

**FULL-TIME POLICE BENEFIT SUMMARY
(General Terms Only)**

Coverage for medical, dental, vision, Flexible Spending Account and supplemental life insurance is effective the first day of the month following the date of hire, provided employee returns completed forms to Human Resources within 30 days of date of hire. If employee fails to return the forms within this time period, he/she will be required to wait until next Open Enrollment period to enroll.

Medical Insurance- Select one of five available plans:

WMHIP PPO Select PPO; Single, 2-Person or Full Family coverage.

Benefit	Coverage
Deductible	\$500 per person, with limit of \$1000 per family
Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives)	100% coverage Not subject to deductible
Office Visit Co-pay	\$5.00
Emergency Room Co-pay	\$25.00
Prescription Coverage	\$10 co-pay generics; \$40 co-pay brand name drugs, apply up to out-of-pocket maximum.
Out of Pocket Maximum	\$2,500 per person, with a limit of \$5,000 per family
Employee Monthly Contribution	Single: \$201.57 Two: \$508.80 Full: \$633.18

-or-

WMHIP Versatile 3 PPO; Single, 2-Person or Full Family coverage

Benefit	Coverage
Deductible/Coinsurance	\$250 per person, with limit of \$500 per family, 10% coinsurance after deductible
Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives)	100% coverage Not subject to deductible
Office Visit Co-pay	\$20.00
Prescription Coverage	\$10 co-pay generics; \$40 co-pay brand name drugs, apply up to out-of-pocket maximum.
Out of Pocket Maximum	\$2,500 per person, with a limit of \$5,000 per family
Employee Monthly Contribution	Single: \$137.72 Two: \$362.25 Full: \$450.80

-or-

WMHIP Flexible Blue PPO (High Deductible Plan); Single, 2-Person or Full Family Coverage

Benefit	Coverage
Deductible	\$1,350 per calendar year for single coverage in network; \$2,700 per calendar year for 2-person or family coverage in network
Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives)	100% coverage Not subject to deductible
Coverage and Co-Pay After Annual Deductible	Plan covers 100% with no co-pay for in-network services including: hospital, emergency, office visits, surgical services, diagnostic services, etc.
Prescription Coverage	\$10 co-pay generics after deductible; \$40 co-pay brand name drugs after deductible, apply up to out-of-pocket maximum.
Employee Monthly Contribution	Single: \$ 88.18 Two: \$243.24 Full: \$302.67

-or-

WMHIP PPO Plan 3; Single, 2-Person or Full Family coverage

Benefit	Coverage
Deductible/Coinsurance	\$1,000 per person, with limit of \$2,000 per family, 20% coinsurance after deductible up to a maximum \$2,500/member \$5,000/ family.
Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives)	100% coverage Not subject to deductible
Office Visit Co-pay	\$20.00
Prescription Coverage	\$10 co-pay generics; \$40 co-pay brand name drugs, apply up to out-of-pocket maximum.
Out of Pocket Maximum	\$4,500 per person, with a limit of \$9,000 per family
Employee Monthly Contribution	Single: \$ 54.42 Two: \$177.72 Full: \$221.00

-or-

WMHIP Essential HDHP (High Deductible Plan); Single, 2-Person or Full Family Coverage

Benefit	Coverage
Deductible	\$3,000 per calendar year for single coverage in network; \$6,000 per calendar year for 2-person or family coverage in network. 20% coinsurance after deductible.
Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives)	100% coverage Not subject to deductible
Prescription Coverage	\$10 co-pay generics after deductible; \$40 co-pay brand name drugs and \$80 copay non-preferred brand name after deductible, apply up to out-of-pocket maximum.
Employee Monthly Contribution	Single: \$ 0.00 Two: \$ 23.80 Full: \$ 29.61

Employee contributions for health insurance premiums are deducted from the first and second pay of each month. Pre-tax contributions available.

Reimbursement Accounts – Flexible Spending Healthcare Account (\$2,550 max/year) AND/OR Dependent Care Account (\$5,000 max/year) through Benefit Consulting Group, Inc. Annual re-enrollment required for calendar year plan year. Health Savings Account available for employees enrolled in WMHIP Flexible Blue PPO; administered through Health Equity.

Life Insurance - \$50,000 plus accidental death and dismemberment through Hartford Insurance. Additional life insurance for employee and family is available.

Long Term Disability - 66 2/3% monthly salary following 90 consecutive calendar days up to \$2,500 monthly max. through Hartford Insurance.

Dental Insurance - Through American Dental Network (ADN); 90/10 co-pay on Class I services, 75/25 co-pay on Class II services and 55/45 co-pay on Class III services. No deductible with an annual (July 1 through June 30) maximum benefit of \$1,300 per person.

Vision Insurance - LCC vision plan administered by EyeMed. Plan year March 1 through February 28/29.

Retirement - Michigan Public School Employees Retirement System – Choice of Defined Benefit or Defined Contribution Plan. Employees contribute between 0% and 13% towards retirement based on plan choice. Plan information can be found at: <http://www.michigan.gov/orsschools>.

Tax-Sheltered Annuities – 403(b) and 457 Plans available for elective employee contributions. See vendor listing, plan information and enrollment form at <http://www.lcc.edu/hr/employee-benefits/>. May enroll at any time.

Travel - Mileage reimbursed at the current approved IRS rate.

Tuition Scholarships - Available to the employee and all eligible IRS dependents. Dependents must be added to the employee's list of dependents through Human Resources with proof of IRS dependency.

Siena Heights Tuition Scholarships – available to employee only, once he/she has been in a full-time position at Lansing Community College for at least one year. The fixed dollar amount is awarded at \$80 per credit hour for both bachelor's and master's degree courses.

Parking - At no expense to the employee in designated lots.

Employee Assistance Program – FEI administers the plan designed to provide professional assistance to employees and their household members wanting help with a wide range of personal problems. Initial evaluation of your personal problem by a FEI professional is free. If long-term counseling or other help outside of FEI is required, employee may have to pay part or all of these costs. Contact FEI at 800-638-3327 or access information online at www.feieap.com by using the Username: lcc

Paid Time Off – 216 to 312 hours per year; Paid Time Off may be utilized for employee vacation, holiday, personal business time, family care time, sick time or other use as scheduled.

Bereavement - 5 days for bereavement for death in the immediate family.

Jury Duty - Pay for time spent serving as a juror (60 days maximum). Submit per diem to College to receive regular pay.

Family Medical Leave - Unpaid leaves of up to 12 weeks per year due to serious health condition or other qualifying reasons. Contact Human Resources at 517-483-1870 for information.

Military Leave - Unpaid leaves may be granted for military service.

Disability Leave - Unpaid leaves may be granted for disability purposes.

Education Leave - Unpaid leaves may be granted for advanced study.

Credit Union - Employment with Lansing Community College makes the employee eligible for membership in the Capital Area School Employees Credit Union. Contact 393-7710 for details. Direct deposit available.

Voluntary Benefit Plans – Employees may choose to purchase coverage for the following: supplemental accident, critical illness, life, disability, dental, vision.

Additional Benefits Information Available at:
<https://www.lcc.edu/hr/employee-benefits/>