some of your salary dollars to the summer months through the program effectively reduces your taxable salary earned during the academic year. The following taxes, therefore, will be applied to your deferred compensation when it is distributed during the summer:
 - FICA
 - Medicare
 - Federal Income Taxes
 - State Income Taxes

Table 12 below illustrates how the Deferred Pay Program works for a full-time 10 month faculty member opting to be paid bi-weekly, which means the individual receives their pay distributed over 26 pay cycles. The table (below) reflects a simplified graphic of the deferred pay calculation for one pay period each month.

The faculty member's salary is \$50,000.00. The employee receives a pay check for \$1,923.08 (gross pay after deferral, but before any deductions). While the employee actually earns \$2,500.00, please note that \$576.92 is deferred into the accrual account. The amount being deferred is captured each pay cycle during the year and by the end of the normal 20 pay cycle, the employee will have deferred \$ 11,538.40. The employee's deferred balance is then paid out over the summer months, which is the remaining 6 pays for \$1,923.07 per paycheck.

Table 12: Deferred Pay Program example

Pay Period	Salary Earned Per Pay Period	Amount Deferred Per Pay Period	Gross Pay to the Employee Per Pay Period	Gross Pay to the Employee Per Pay Period	Deferred Balance
August	\$2,500.00	(\$576.92) ¹	\$1,923.08	\$1,923.05 ²	\$576.92
September	\$2,500.00	(\$576.92)	\$1,923.08	-	\$1730.76
October	\$2,500.00	(\$576.92)	\$1,923.08	-	\$2,884.60
November	\$2,500.00	(\$576.92)	\$1,923.08	-	\$4,038.44
December	\$2,500.00	(\$576.92)	\$1,923.08	-	\$5,192.28
January	\$2,500.00	(\$576.92)	\$1,923.08	-	\$6,346.12
February	\$2,500.00	(\$576.92)	\$1,923.08	-	\$7,499.96
March	\$2,500.00	(\$576.92)	\$1,923.08	-	\$8,653.80
April	\$2,500.00	(\$576.92)	\$1,923.08	-	\$9,807.64
May	\$2,500.00	(\$576.92)	\$1,923.08	\$1,923.07 ³	\$11538.40
June	-	-	-	\$1,923.07	
July	-	-	-	\$1,923.07	

¹ Because August is a split month the deferral and accrual would happen prior to the end of summer pay and the beginning of the academic year. An employee will get paid out of the deferred account for the first pay in August and pay into the accrual account with the beginning of the academic year. The same applies for May except an employee would defer money the first pay period in May and then would get paid out the last pay period in May.

² This amount represents one pay and is less due to rounding, it is the remaining deferment.

³ This amount represents one pay.

Pay Period	Salary Earned Per Pay Period	Amount Deferred Per Pay Period	Gross Pay to the Employee Per Pay Period	Gross Pay to the Employee Per Pay Period	Deferred Balance
Totals	\$50,000.00	\$11,538.40	\$38,461.60	\$11,538.40	\$11,538.40
	(\$2500*20 pays)	(\$576.92*20 pays)	(\$1923.08*20 pays)	(\$1923.07*6 pays)	(576.92*20 pays)

The Payroll Office can provide an estimate of the probable reductions and net pay assuming all deductions remain constant. Please contact staff at the Payroll department through email Payroll@montgomerycollege.edu or call extension 75330 or 75331 for your estimate. Staff in HRSTM can answer your questions as well and they can be reached at extensions 74271 or 79147.

Disclaimer: Montgomery College does not give tax advice; accordingly you should seek advice from your tax advisor if you have questions concerning this program.

Facilities and Services

Certain physical education facilities and equipment are available at no cost to full-time and part-time employees. These include the pool, tennis courts, and track (only the Rockville campus has a track). The availability will vary based on class and athletics scheduling.

MC Campus Stores

The Follett Corp. operates the MC Campus Stores on all three campuses and in the Morris and Gwendolyn Cafritz Foundation Arts Center. New and used textbooks, text rentals, eBooks, and additional classroom materials are available in the Campus Stores.

Our website features online sales of textbooks that are available for delivery to your home or for pick-up at your Campus Store. Hours of operation are scheduled to meet the needs of each campus and are extended at the beginning of each semester. Regular days of operation are Monday through Saturday. Please visit the Campus Stores website for hours of operation.

Each Campus Store offers reference books, study guides, and best-sellers. Books in print may be special ordered. Other merchandise, such as software, calculators, art materials, school supplies, and medical and laboratory supplies is also available. Textbook buyback may be done daily either online or in the Campus Stores. Visit the Cash for Books link on our website for details.

