



William Jewell College

Benefit Plan Summary 2024

2024

WILLIAM JEWELL COLLEGE is more focused than ever on advancing critical thinking and preparing students to connect their thinking with their purpose. As evidenced in our strategic plan, we have a clear vision for increasing access to education and maintaining a vibrant campus that attracts the best students and faculty, while ensuring our current students have an enriching experience that prepares them for their futures as engaged citizens.

OUR MISSION

We educate our community to ask reflective questions, apply critical thought and act with purpose.



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WELCOME TO WILLIAM JEWELL COLLEGE!

Benefit Plan Summary 2024

William Jewell College is pleased to offer its employees a comprehensive benefit package.

Full-time Employees

Full-time employees are eligible for all benefits as described in this brochure. Full-time employees are defined as a regular employee (not seasonal or temporary) scheduled and expected to have or average 30 or more hours of service per week over a designated period of time. Insurance coverage becomes effective the first day of the month following a 30-day waiting period.

Part-time Employees

Part-time employees are also eligible for many benefits. Part-time employees are defined as a regular employee (not seasonal or temporary) scheduled and expected to have 20 to 29 hours of service per week and have at least 440 cumulative hours of service since the original hire date. After meeting the service requirement, insurance coverage becomes effective the first day of the month following a 30-day waiting period. The waiting period begins after 440 cumulative hours of service requirement has been met.

Adjunct Faculty

Adjunct faculty who teach seven or more credit hours per semester and have at least 535 cumulative hours of service since their hire date are eligible for benefits. After the service requirement has been met, insurance coverage becomes effective the first day of the month following a 30-day waiting period.

After employees initially enroll in benefits, changes to their elections will only be allowed during the annual open enrollment period or if the employee experiences a qualifying life event (such as the birth or adoption of a child, marriage, etc.). Open enrollment changes become effective on January 1. All qualifying event changes must be made within 30 days of the date of the event and will be effective the date of the event. Please see the Office of Human Resources for more information regarding qualifying life events.

View your benefits at williamjewell.millercares.com.

EMPLOYEE PREMIUMS

Full-time Employees: Employees 3/4 time and over*

Medical - BCBS

Annualized Salary	Under \$45,000			At least \$45,000 & under \$70,000			At least \$70,000 & over		
	HMO	PPO	Spira	HMO	PPO	Spira	HMO	PPO	Spira
Employee Only	\$122.01	\$93.17	\$68.20	\$143.55	\$113.14	\$89.19	\$208.14	\$159.72	\$115.42
Employee + 1	\$340.54	\$289.47	\$228.21	\$411.49	\$381.58	\$290.45	\$595.95	\$486.84	\$363.06
Family	\$463.86	\$355.33	\$294.87	\$524.36	\$486.24	\$398.08	\$726.04	\$617.15	\$412.82

Dental - Lincoln Financial

Employee Only	\$12.62
Employee + Spouse	\$24.55
Employee + Children	\$34.22
Family	\$46.19

Vision - EyeMed Exams and Materials

Employee Only	\$6.21
Employee + Spouse	\$11.80
Employee + Children	\$12.42
Family	\$18.26

Vision - EyeMed Materials Only

Employee Only	\$6.38
Employee + Spouse	\$12.10
Employee + Children	\$12.74
Family	\$18.74

Part-time Employees: Employees between 1/2 and 3/4 time

Medical - BCBS

	HMO	PPO	Spira
Employee Only	\$322.98	\$299.48	\$236.10
Employee + 1	\$638.52	\$605.26	\$477.16
Family	\$907.54	\$850.92	\$670.83

Dental - Lincoln Financial Traditional Plan

Employee Only	\$18.93
Employee + Spouse	\$36.82
Employee + Children	\$51.33
Family	\$69.28

Vision - EyeMed

Same rates as full-time employees.

Employees less than 1/2 time

Not eligible for insurance benefits

Retired Employees and Dependents

Per Retiree Insurance Subsidy Sheet

COBRA Insurance Rates

Full cost + 2% administration fee

Medical - BCBS

	HMO	PCB	Spira
Employee Only	\$732.08	\$678.82	\$535.15
Employee + 1	\$1,447.32	\$1,342.10	\$1,058.06
Family	\$2,057.10	\$1,907.56	\$1,503.85

Dental - Lincoln Financial Traditional Plan

Employee Only	\$24.64
Employee + Spouse	\$47.96
Employee + Children	\$66.85
Family	\$90.22

Vision - EyeMed Exams and Materials

Employee Only	\$6.33
Employee + Spouse	\$12.04
Employee + Children	\$12.67
Family	\$18.63

Vision - EyeMed Materials Only

Employee Only	\$6.51
Employee + Spouse	\$12.34
Employee + Children	\$12.99
Family	\$19.11

*Full-time faculty and staff on nine month appointments are considered three-quarter time employees.
These benefits and premiums are subject to change.

