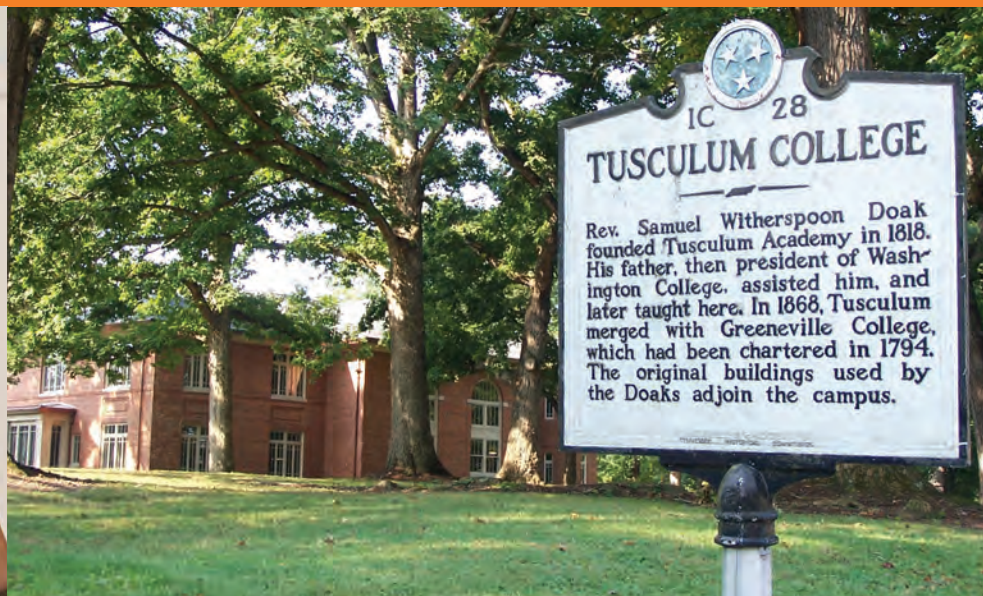




# TUSCULUM COLLEGE

## Employee Benefits Guide

An Overview



2014



*Mission Statement*

*Tusculum College provides a liberal arts education in a Judeo-Christian and civic arts environment, with pathways for career preparation, personal development and civic engagement.*

**CONTENTS**

EMPLOYEE BENEFITS ..... 3

MEDICAL AND VISION BENEFITS..... 4

MEDICAL AND VISION BENEFITS CHART ..... 5

DENTAL BENEFITS ..... 6

EMPLOYEE ASSISTANCE PROGRAM ..... 7

LIFE, AD&D AND LTD INSURANCE ..... 8

VOLUNTARY PRODUCTS ..... 9

FLEXIBLE SPENDING ACCOUNT AND PREMIUM CONVERSION PLAN ..... 10

RETIREMENT PLAN ..... 11

ANNUAL NOTICES ..... 12-16

**QUESTIONS?**

If you have any questions, please contact Human Resources. Mary Sonner, Director of Personnel Services, Renee Jones, Human Resources Generalist, or Lorrie Akers, Human Resources Assistant will be happy to help you. They can be reached by phone at (423) 636-7345 or by email at [msonner@tusculum.edu](mailto:msonner@tusculum.edu), [rbjones@tusculum.edu](mailto:rbjones@tusculum.edu), or [lakers@tusculum.edu](mailto:lakers@tusculum.edu).

*Tusculum encourages all of its employees and their families to take advantage of the extraordinary opportunities and programs on campus. Employees may get free admission to Pioneer sporting events and arts and lectures at the Annie Hogan Byrd Auditorium.*



## **TUSCULUM COLLEGE HUMAN RESOURCES**

Mary Sonner  
Director of Personnel Services  
msonner@tusculum.edu

Renee Jones  
Human Resources Generalist  
rbjones@tusculum.edu

Lorrie Akers  
Human Resources Assistant  
lakers@tusculum.edu  
Phone: (423) 636-7345

## **EMPLOYEE BENEFITS**

### **TUITION REMISSION AND EXCHANGE**

As added benefits for your service to Tusculum College, Tusculum offers Tuition Remission and Tuition Exchange programs for you and your family. You must be a full-time employee and have been employed continuously at Tusculum for one year to take advantage of these programs.

You, your spouse, and your dependent child(ren) can enroll in Tusculum's residential programs at no cost for tuition. You and your spouse can take advantage of the graduate and professional studies programs at no cost for tuition. Undergraduate and Graduate tuition remission is available for the employee; only the Bachelors degree tuition remission is available for the spouse and/or dependents. January 15th is the deadline to turn your tuition application in for the following academic year.