Montgomery College clothing and memorabilia, gifts, and snacks may be found in all Campus Stores. Gift cards and order information on class rings and nursing pins are also available.

Center for Early Education

The Center for Early Education (CEE) on the Germantown campus offers a nationally accredited early childhood program for students, faculty and staff. The center serves children 2-5 years of age and operates Monday – Friday from 7 a.m. to 6 p.m. The CEE is where early childhood professionals, faculty, students, families and the greater community come to experience the finest early childcare service, education and training. For more information, please visit our website at www.montgomerycollege.edu/childcare

Libraries

The College Libraries provide quality resources and services to support the programs of the College and to meet the learning and information needs of students, faculty, staff, and community members. As an employee of Montgomery College with a valid College ID card, you are encouraged to use the materials, services, and facilities of the libraries. You have access and borrowing privileges at all four library locations- Germantown, Rockville, Takoma Park/Silver Spring, and Cafritz Arts Center. In addition to academic resources, the libraries offer newspapers and magazines (including daily editions of top newspapers online), paperback and best-seller collections of popular fiction and non-fiction, video streaming services that contain major studio films, and children’s literature collections. Electronic resources can be accessed from off-campus with your M number and last name. For more information, visit the libraries’ webpage at cms.montgomerycollege.edu/libraries.

You can reach the campus library service desks at the following numbers:

Cafritz Arts Center: 240.567.5813
Germantown: 240.567.7858
Rockville: 240.567.7117
Takoma Park/Silver Spring: 240.567.1540

Paydays

Paydays are bi-weekly. Your first paycheck is a physical paycheck and is mailed to your home address. Paychecks are encouraged to be direct deposited into a bank account.

United Buying Services

Save on buying new and used cars, trucks, furniture, and cellular service. See the book on services available for review in the Human Resources and Strategic Talent Management Office or call UBS at 410-792-9070.

Human Resources and Strategic Talent Management Websites

Workday

- This website allows users to view their personal HR information. Workday contains information on your benefits and deductions, current and past jobs.
- Access the site through the College's MyMC portal.
- The Workday resources and information page is located at: <http://mcblogs.montgomerycollege.edu/itprojects/workdayatmc/>. Resources, information, training, and job aids are available to all employees.
- If employees are having issues with the Workday system, they should contact the IT Service Desk (240.567.7222) or the Human Resources and Strategic Talent Management (240.567.5353), Monday through Friday, 8:30 a.m. - 5:00 p.m.

MC's Employment Opportunities Self Service Web Sites

- All internal and external applicants must apply online on the College's Careers – Working at Montgomery College webpage.
- The job vacancy pages on the internal site will clearly note when a position is available to internal employees only.
 - Visit MC's Careers – Working at Montgomery College webpage at: <http://www.montgomerycollege.edu/about-mc/careers/index.html>
 - For Internal employees, select the Current Employees section
 - For external/non-college employees, select the Potential Employees section

Procedures and tips for internal employees:

- Internal employees must apply for position vacancies via the internal site.
- Log-in to MyMC and click on the Workday icon.
- Click the Career icon (and click Find Jobs) or type Find Jobs in the search bar (upper left hand corner).
- You can filter your search (left navigation panel) by Job Category (Staff or Faculty).
- Upload your resume using the Drop files here option.
- Workday does not allow for edits once an application is submitted.
- The closing date indicates the deadline for receipt of online applications. Job postings are removed from the site on the vacancy's closing date and can no longer be accessed.
- Most job postings will require the completion of a questionnaire. Incomplete answers or non-completion of the questionnaire will automatically disqualify the applicant from further consideration.

To successfully use Montgomery College's jobs webpage, the PC requirements are as follows:

- For best results, we recommend using Chrome. Some functionality could be disabled using Internet Explorer (IE).
- This system is a secure site.

HRSTM Website

- The College's HRSTM Web site is separate from the Workday site.
- Bookmark the [HRSTM Web site](#). This site contains almost all forms and documents produced by all areas of the Human Resources department. The College's Faculty and Staff Labor Contracts are also available on this site.

Access to the HRSTM Web Sites Please call the IT Service Desk at 240.567.7222 if you are having problems with the use of your PC, MyMC access, Workday access, or your MS Explorer or Netscape Web browser at work.