HEALTH INSURANCE is offered through Blue Cross Blue Shield of Kansas City. Three plans are offered: HMO, PPO, and Spira Care and there are three levels of coverage: Employee, Employee plus One, and Family. Coverage is available for children until the end of the calendar year when they reach age 26. Detailed descriptions of the plans are on the BCBS of KC plan summary sheet.

- 1. Blue Care (HMO)** – Primary Care Physician (PCP) must be selected. No referral needed for specialists. In-network coverage only except for urgent and emergency care. \$30 copay for PCP visit; \$60 copay for specialist visit. \$250 inpatient/outpatient services copay per day, maximum 5 days (\$1,250) per calendar year; \$100 copay emergency room; \$60 copay urgent care center. Does not include some hospitals that are in the Preferred Care Blue plan.
- 2. PPO-Preferred Care Blue (PCB)** – In-network (80/20) and out-of-network (60/40) coverage. \$2,500 deductible individual (\$5,000 family). \$40 office visit copay. Pays 80% of services provided by in-network providers after \$2,500 individual (\$5,000 family) deductible. Maximum in-network out-of-pocket is \$4,500 for individual and \$9,000 for family (includes deductible and coinsurance). Does not include some hospitals that are in the Blue Care plan.

The two previous plans include routine vision exams.

- 3. With Spira Care**, all primary care appointments and procedures at the Spira Care Center are 100% covered. For other medical needs like prescription drug coverage, specialty care or hospitalization, Spira Care works like a traditional health plan with an annual deductible of \$1,500 for individuals and \$3,000 for families. Members can see more than 3,000 physicians and specialist at over 11,000 access points in the BlueSelect Plus network.



Plan Type	HMO - Blue Care	PPO - Preferred Care Blue	Spira Care
Deductible (Individual/Family)	None	\$2,500/\$5,000	\$1,500/\$3,000
Coinsurance	100%	80/20 In-Network 60/40 Out-of-Network	100%
Out-of-Pocket Maximum (Includes Deductible & Coinsurance)	N/A	\$4,500/\$9,000 In-Network \$9,000/\$18,000 Out-of-Network	\$1,500/\$3,000
In-Network Office Visit	\$30 PCP & \$60 Specialists	\$40 PCP & Specialists In-Network 60/40 Out-of-Network	Spira Care Center: 100%
Telehealth Visit (Virtual Care)	\$60 copay	\$40 copay	Covered at 100%
Routine Preventive Care (contract lists covered services)	Covered at 100%	100% In-Network Wellness Related Office Visit 100% 60/40 Out-of-Network	Spira Care Center: Covered at 100%
Inpatient Hospital	\$250 copayment per day up to \$1,250 per calendar year	80/20 In-Network 60/40 Out-of-Network	Deductible
Outpatient Hospital	\$250 copayment per day up to \$1,250 per calendar year	80/20 In-Network 60/40 Out-of-Network	Deductible
MRI, MRA, CT and PET scans performed in a Physicians Office, Imaging Center or Other Outpatient Setting (including a hospital)	\$100 copay (only one copay will apply for each provider on a specified date of service even if multiple scans are performed)	80/20 In-Network 60/40 Out-of-Network	Deductible
Emergency Room Copay	\$100 per visit copay (waived if admitted)	\$100 copay then deductible and coinsurance In- or Out-of-Network	Deductible
Urgent Care	\$60 per visit copay	\$40 copay (office visit and lab only) In-Network Deductible and Coinsurance Out- of-Network	Spira Care Center: 100%
Prescription Benefits	Generic- \$10 Preferred Brand- \$50 Non-Preferred Brand- \$70 Mail Order- \$20/\$100/\$140	Generic- \$10 Preferred Brand- \$50 Non-Preferred Brand- \$70 Mail Order- \$20/\$100/\$140	Generic- \$15 Preferred Brand- \$50 Non-Preferred Brand- Deductible Mail Order- \$15/\$125/Deductible
Vision Exam (limited to 1 every calendar year)	\$10 copay	\$40 copay In-Network 60/40 Out-of-Network	N/A
Dependent Age	Coverage is available for dependent children to the end of the calendar year they reach age 26.		

For more information please visit <https://www.bluekc.com/>.

For more information or to see plan documents, visit williamjewell.millercares.com.

