



**ANNE ARUNDEL  
COMMUNITY COLLEGE**



# SUMMARY OF BENEFITS

Jan. 1, 2019 through Dec. 31, 2019

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## INTRODUCTION

### ***Welcome to your benefits program for 2019!***

During the calendar year, you only can make changes (add to or drop from the plan) when you have a qualifying family status event (defined as: birth or legal adoption of a child, marriage, death of a spouse, divorce, etc.). You must notify Human Resources within 30 days of a qualifying event. If you have any questions regarding your benefits after reading this summary, please contact Human Resources at ext. 2425.

This brochure provides a summary of the benefits available. Anne Arundel Community College reserves the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification. The plans described in this brochure are governed by the insurance contracts and plan documents, which are available for examination upon request. Should there be any discrepancy between this brochure and the provisions of the insurance contract or plan documents, the provisions of the insurance contracts and plan documents will govern. In addition, you should not rely on any oral description of these plans, as the written description in the insurance contracts will always govern.

# MEDICAL INSURANCE PLANS

Anne Arundel Community College offers a choice of medical plans through CareFirst BlueCross BlueShield. Please refer to the tables throughout the brochure for a highlight of the medical benefits available.

# DENTAL INSURANCE PLANS

**CIGNA DENTAL PPO** enables members to use a participating dentist or access care with a provider outside of the network. If you use a provider outside of the network, you will be responsible for higher out-of-pocket costs, including any additional charges billed by the dentist.

BENEFITS	IN-NETWORK/OUT-OF-NETWORK
Calendar year maximum (Class I, II, III expenses)	\$1,000 per covered member
Calendar year deductible Individual Family	(applies to Class II and III) \$10 \$25
Class I: Preventive and Diagnostic Care – Exams, Cleanings, X-Rays	100% of Allowed Benefit (AB)
Class II: Basic Restorative Care – Fillings, Extractions, Root Canals	100% AB, after deductible
Class III: Major Restorative Care – Crowns, Dentures, Bridges	80% AB, after deductible
Class IV: Orthodontia (Coverage for Dependent Children up to age 26)	Covered at 50% AB with a \$1,000 lifetime max

**CIGNA DENTAL CARE (DHMO)** is an exclusive provider plan offering quality benefits at an affordable price. Employees enrolling in the DHMO must choose a primary dentist. This plan covers all areas of dentistry using a set fee-for-service schedule. Prior to undergoing major dental work, it would benefit you to review the DHMO fee schedule with your dental provider. This will ensure you understand your patient responsibility before treatment begins.

BENEFITS	FEE FOR SERVICE
Preventive and Diagnostic Care – Exams, Cleanings, X-Rays	See fee schedule*
Basic Restorative Care – Fillings, Extractions, Root Canals	See fee schedule*
Major Restorative Care – Crowns, Dentures, Bridges	See fee schedule*
Orthodontia (Children and Adult)	See fee schedule*

\*A copy of the fee schedule can be obtained from Human Resources.

**CIGNA DENTAL BUY-UP PPO PLAN:** is a new plan option similar to the Dental PPO in which it enables members to use a participating dentist or access care with a provider outside of the network. If you use a provider outside of the network, you will be responsible for higher out-of-pocket costs, including any additional charges billed by the dentist. The Buy-up PPO offers a higher annual maximum for in and out of network benefits. Deductibles for the buy-up plan will be higher than the traditional PPO plan and employees will have a per pay premium for this plan.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar year maximum (Class I, II, III expenses)	\$2,000 per covered member	\$1,500 per covered member
Calendar year deductible Individual Family	(applies to Class II and III) \$25 \$50	(applies to Class II and III) \$50 \$100
Class I: Preventive and Diagnostic Care – Exams, Cleanings, X-Rays	100% of Allowed Benefit (AB)	90% of Allowed Benefit (AB)
Class II: Basic Restorative Care – Fillings, Extractions, Root Canals	100% AB, after deductible	90% AB, after deductible
Class III: Major Restorative Care – Crowns, Dentures, Bridges	80% AB, after deductible	70% AB, after deductible
Class IV: Orthodontia (Coverage for Dependent Children up to age 26)	Covered at 50% AB with a \$2,000 lifetime max	Covered at 50% AB with a \$1,500 lifetime max

**Employees who do not elect medical and/or dental insurance will receive compensation credited in equal installments to their pay throughout the year as indicated below:**

**FULL-TIME EMPLOYEES**

Medical: \$450

Dental: \$96

**TOTAL: \$546**

**PART-TIME EMPLOYEES**

Medical: \$225

Dental: \$48

**TOTAL: \$273**

# PRESCRIPTION DRUG PLAN

When you enroll in any one of AACC’s medical plans you automatically are enrolled in prescription drug coverage through Caremark.