The Office of Human Resources and Strategic Talent Management Directory

Robert G. Roop, Chief Human Resources Officer

Suzanne Howard, Administrative Aide
Lynda von Barga, Benefits Consultant

240-567-4995
240-567-9187
240-567-5359

Classification and Compensation

Sharon Parker, Human Resources Manager
William Weich, Human Resources Specialist II

240-567-7206
240-567-5353

Finance, Compliance and Benefits

Paula Hadzima, Finance, Compliance and Benefits Director
Yanira Ruiz, Interim Benefit Analyst

240-567-5365
240-567-5382

Benefits and Wellness

Suzanne Redding, Interim Benefits Manager
Kathleen Boyer, Human Resources Specialist II
Lynette Evans, Human Resources Associate
India Hunter, Wellness Coordinator
Lori Stegeman, Human Resources Specialist I

240-567-5354
240-567-8042
240-567-5352
240-567-4246
240-567-7301

Leave Management

Rowena D'Souza, Risk Management Coordinator
Farah Vivas, Human Resources Specialist I
Jesse Enyidah, Human Resources Specialist I

240-567-5370
240-567-5396
240-567 9137

Employee and Labor Relations

Heather Pratt, Director of Labor Relations
Santo Scrimenti, Human Resources Manager
Elline Damirdjian, Human Resources Specialist II
Christian Gbewardo, Temporary
Carol Kliever, Human Resources Specialist II

240-567-3097
240-567-5631
240-567-5497
240-567-9181
240 567 4435

HR Operations and Organizational Effectiveness

Krista Leitch Walker, Interim Director of Operations
Annalee Antalán, Administrative Aide II
Gabriella Cusic, Multimedia Communications Specialist

240-567-4280
240-567-5009
240-567-9151

Talent Acquisition and Employment

Lauren Landau, Human Resources Manager	240-567-4246
Edesa Ashourian, Human Resources Specialist II	240-567-7138
Erica Bailey, Human Resources Associate	240-567-5448
Elaine Doong, Human Resources Specialist II	240-567-5364
Patricia Mason, Human Resources Specialist II	240-567-5373
Rosalind Sanders, Human Resources Specialist II	240-567-9180

HR Internal Consultants

Carla Ammerman, Human Resources Internal Consultant	240-567-5351
Leslie Jones, Human Resources Internal Consultant	240-567-9169
Ashley Roberts, Human Resources Internal Consultant	240-567-9147

HR Information Systems, Records, and Reporting

Deonna Mills-Humphress, Human Resources Manager	240-567-4271
Susana Gilardi, Human Resources Associate	240-567-5363
Mary Kay Hinkle, Human Resources Specialist I	240-567-5375
Denise Lee, Functional Systems Analyst	240-567-1725
Sandra Livia, Human Resources Associate	240-567-5360
Rosalee Turcios, Human Resources Specialist I	240-567-5312

Payroll

Nancy F. McCathran, Payroll Manager	240-567-5329
Veronica (Roni) Akpe, Payroll Associate	240-567-5330
Chooi Kong, Payroll Associate	240-567-5331

Benefit Vendor Contact List

Vendor	Contact	Phone Number(s)	Web Sites
ING Retirement Services	Jeff Wheeler	703-405-7880	www.ingfinancialadvisers.com
CIGNA Health Care Member Services		800-CIGNA24 800-244-6224	www.CIGNA.com
Caremark		888-790-4266	www.caremark.com
CorVel (Worker's Compensation)		410-933-8073	
Equitable/AXA Advisors	Mark S. Purisch	301-840-1551	www.axa-equitable.com
Faculty/Staff Assistance Program CompPsych	Organization ID: MCC	800-935-9551	www.guidanceresources.com
Fidelity Investments	Ashley Conway	800-841-3363	www.fidelity.com
Kaiser Permanente		301-816-6344	www.kaiserpermanente.org
Benefit Strategies (flexible spending accounts)		800-284-8638	www.benefitstrategies.com
Legal Resources		800-728-5768	www.legalresourcesplan.com
MD State Retirement/Pension General Information		800-492-5909	www.sra.state.md.us
MetLife			www.metlife.com
Montgomery County Teacher's Credit Union		301-948-9880	www.mctfcu.org
Prudential (Long-Term Care)		800-732-0416	www.prudential.com/insurance/life/ltc
Minnesota Life			www.lifebenefits.com
TIAA		800-842-2733	https://www.tiaa.org/public/index.html
United Buying Service Baltimore		410-792-9070	www.ubs4cars.com
Valic	Kevin Peterson Brian Misterek	(410) 271-2861	www.valic.com

Montgomery College, Central Services
Office of Human Resources and Strategic Talent Management (HRSTM)

9221 Corporate Boulevard

Rockville, MD 20850

P: 240.567.5353

hrstm@montgomerycollege.edu