*This document is intended to give a summary description of the plan and is not a contract.
Please refer to your certificate of insurance for complete terms and conditions.*

Spira Care Center Locations

Crossroads

1916 Grand Boulevard, Kansas City, MO 64108

Independence

3717 S Whitney Avenue, Independence, MO 64055

Lee's Summit

760 NW Blue Parkway, Lee's Summit, MO 64086

Liberty

8350 N Church Road, Kansas City, MO 64158

Olathe

15710 W 135th Street, Suite 200, Olathe, KS 66062

Overland Park

7431 W 133rd St, Overland Park, KS 66213

Shawnee

10824 Shawnee Mission Prkwy, Shawnee, KS 66203

Tiffany Springs

8765 N Ambassador Drive, Kansas City, MO 64154

Wyandotte

9800 Troup Avenue, Kansas City, KS 64111



Spira Care Services and Benefits

Integrated Primary Care



A Select Number of
Generic Prescriptions**
Filled On-Site



Referrals & Scheduling for
In-Network Specialists



Support in Understanding
Your Plan's Network



Extended Hours for
Appointments



Access to A Healthier
You Platform



Online Appointment
Scheduling



Virtual Care and Online
Communication with
Your Care Team

Convenient Benefits



Adult & Pediatric
Primary Care



Chronic Condition
Management



Digital X-Rays*



Routine Lab
Draws



Health Coaches
On-Site



Patient Wellness
Follow-Ups

**On-site prescription services for a select and limited number of the top generic prescriptions at your regular copay or deductible level.

*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be done or fulfilled at Spira Care.

DENTAL

Dental Service Type	Dental Connect PPO	Non-Participating Dentists
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100% (No Deductible)	80% (No Deductible)
Basic Services	80%	70%
Major Services	50%	40%
Annual Benefit Maximum	\$1,250	\$1,250
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1,250	\$1,250
<small>*The deductible applies to: Basic & Major services only **Orthodontia is covered only for children (appliance must be placed prior to age 19).</small>		
Preventive		
Oral Examinations (a)	100%	80%
Cleanings (a) Adult/Child	100%	80%
Fluoride (a)	100%	80%
Sealants (permanent molars only) (a)	100%	80%
Bitewing Images (a)	100%	80%
Full Mouth Series Images (a)	100%	80%
Basic		
Composite Fillings	80%	70%
Recementation (inlays, crowns, and bridges) (a)	80%	70%
Periodontics	80%	70%
Endodontics (a)	80%	70%
Tooth Extraction (a)	80%	70%
General anesthesia	80%	70%
Major		
Bridges	50%	40%
Crowns	50%	40%
Full & Partial Dentures	50%	40%

For more information please visit <https://www.lincolfinancial.com>
Select "Find a Dentist"

For more information or to see plan documents, visit williamjewell.millercare.com.

Exam and Materials - Employee Pays 100%

Vision Care Services	Select Network Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary	\$10 Copay	\$30
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail	N/A
Frames		
Any available frame at provider location	\$0 Copay \$130 Allowance, 20% off balance over \$130	\$65
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$60
Lenticular	\$25 Copay	\$60
Standard Progressive Lens**	\$90	\$40
Premium Progressive Lens**	\$90, 80% of Charge less \$120 Allowance	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid in Full	\$200
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

For more information please visit <https://eyemed.com/>

For more information or to see plan documents, visit williamjewell.millercares.com.

Materials Only - Employee Pays 100%

Vision Care Services	Select Network Member Cost	Out-of-Network Allowance
Frames: Any available frame at provider location	\$0 Copay \$130 Allowance, 20% off balance over \$130	\$65
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$63
Lenticular	\$0 Copay	\$63
Standard Progressive Lens**	\$65	\$40
Premium Progressive Lens**	\$65, 80% of Charge less \$120 Allowance	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid in Full	\$200
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service. Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

For more information please visit <https://eyemed.com/>

For more information or to see plan documents, visit williamjewell.millercares.com.

A photograph of a red telephone booth in a snowy landscape. The booth is a classic British-style booth with a crown on top and the word 'TELEPHONE' on the front. It is surrounded by snow-covered evergreen trees. In the background, a brick building with large windows is visible. The entire scene is covered in a layer of snow, suggesting a winter setting.

CAFETERIA PLAN

William Jewell College offers a cafeteria plan that involves:

Premium Only Plan

Your cost of eligible benefit premiums can be withheld pre-tax, such as group health, dental, vision and certain voluntary insurance premiums. You'll immediately benefit by having more take-home pay due to lower taxable wages.

Flexible Spending Accounts

- Health Care
- Dependent Care

FLEXIBLE SPENDING ACCOUNT

An FSA is an account where you can set aside your pre-tax earnings to pay for eligible health care or dependent care expenses not covered by insurance.