	<b>CarePlus Retail Pharmacy</b> <b>2666 Riva Road</b> <b>Annapolis, Md.</b>	<b>Network Retail Pharmacy</b>	<b>CVS/Pharmacy</b>	<b>Mail Service Pharmacy</b>
When to Use Your Benefit:	For immediate and maintenance* medication needs	For immediate and maintenance medication needs	For immediate and maintenance medication needs	For maintenance medication needs
Where:	2666 Riva Road, Suite 110 Annapolis, MD 21401 Phone: <b>410-573-1635</b> Fax: <b>410-573-5012</b> Hours of Operation 8 a.m.-5 p.m. Monday-Friday	The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent and chain pharmacies. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on “Find a Local Pharmacy” at <b>www.caremark.com</b> .	You have the convenience of getting your long-term medications at one of our 6,900 CVS/pharmacy locations for your mail service copay. You also have the convenience of getting your prescriptions at your local CVS/pharmacy. To locate a CVS/pharmacy in your area, click on “Find a Local Pharmacy” at <b>www.caremark.com</b> .	Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice.
Copay** (up to a 30-Day Supply)	\$5 for each generic medication; \$22 for each brand-name*** medication on the drug list; \$32 for each brand-name medication not on the drug list <b>www.carefirst.com</b>	\$5 for each generic medication; \$25 for each brand-name medication on the drug list; \$35 for each brand-name medication not on the drug list	\$5 for each generic medication; \$25 for each brand-name medication on the drug list; \$35 for each brand-name medication not on the drug list	<b>UP TO A 90-DAY SUPPLY:</b> \$10 for each generic medication \$50 for each brand-name medication on the drug list \$70 for each brand-name medication not on the drug list
Refill Limit:	None	One initial fill plus one refill on maintenance medicines up to a 30-day supply.	One initial fill plus one refill on maintenance medicines up to a 30-day supply. No refill limit for maintenance medications with a 31-90 day supply.	
Copay** (up to a 90-Day Supply)	\$10 for each generic medication; \$50 for each brand-name medication on the drug list; \$70 for each brand-name medication not on the drug list	Not Available	\$10 for each generic medication; \$50 for each brand-name medication on the drug list; \$70 for each brand-name medication not on the drug list	
Web Services:	Register at Caremark.com to access tools that can help you save money and manage your prescriptions. To register, have your Prescription Card ready.			
Customer Care:	Visit Caremark.com or call toll-free at <b>1-866-409-8521</b> .			

\* A maintenance medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.

\*\* Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

\*\*\* When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

# VISION PROGRAM

Please refer to the table below for a highlight of the vision discounts available through **EyeMed**.

<b>BENEFITS SNAPSHOT</b>	<b>With EyeMed</b>	<b>Out-of-Network Reimbursement</b>
<b>Exam with dilation as necessary</b> (once every 12 months)	<b>\$10 Co-pay</b>	<b>Up to \$52</b>
<b>Frames</b> (once every 12 months)	<b>\$0 co-pay; \$150 allowance; 20% off balance over \$150</b>	<b>Up to \$70</b>
<b>Single vision lenses</b> (once every 12 months) OR	<b>\$0 Co-pay</b>	<b>Up to \$55</b>
<b>Contacts</b> (once every 12 months)	<b>\$0 Co-pay; \$150 allowance; plus balance over \$150</b>	<b>Up to \$105</b>

## RETIREMENT

Employees classified as faculty, administrators and professional staff whose position requires a baccalaureate degree or higher may choose to participate in either the Maryland State Pension System or Optional Retirement Plan (ORP). Employees classified as support staff must participate in the Maryland State Pension System.

- ### **Maryland State Pension System**

Includes both the Teachers' and Employees' Pension Systems; vested after 10 years of service; mandatory 7 percent employee contribution.

- ### **Optional Retirement Plan**

A defined contribution plan with immediate vesting with one of two carriers: TIAA or Fidelity; the state contributes 7.25 percent of your base salary to your account.

- ### **403(b) Tax Shelter Annuities (Supplemental Retirement Account)**

As an educational institution, it is possible for AACC employees to shelter a portion of their salary. There are several companies from which to choose: TIAA, Fidelity, AIG Retirement Services and T. Rowe Price. Tax laws govern enrollment and administration of the plans. Calendar year 2019 annual limits are \$19,000 for under age 50 and \$25,000 for age 50+.