Health FSA

- Eligible medical, dental, orthodontia and vision care
- \$3,200 projected IRS annual maximum

Dependent Care FSA

- Eligible childcare, elder care, or care for a disabled dependent
- \$5,000 annual maximum

Grace Period

- Medical expenses incurred by the end of the 75-day grace period (March 16, 2024) are reimbursable by the medical FSA

Group Life and AD&D

- Employer pays 100%
- All Full-Time Employees
- All Regular Part-Time Employees and Adjunct Faculty who are eligible and **enrolled in the Employer's Group Health Plan**

Life Benefit	Employee	Spouse and Dependent
Amount	1 times Basic Annual Earnings, rounded to the next higher \$1,000	Spouse - \$2,000 Child - Birth to 14 days: \$500 15 days - 6 months: \$1,000 6 months - 26 years: \$1,000
Minimum Amount	\$50,000	
Maximum Amount	\$150,000	
Guarantee Issue	\$150,000	
AD&D Benefit	Employee	
Amount	\$25,000	
Guarantee Issue	\$25,000	
Benefit Reduction	Employee	Spouse
Benefits will reduce	35% at age 65 An additional 20% of original amount at age 70; An additional 15% of original amount at age 75; An additional 10% of original amount at age 80 Benefits terminate at retirement	Benefits terminate at Spouse age 70
Additional Benefits		
Accelerated Death Benefit; Seat Belt, Airbag, and Common Carrier; Conversion; Continuation of Coverage; Accident Plus : See Certificate		

Voluntary Life and AD&D

Employees may buy supplemental Voluntary Life & Accidental Death & Dismemberment (AD&D) coverage available up to five times annual base salary (not to exceed \$500,000 for employee).

Voluntary Life coverage is available for spouse and child(ren) only if employee elects coverage. Voluntary spouse coverage cannot exceed half of the employee's life coverage. Voluntary AD&D is automatically included for spouse. There is no AD&D coverage for child(ren).

Annual Open Enrollment Increase: Employees and spouses currently enrolled in the Voluntary Life & AD&D can increase their coverage during open enrollment by two increments without evidence of insurability. Any benefit amounts that go above the guaranteed issue are subject to EOI.

LONG-TERM DISABILITY

Long-Term Disability

- Employer pays 100%
- All Full-Time Employees
- All Regular Part-Time Employees and Adjunct Faculty who are eligible and **enrolled in the Employer's Group Health Plan**

LTD Benefit	Employee
Amount	60% of current salary after 120 days off

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

VALUE ADDED BENEFITS

Benefit	Description
EAP Employee Assistance Program Visit GuidanceResources.com or download the GuidanceNow™ mobile app	<i>EmployeeConnect</i> ™ offers professional, confidential services to help you and your loved ones improve your quality of life. <ul style="list-style-type: none"> • In-person help for short-term issues (up to 5 sessions with a counselor per person, per issue, per year) • In-person consultations with network lawyers, including on free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings • Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more • Legal information and referrals for family law, estate planning, and consumer and civil law • Financial guidance on household budgeting and short-and long-term planning
LifeKeys Visit GuidanceResources.com , download the GuidanceNow mobile app, or call 855-891-3684 First-time users: enter webID: LifeKeys	No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby - thanks to <i>LifeKeys</i> ® services. <ul style="list-style-type: none"> • Discounts on shopping and entertainment • Help with important life matters • Protection against identity theft • Online will preparation • Guidance and support for your beneficiaries • Grief counseling - advice, information, and referrals on: <ul style="list-style-type: none"> ▫ Coping with loss ▫ Memorial planning information ▫ Stress, anxiety, and depression ▫ Concerns about family, including children and teens • Legal support - access to legal information on: <ul style="list-style-type: none"> ▫ Estate and probate law ▫ Social Security survivor and child benefits ▫ Real estate transactions ▫ Important documents for beneficiaries • Financial services - online resources and advice from financial specialists on: <ul style="list-style-type: none"> ▫ Estate planning ▫ Budgeting ▫ Bankruptcy ▫ Investments ▫ Overcoming debt • Help with everyday life - comprehensive information on: <ul style="list-style-type: none"> ▫ Finding child care or elder care ▫ Moving and relocation ▫ Financing a home ▫ Making major purchases
TravelConnect For a complete list of services, go to MyOnCallPortal.com and enter Group ID LFGTravel123	<i>TravelConnect</i> ® services offer security and reassurance - helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, you and your loved ones can count on <i>TravelConnect</i> ® services 24 hours a day, 7 days a week. <ul style="list-style-type: none"> • Services you can count on during an emergency <ul style="list-style-type: none"> You'll have dedicated support if you face an emergency when you're 100 or more miles from home • Ongoing support when you're far from home <ul style="list-style-type: none"> From planning the trip until you're home, these <i>TravelConnect</i>® services can help you on your way <ul style="list-style-type: none"> ▫ Medical record requests ▫ Medication and vaccine delivery ▫ Medical, dental, and pharmacy referrals ▫ Corrective lenses and medical device replacement ▫ Legal consultation ▫ ID recovery assistance ▫ Recovering lost or stolen documents or luggage ▫ Language translation services ▫ Destination information

VOLUNTARY SHORT-TERM DISABILITY



Voluntary Short-Term Disability

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Benefit	Description
Monthly Benefit Payment	\$500 to \$6,000 (subject to income requirements)
Total Disability Benefit Periods	3,6 or 12 months
Partial Disability Benefit Period	3 months
Elimination Periods (Injury/Sickness)	Various options available
Waiver of Premium	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule. Not available with a 3-month total disability period.
Optional Riders	
Aflac Value Rider	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
Disability Benefit for On-The-Job Injury Rider	Provides benefits if a disability is caused by covered on-the-job injury while coverage is in force. Available even with Worker's Compensation. *Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
Additional Units of Disability Benefit Rider	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

*NOTE: All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.
Subject to certain conditions/maximum.



VOLUNTARY ACCIDENT



Voluntary Accident Advantage

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Accidents can happen any time and anywhere - at home, on the road or even while you're engaged in a favorite hobby or sport. That's why there's Aflac. For more than 65 years, we've helped pay medical costs that health insurance doesn't cover.

Did you know that 57% of Americans have had to pay an unexpected medical bill?

Key Features:

- Coverage for injuries incurred during organized sports
- Wellness coverage
- Waiver of premium due to total disability
- Prosthesis repair and replacement
- Home-modification expenses

Benefits		Accident Bi-Weekly Rates	
Prosthesis Repair and Replacement <i>Per covered person/per lifetime</i>	\$1,000 <i>Replacement of existing prosthesis previously paid above (replacement must occur 36 months or more)</i> OR <i>Replacement due to covered off-the-job injury, which requires repair/replacement of existing prosthetic</i>	Individual	\$12.54
		Named Insured/Spouse	\$17.94
		One-Parent Family	\$21.51
		Two-Parent Family	\$28.08
Home Modification, catastrophic loss or injuries sustained in a covered accident <i>Total & permanent loss of use of sight (both eyes), both hands/ arms, both feet/legs, or one hand/arm & one foot/leg</i>	\$4,000 <i>per covered accident, per covered person</i>	Accident Monthly Rates	
		Individual	\$25.09
		Named Insured/Spouse	\$35.88
		One-Parent Family	\$43.03
		Two-Parent Family	\$56.16
Accidental death common carrier: <i>Primary</i> <i>Spouse</i> <i>Child</i>	<i>\$200,000</i> <i>\$200,000</i> <i>\$30,000</i>		
Other Accidents: <i>Spouse</i> <i>Child</i>	<i>\$50,000</i> <i>\$50,000</i>		
Hazardous activities: <i>Primary</i> <i>Spouse</i> <i>Child</i>	<i>\$15,000</i> <i>\$10,000</i> <i>\$10,000</i> <i>\$5,000</i>		
Common Casualty:	<i>25% of benefit if 2+ covered individuals die in same accident</i>		
Wellness	\$60 <i>Per calendar year/policy</i> <i>*Must be covered under policy</i>		
Waiver of premium <i>(Due to total disability)</i>	<i>\$20/day up to 30 days per accident, per covered person when qualified for benefits under the accident hospital confinement benefit</i>		
Organized sports	<i>Additional 25% of the total benefits payable while participating in an organized sporting activity. Limited to \$1,000 per policy, per calendar year</i>		

VOLUNTARY CANCER



Voluntary Cancer Protection Assurance

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Benefits	
Cancer Screening	One \$75 benefit per calendar year, per covered person <i>Benefits increase to 3 screenings per calendar year after the diagnosis for internal cancer or associated cancerous condition</i>
Prophylactic Surgery (Due to Positive Genetic Test Result)	\$250 per covered person, per lifetime
Initial Diagnosis	Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 <i>Payable once per covered person, per lifetime</i>
Additional Opinion	\$300 per covered person, per lifetime
Radiation Therapy, Chemotherapy, Immunotherapy	Self-Administered: \$250 per calendar month Physician-Administered: \$1,200 per calendar month <i>This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month</i>
Hormonal Therapy	\$25 once per calendar month
Topical Chemotherapy	\$150 once per calendar month
Antinausea	\$100 per calendar month
Stem Cell & Bone Marrow Transplantation	\$7,000; lifetime maximum of \$7,000 per covered person <i>Donor Benefit:</i> <i>\$100 for stem cell donation or \$750 for bone marrow donation, payable one time per covered person</i>
Blood and Plasma	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit per covered person Outpatient: \$175 per day, per covered person
Surgical/Anesthesia	\$100-\$3,400 <i>Anesthesia: additional 25% of the Surgery Benefit</i> <i>Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations</i>
Skin Cancer Surgery	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum of daily benefit will not exceed \$400. No lifetime maximum on the number of operations
Prophylactic Surgery (with Correlating Internal Cancer Diagnosis)	\$250 per covered person, per lifetime
Hospitalization Confinement 30 days for less	Named Insured or Spouse: \$200 Dependent Child: \$250
Hospitalization Confinement 31 days or more	Named Insured or Spouse: \$400 Dependent Child: \$500
Outpatient Hospital Surgical Room Charge	\$200 per day, per covered person
Extended-Care Facility	\$100 per day; limited to 10 days per hospitalization, per covered person
Home Health Care	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
Hospice Care	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person
Nursing Services	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
Surgical Prosthesis	\$2,000; lifetime maximum of \$4,000 per covered person
Nonsurgical Prosthesis	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person