- ### **457(b) Deferred Compensation Plans**

A 457(b) plan allows employees the option for additional tax-free retirement savings options over and above the 403(b) Supplemental Retirement Plan the college currently offers. The 457(b) plan is totally separate from the 403(b) Supplemental Plan, however, if you participate in both plans you can essentially double your pretax contributions. Like the 403(b) plan, you choose how to allocate your pretax payroll contributions from a wide range of investment and account options. This plan is through TIAA. Calendar year 2019 annual limits are \$19,000 for under age 50 and \$25,000 for age 50 and older.



# 2019 Health Benefit Options

## Anne Arundel County Healthcare Partnership

	BlueChoice Triple Option Open Access	
	Level 1 <i>Rendered by BlueChoice PCP* or Specialist</i>	Level 2 <i>Preferred Providers (PPO BlueCard)</i>
<b>COST SHARING LIFETIME LIMITS</b>		
Calendar Year Deductible	\$125 Individual/\$250 Family	\$250 Individual/\$500 Family
Coinsurance	95%/5%	85%/15%
Calendar Year Out-of-Pocket Max (OOPM)	\$500/\$1,000	\$1,000/\$2,000
Lifetime Maximum	Unlimited, except on fertility	Unlimited, except on fertility
Dependent Age Limit	To age 26	To age 26
<b>PROFESSIONAL SERVICES</b>		
Primary Care Office Visit	\$15 Copay	\$25 Copay
Gynecology Office Visit	\$35 Copay	\$50 Copay
Specialist Office Visit	\$35 Copay	\$50 Copay
Physical/Speech/Occupational Therapy Office Visits	\$35 Copay (100 days/condition/year/combined PT,OT,ST)	\$50 Copay (100 days/year/combined Level 2 & 3)
Diagnostic Test in Doctor Office/Independent Lab	Tests covered at 100% AB (Lab Corp)	Tests covered at 100% AB
Annual Adult Physical/Well Woman Exam	No charge	No charge
Well Child Visit/Immunization	No charge	No charge
<b>INPATIENT HOSPITAL CARE</b>		
Room and Board	95% AB after deductible to OOPM	85% AB after deductible to OOPM
Physician/Surgical Services	95% AB after deductible to OOPM	85% AB after deductible to OOPM
<b>OUTPATIENT HOSPITAL SERVICES</b>		
Surgical/Anesthesia Services	95% AB after deductible to OOPM	85% AB after deductible to OOPM
<b>MATERNITY</b>		
Prenatal Care (Routine)	No charge	No charge
Delivery	95% AB after deductible to OOPM	85% AB after deductible to OOPM
<b>MEDICAL EMERGENCIES</b>		
Accidental Injury (Emergency Room)	Covered at 100% AB after \$75 Copay (waived if admitted)	Covered at 100% AB after \$75 Copay (waived if admitted)
Sudden and Serious Illness (Urgent Care Center)	Covered at 100% AB after \$35 Copay	Covered at 100% AB after \$35 Copay
Ambulance (if medically necessary: Ground and Air)	100% AB	Considered under Level 1. If benefits are not available under Level 1, benefits
Durable Medical Equipment	95% AB after deductible to OOPM	95% AB after deductible to OOPM
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>		
Inpatient (requires pre-authorization)	95% AB after deductible to OOPM	85% AB after deductible to OOPM
Outpatient Office Visits	Subject to Federal Mandate \$15 copay/visit	Subject to Federal Mandate \$15 copay/visit
Hearing Aids	Covered – up to 100% AB per hearing aid once every 36 months, adults and children	Covered – up to 100% AB per hearing aid once every 36 months, adults and children
<b>OUTPATIENT PRESCRIPTION DRUG BENEFIT—</b> (See your prescription Benefits At-A-Glance on page 38 of this guide.)		

The above serves as a comparison only. Please consult each plan benefit guide for full details, particularly in regard to exclusions, limitations, and additional coverage. Benefits subject to the contracts between CareFirst BlueCross BlueShield and the Anne Arundel County entities.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.