VOLUNTARY CANCER



Voluntary Cancer Protection Assurance

Breast Reconstruction	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on non-diseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on diseased breast): \$100 <i>Maximum daily benefit will not exceed \$2,000</i>
Other Reconstructive Surgery	Facial Reconstruction: \$500 <i>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit</i> <i>Maximum daily benefit will not exceed \$500</i>
Egg Harvesting, Storage (Cryopreservation)	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person
Annual Care	\$200 on the anniversary date of diagnosis Lifetime maximum of five annual \$200 payments per covered person
Ambulance	\$250 ground; \$2,000 air ambulance
Transportation	\$0.40 cents per mile for transportation; Payable up to a combined maximum of \$1,200 per round trip
Lodging	\$65 per day; limited to 90 days per calendar year
Waiver of Premium	Yes
Continuation of Coverage	Yes

Cancer Bi-Weekly Rates

Individual	\$16.75
Insured/Spouse	\$28.82
One-Parent Family	\$16.75
Two-Parent Family	\$28.82

Cancer Monthly Rates

Individual	\$33.50
Insured/Spouse	\$57.64
One-Parent Family	\$33.50
Two-Parent Family	\$57.64

RETIREMENT PLAN

Saving for the future is easy by participating in the 403(b) retirement plan! All employees, except student workers, are eligible to participate in the plan. The plan allows employees to defer some of their salary into individual accounts by way of payroll deduction. Employees may elect to save on a tax-deferred basis or after-tax (Roth).

Employees save for retirement by making elective deferrals to their accounts. Each year the IRS sets the elective deferral limits. At William Jewell College, employees who are 21 years of age or older are eligible for a dollar for dollar match up to 5% of their base salary after one year of eligible service (working at least 1,000 hours) at William Jewell College or another institute of higher education. Funds are vested at 100% immediately.

Available providers include:

- 1. Guidestone Financial Resources**
- 2. TIAA**

TIME OFF AND HOLIDAYS

Time Off

Sick Leave

Eligible employees accrue sick leave on the basis of one working day per month of service to a maximum of 60 days (480 hours). Sick leave accumulates on a proportional basis for regular staff working less than full-time. See the Policy Library for complete policy information.

Vacation Time

Vacations with pay are granted to exempt and non-exempt staff. Vacation time taken is computed on the basis of the staff member's workweek. When a holiday occurs during a vacation, the holiday is not considered a day of vacation time. Bereavement leave occurring during vacation is not considered a day of vacation.

Vacations with pay are earned on the basis of continuous service from the date of employment (adjusted for temporary service, if applicable). The date of employment will be considered the staff member's anniversary date. Vacation accrual is based on the following schedule:

Years of Service	Vacation Time Accrued
Less than 5 years	6.67 hours per month / 2 weeks annually
After completion of 5 years	10.00 hours per month / 3 weeks annually
After completion of 15 years	13.33 hours per month / 4 weeks annually

Vacation leave accumulates on a proportional basis for regular staff working less than full time.

Vacation accruals begin the first full month of employment.

See the Policy Library for complete policy information.

Holiday Schedule 2023-2024

Holiday	Dates(s) Campus is Closed*
Thanksgiving	Wednesday, 11/22/23 through Sunday, 11/26/23
Christmas and New Year's	Saturday 12/23/23 through 1/1/24
Martin Luther King Day	Monday, 1/15/24
Good Friday	Friday, 3/29/24
Memorial Day	Monday, 5/27/24
Juneteenth	Wednesday, 6/19/24
Independence Day	Tuesday, 7/4/23
Labor Day	Monday, 9/2/24
Thanksgiving	Wednesday, 11/27/24 through Sunday 12/1/24
Christmas and New Year's	Tuesday, 12/24/24 through Wednesday, 1/1/25

**Residence Life and Facilities Management staff schedules may vary in accordance with departmental guidelines.*

With preapproval, an employee scheduled to work on an observed holiday may elect to take an alternate day off in lieu of their regular holiday pay if it is within the same pay period as the observed holiday. Employee would still receive time and a half for working on an observed holiday.

In case of an emergency during any of the holiday periods, you may contact Campus Safety by dialing 1411 when on campus or 816-365-0709.

ADDITIONAL BENEFITS

Employee Assistance Program (EAP)



EAP provided by All One Health. Benefit eligible employees of William Jewell and their immediate family members (spouse and dependent children) are eligible for free and confidential help for any kind of problem that affects your life or work. Professionals can provide assistance with:

- Emotional or Stress Related Problems
- Marital or Family Problems
- Financial and Legal Difficulties
- Drug or Alcohol Abuse
- Problems Related to Work
- Balancing Work/Life Situations
- Life Coaching
- Medical Advocacy
- Work/Life Info and Referral
- Personal Assistant

For assistance, call 800-451-1834 or access our **BRAND NEW** work/life app by visiting www.mylifeexpert.com. **Use Code: wjewell**

Home and Auto



Farmers GroupSelect Auto and Home provides insurance coverage you need for your valuable home and automobile. To learn more, visit <https://myautohome.farmers.com>.

- Automobile
- Renters
- Personal Excess Liability
- Landlord's Rental Dwelling
- Motorcycle
- Motorhome
- Homeowners
- Condominium
- Boat
- Scheduled Personal Property
- Snowmobile

*Farmers Insurance Group acquired MetLife Auto & Home

PERKS

Bookstore

Jewell employees are entitled to a 10% discount on all clothes and gift items at the campus bookstore in Yates Union.

COBRA Insurance

If a participating employee or dependent becomes ineligible for medical, dental or vision insurances, continuation of benefits is available through the COBRA plan for 18 months (for employee)-36 months (for dependents) .

Commerce Bank

Banking services and programs offered to all employees.

Community America Credit Union

Savings and loan program offered through payroll withholding.

Community Education

The Continuing Education Division offers a limited number of non-credit swim classes for adults. Benefit-eligible staff who enroll in the classes will receive a 10% discount.

Dining Services

William Jewell College employees are receive a 10% bonus when adding \$50 or more to their Jewell ID.

Harriman-Jewell Series

Reduced admission to Harriman-Jewell Series. Employee is eligible for two tickets per event at the Jewell rate. Order tickets at hjseries.org.

MOST – Missouri’s 529 College Savings Plan

Employees are eligible to make payroll contributions into the state-sponsored plan that helps you save for college tuition, room and board, books, supplies and other qualified higher education expenses.

Parking

Free parking for all Jewell employees. All employees are required to register vehicles through My Jewell, and obtain the parking sticker from Cardinal Services. Employees must observe and respect campus regulations by only parking in appropriately designated spaces/lots. Vehicles found to be in noncompliance with campus parking standards may be ticketed, “booted” (i.e., restricted from movement) or towed at the discretion of the College and/or subject to fines.

Retirement

Employees are eligible for retirement from Jewell after a minimum of 10 years of full-time continuous service at age 55 or older. An employee may elect to retire before the age of 55 if the combination of an employee’s age and years of service totals 70 or more. Retirees are eligible for medical and life insurance and other retiree benefits.

Tuition Assistance

The tuition assistance plan supports employees employed by the College in approved work-related advanced study programs. Its purpose is to encourage employees to develop increased competence in the field related to their responsibilities and career at William Jewell College. See policy and application form for complete details.

Tuition Exchange

William Jewell College participates in The Tuition Exchange, Inc. and Council of Independent Colleges (CIC) tuition exchange programs. Over 600 colleges provide tuition exchange scholarships to eligible students. Applications must be submitted through Human Resources each year by mid-October. See policy for complete benefits, waiting period and eligibility requirements.

PERKS

Tuition Remission

Benefit eligible employees are eligible for tuition remission at Jewell after satisfying the appropriate waiting period. Class load eligibility varies due to length of service and classification. Spouses may take one class per term immediately and unlimited classes after a two year waiting period. Dependent children are eligible for 10 terms of tuition remission after a two year waiting period. A tuition remission application form must be submitted to Human Resources by the following deadlines to receive remission for that semester: for Fall classes – May 1; for Spring classes – December 1; for Summer classes – March 1. Class fees are the responsibility of the student and include fees assessed for laboratory work, field experience, and private or group musical instruction. There is a \$25 per credit hour administration fee for on-campus classes taken during the summer term. All students are also responsible for parking, Health and Wellness, student activities, and technology fees. There is a \$500 per semester fee for full-time, degree-seeking dependent children. Tuition remission recipients are subject to all admission criteria and student life policies, including residency requirements. See the tuition remission application form for complete benefit details and waiting periods. Tuition remission benefits do not apply to overseas study, graduate programs, online courses or the AT Nursing program.