	<b>BlueChoice HMO Open Access</b>	<b>CareFirst EPO</b>
<b>Level 3</b> <i>All Other Providers</i>	<i>Member is required to select participating BlueChoice PCP. A product of CareFirst BlueCross BlueShield</i>	<i>In-network using the PPO national network</i>
\$500 Individual/\$1,000 Family	\$100 Individual/\$200 Family	\$100 Individual/\$200 Family
70%/30%	100%	100%
\$1,500/\$3,000	\$800/\$1,600	\$1,100 Individual/\$3,600 Family per calendar year
Unlimited, except on fertility	Unlimited, except on fertility	Unlimited, except on fertility
To age 26	To age 26	To age 26
70% AB after deductible	\$15 Copay/visit	\$15 copay/visit
70% AB after deductible	\$15 Copay/visit	\$15 copay/visit
70% AB after deductible	\$15 Copay/visit	\$15 copay/visit
70% AB after deductible (100 days/year/combined Level 2 & 3)	\$15 Copay/visit (50 days/condition/year/therapy)	\$15 copay/visit (50 days/condition/year/therapy)
Tests covered at 100% AB	100% AB (Lab Corp only)	100% AB after deductible
70% AB after deductible	No charge	No charge
70% AB after deductible	No charge	No charge
70% AB after deductible to OOPM	Deductible, then no charge	Deductible, then no charge
70% AB after deductible to OOPM	Deductible, then no charge	Deductible, then no charge
70% AB after deductible to OOPM	\$15 facility practitioner copay/\$25 facility copay	\$15 facility practitioner copay/\$25 facility copay
70% AB after deductible to OOPM	100% AB	Covered at 100% AB
70% AB after deductible to OOPM	Deductible, then no charge	Deductible, then no charge
Covered at 100% AB after \$75 Copay (waived if admitted)	100% AB after \$75 copay (waived if admitted)	Covered at 100% AB after \$75 Copay for Emergency Room (waived if admitted)
Covered at 100% AB after \$35 Copay	100% AB after \$35 copay	Covered at 100% AB after \$35 Copay
will be payable under the appropriate Level.	100% AB	100% AB
95% AB after deductible to OOPM	Deductible, then no charge	Deductible, then no charge
70% AB after deductible to OOPM	Deductible, then no charge	Covered at 100% AB after deductible to OOPM
Subject to Federal Mandate 70% AB after deductible to OOPM	Subject to Federal Mandate \$15 copay/visit	Subject to Federal Mandate \$15 copay/visit
Covered – up to 100% AB per hearing aid once every 36 months, adults and children	100% AB per hearing aid once every 36 months (adults and children)	100% AB per hearing aid once every 36 months (adults and children)

\*Care must be authorized or provided by a participating BlueChoice Primary Care Provider.

AB= Allowed Benefit OOPM= Out of pocket Maximum

# ADDITIONAL BENEFITS

## ***Basic Life Insurance (MetLife)***

- Optional benefit (AACC pays 75 percent, employee pays 25 percent)
- Benefit of two times salary to a max of \$350,000

## ***Accidental Death and Dismemberment (AD&D)***

- Optional college paid benefit. All employees enrolled in Basic Life Insurance coverage will automatically be enrolled in AD&D.
- AD&D will pay a benefit to the beneficiary if the cause of death is due to an accident. Some exclusions apply. Fractional payments are made if the covered employee loses a bodily appendage or sight due to an accident.

## ***Employee Supplemental Life Insurance (MetLife)***

- Optional benefit (employee pays 100 percent)
- Elect \$10,000 increments up to \$500,000 or five times your Basic Annual Earnings, whichever is less.
- Enroll for up to \$100,000 of coverage with no health information required.

## ***Spouse/Domestic Partner Life Insurance (MetLife)***

- Optional benefit (employee pays 100 percent)
- Employees may elect \$5,000 increments up to \$50,000 not to exceed 100% of employees Basic Life or Supplemental/Optional Life amount.
- Employee must participate in Supplemental Life in order to participate in this coverage.
- Enroll for \$10,000 of coverage with no health information required.

## ***Dependent Children Life Insurance (MetLife)***

- Optional benefit (employee pays 100 percent)
- Employees may elect \$10,000 in coverage for their dependent children.
- Employee must participate in Supplemental Life in order to participate in this coverage.
- No health information required.

## ***Flexible Spending Account (Discovery Benefits)***

- Health Care Account - Contribute up to \$2,700 on a pretax basis to pay approved health care expenses not covered by medical insurance. (Annual grace period - incur claims through 3/15/20).
- Dependent Care Account - Contribute up to \$5,000 on a pretax basis to pay expenses incurred for child (under 13 years of age) or elder care. (Annual grace period - incur claims through 3/15/20).
- Both accounts are subject to the "use-it-or-lose-it rule."

## ***Employee Assistance Program (Business Health Services)***

- College paid benefit
- Up to four free counseling sessions per year for you and household family members
- Basic child and elder care referral services, legal, mediation and financial services



## **Long-Term Disability (Cigna)**

- College paid benefit (eligible upon date of hire)
- Benefit of 66 2/3 percent of base salary up to \$9,000 per month
- Benefit begins after 180-day elimination period

## **Short-Term Disability (Cigna)**

- Short-term disability will pay 80 percent of your regular salary after a 30 business-day elimination period if you become temporarily disabled or are unable to work for a short period of time due to sickness or injury. Excludes on-the-job injuries which are covered by workers compensation.
- College paid benefit
- If you would like to receive 100 percent pay for your disability period, you may supplement STD with accrued sick, annual or carry-over leave. If you were a member of the Voluntary Sick Leave Bank, you may supplement STD with bank hours.

## **State Employees' Credit Union (SECU)**

- Employees and family members may join SECU at any time
- In addition to free checking and savings accounts, a variety of loans are available.



## ***In addition to the benefits already covered, AACC employees receive:***

### ***Annual Leave***

Administrators, 12-month department chairs and 12-month learner support services faculty earn 22 days per fiscal year.

Professional staff earn 15 days per fiscal year through the first five fiscal years and 22 days each fiscal year thereafter.

Support staff earn 12 days each fiscal year through the first two fiscal years, 15 days each fiscal year through the ninth year and 22 days each fiscal year thereafter.

Regular part-time employees' leave is prorated per above accruals.

### ***College Paid Holidays***

New Year's Day

Martin Luther King Jr.'s Birthday

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

### ***College Paid Time Off***

Spring Break

Day after Thanksgiving

Winter Break

### ***Creditable Coverage***

You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage from the plan, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage.

### ***Health Information Privacy***

For purposes of the health benefits offered under the plan, the plan uses and discloses health information about you and any covered dependents only as needed to administer the plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered will comply with the applicable health information privacy requirements of federal regulations issued by the Department of Health and Human Services. The plan's privacy policies are described in more detail in the plan's Notice of Health Information Privacy Practices or Privacy Notice available on the Human Resources Benefits Intranet site. Please contact the Human Resources office if you have questions about the plan's privacy policies.

### ***Sick Leave***

Administrators, professional and support staff earn 15 days sick leave per fiscal year; 10-month faculty earn 10 days sick leave per academic year; 12-month faculty earn 15 days sick leave per fiscal year; regular part-time employees leave is prorated per above accruals.

## **Special Enrollment Rights**

If you are declining enrollment in the medical plan for yourself or for your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends and provide supporting documentation. 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 in the medical plan, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

## **The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)**

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by Cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver outside the hospital and you are later admitted to the hospital in connection with childbirth, the period begins at the time of admission. Although the NMHPA prohibits group health plans and health insurance issuers from restricting the length of a hospital stay in connection with childbirth, the plan or health insurance issuer does not have to cover the full 48 hours (or 96 hours) in all cases. If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan and health insurance issuers do not have to continue covering the stay for whichever one of them is ready for discharge.

*Important: In order to have your newborn added to a policy, you must enroll the newborn through Human Resources within 31 days of birth.*

## **The Women's Health and Cancer Rights Act of 1998 (WHCRA)**

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. As required by the WHCRA, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complication of all stages of mastectomy, including lymphedema

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

## **Tuition Reimbursement**

Regular full-time employees are eligible to apply for reimbursement of up to \$3,300 per fiscal year for preapproved job relevant courses; if funds are available, regular part-time employees are eligible to apply for up to 50 percent of the fiscal year allotment for preapproved job relevant courses.

## **Tuition Waivers**

Regular full-time employees, their spouses and dependent children may enroll in credit and some noncredit courses without tuition payment; regular part-time employees, their spouses and dependent children may enroll in credit and some noncredit courses at 50-percent tuition payment. Fees are charged.



# RESOURCE DIRECTORY

Resources	Member Services Telephone Number	Web Address
Anne Arundel Community College Human Resources	410-777-2425	Visit the HR Page on the intranet
CareFirst BlueCross BlueShield	410-268-6488	<a href="http://www.carefirst.com">www.carefirst.com</a>
Caremark prescription	866-409-8521	<a href="http://www.caremark.com">www.caremark.com</a>
CIGNA dental	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Employee Assistance Program (Business Health Services)	800-765-3277	<a href="http://www.bhsonline.com">www.bhsonline.com</a>
Flexible Spending Account (Discovery Benefits)	866-451-3399	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
Maryland State Retirement and Pension System	800-492-5909	<a href="http://www.sra.state.md.us">www.sra.state.md.us</a>
MetLife	877-275-6387	<a href="http://www.metlife.com">www.metlife.com</a>
Vision service plan (EyeMed)	866-723-0513	<a href="http://www.eyemed.com">www.eyemed.com</a>

## ANNE ARUNDEL COMMUNITY COLLEGE

**NOTICE OF NONDISCRIMINATION:** AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or Maryland Relay 711. 2/19