Wellness Center

Employees, their spouse and dependent children under the age of 19 living at home (under age 23 if a full-time student) have free access to the Wellness Center during scheduled open hours. The Wellness Center, located on the southwest corner of Mathes Hall, is a state of the art facility offering a wide array of fitness and weight machines. Faculty and Staff must accompany and remain present while family members under the age of 16 use the Wellness Center.

LEGAL NOTICES

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Notice of Patient Protections

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you can designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy

Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.

LEGAL NOTICES

Notice Regarding Grandfathered Status of Plan

William Jewell believes the Blue Care HMO and Preferred-Care Blue PPO plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (ACA). As permitted under the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans – for example, the requirement to provide certain preventive health care services without any cost sharing. However, grandfathered plans must comply with certain other consumer protections in the ACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator: Julie Dubinsky, Director of Human Resources at William Jewell. You may also contact the Employee Benefits Security Administration, U. S. Department of Labor at 1-866-444-3272, or visit www.dol.gov/ebsa/healthreform, which has a table summarizing the protections that do and do not apply to grandfathered plans.

Equal Employment Opportunity Statement & Title IX Compliance

William Jewell College pursues a nondiscriminatory policy with regard to employment and educational programs, and endeavors to comply with Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, and with other legislation applicable to private, four-year undergraduate colleges. The College is committed to providing equal employment opportunity for all persons regardless of age, disability, gender, genetic information, national origin, race/color, religion, sex, sexual orientation, or veteran status. Equal opportunity extends to all aspects of the employment relationship, including hiring, promotion, terminations, compensation, benefits and other terms and conditions of employment. The College complies with federal, state and local equal opportunity laws and strives to keep the workplace free from forms of illegal discrimination and harassment.

Inquiries with regard to compliance with Title IX should be directed to Julie Dubinsky, Director of Human Resources, 500 College Hill Box 1017, Liberty, MO 64068; phone number 816-415-5085; email: dubinskyj@williamjewell.edu; office location: Curry Hall, 1st floor. Policies and grievance procedures can be found on the WJC website, Policy Library and Student Handbook.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA - Medicaid

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

ALASKA - Medicaid

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

ARKANSAS - Medicaid

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

CALIFORNIA - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/
State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/offi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

LEGAL NOTICES

MASSACHUSETTS - Medicaid AND CHIP

Website: <https://www.mass.gov//masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA - Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI - Medicaid

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

MONTANA - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA - Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid

Medicaid Website: <https://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON - Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.pa.gov/Childrens-Health-Insurance-Program)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT - Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health/insurance/premium-payment/hipp-program)
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

LEGAL NOTICES

Important Notice from William Jewell College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with William Jewell College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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. William Jewell College has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Kansas City Blue Care (HMO), Preferred-Care Blue (PPO), and Spira Care (EPO) plans are, 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 from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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 William Jewell coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Blue Cross Kansas City coverage (you cannot drop your prescription drug coverage without dropping your medical coverage), be aware that you and your dependents may enroll back into the William Jewell benefit plan during an open enrollment period under the William Jewell benefit plan.

LEGAL NOTICES

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 current coverage with William Jewell College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous 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 nineteen 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:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through William Jewell College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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, extra help 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).

Name of Entity/Sender:	William Jewell College
Contact - Position/Office:	Julie Dubinsky, Director of Human Resources
Address:	500 College Hill Box 1017, Liberty, MO 64068
Phone Number:	(816) 415-5085

CONTACTS

Medical

Blue Cross Blue Shield Kansas City

(816) 395-2270

<https://www.bluekc.com>

Dental

Lincoln Financial

(800) 423-2765

<https://www.lincolfinancial.com>

Life/AD&D, Voluntary Life and AD&D, and LTD

Lincoln Financial

(877) 275-5462

<https://www.lincolfinancial.com>

Vision

EyeMed

(866) 723-0513

<https://eyemed.com>

Flex Administration

Phillips Resource Network

(913) 261-0237

Group Auto/Home

Farmers Group Select

(800) 438-6381

EAP-Employee Assistance Program

All One Health

800-451-1834

www.mylifeexpert.com

Use Code: wjewell

Voluntary Short-Term Disability Insurance,

Accident & Cancer Insurance

Aflac, Claims and Coverage

Ryan Lager

ryan_lager@us.aflac.com

(816) 343-2220

Value Added Benefits

EAP, LifeKeys & TravelConnect

Lincoln Financial

(877) 275-5462

<https://www.lincolfinancial.com>

William Jewell Contact Information

Mailing Address:

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500 College Hill Campus Box 1017

Liberty, MO 64068

Location:

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Kathy LeBlanc

Payroll and Human Resources Specialist

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View your benefits at:
williamjewell.millercares.com



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William Jewell College