If you or your family members are accepted at another school in the Council of Independent Colleges (CIC) or the Association of Presbyterian Colleges and Universities (APCU), you may be eligible to receive tuition at no cost.

Please contact Human Resources for more information.

### **CAMPUS EVENTS**

Tusculum is very proud of its extra-curricular programs and activities and invites all employees to take advantage of these campus events.

Employees are encouraged to attend Pioneer sporting events and are admitted at no cost to regular-season games. Employees may also be admitted free of charge to any arts or lectures at The Byrd.



# MEDICAL AND VISION BENEFITS

## BLUECROSS BLUESHIELD OF TENNESSEE

Customer Service: (800) 565-9140

Website: [www.bcbst.com](http://www.bcbst.com)

Group Number: 120156

### EMPLOYEE MONTHLY PREMIUMS

#### Option 1 Buy-Up Plan (Network P)

|               |          |
|---------------|----------|
| Employee Only | \$156.00 |
| Family        | \$480.48 |

#### Option 2 Core Plan (Network S)

|               |          |
|---------------|----------|
| Employee Only | \$109.20 |
| Family        | \$372.84 |



Tusculum College has selected BlueCross BlueShield of Tennessee as its medical insurance provider.

To better suit the needs of all employees, Tusculum offers two options for medical insurance. The Core Plan utilizes BCBST Network S and has a \$1,250 individual and \$2,500 family in-network deductible and a \$35 office visit copay. Most other charges are paid at 70%, in-network. The Buy-Up Plan utilizes BCBST Network P and carries a \$750 individual/\$1,500 family in-network deductible and a \$25 office visit copay. Most additional charges are paid at 80%, in-network.

Both plans use the Preferred Provider Organization (PPO). To receive the maximum benefit from your PPO Plan, make sure your provider is a member of the Blue Network S or P. Under the PPO program, you have the flexibility to go to any provider that you choose and you are not required to choose a Primary Care Physician (PCP). However, anytime you select an in-network physician or facility, you will see significant discounts and savings. In-network providers will also file your claims for you. Both the Network P and Network S are extensive networks within the BCBST system, so there is no need for you to ever have to go out of network.

To find an in-network provider near you, go to [www.bcbst.com](http://www.bcbst.com) and click on "Find a Doctor." Please be sure to consult either the online directory or the BCBST customer service department to confirm that your provider participates in the network.

If you select an out-of-network physician or facility, you will be subject to higher deductibles and out-of-pocket maximums. You are also responsible for the difference between billed charges and the maximum allowable charge. It definitely works to your advantage to use the in-network providers whenever possible.

Vision care is included in the Buy-Up Plan, but the benefits are the same in and out of the network. Because some vision providers will not file your claim, be prepared to pay in full up front, and file your claim manually with BCBST. To find a vision provider, follow the directions to finding a healthcare provider and click on "VisionBlue."

For additional information, please contact Human Resources.

### ENROLLMENT CHANGES

Changes to your enrollment may be made annually during open enrollment each year or when certain qualifying events occur, including, but not limited to:

- marriage/divorce
- birth/adoption
- death
- change in job status of yourself or your spouse
- change in Medicaid or CHIP eligibility (within 60 days)

However, all changes (with exception of Medicaid/CHIP) must be made within 31 days of your qualifying event., or you will have to wait until the next open enrollment. You must notify Human Resources immediately when you experience a qualifying event.

| MEDICAL BENEFITS   | OPTION 1 BUY-UP PLAN<br>Network P<br>In-Network | OPTION 2 CORE PLAN<br>Network S<br>In-Network                              |
|--|---|--|
| Calendar Year Deductible (Individual/Family)                                       | \$750/\$1,500                                   | \$1,250/\$2,500  |
| Out-of-Pocket Maximum (Individual/Family)  | \$3,500/\$7,000                                 | \$4,000/\$8,000  |
| Lifetime Maximum Benefit   | Unlimited                                       | Unlimited  |
| <b>SERVICES RECEIVED AT A PRACTITIONER'S OFFICE AND PREVENTIVE SERVICES</b>        |   |  |
| Office Visit/Wellcare Services age 6 and up*                                       | \$25 Copay                                      | \$35 Copay   |
| In-Office Lab and X-Ray  | No Additional Copay                             | No Additional Copay  |
| Annual Well-Woman Exam   | 100%  | 100%   |
| Annual Mammography Screening, Cervical Cancer Screening, Prostate Cancer Screening | 100%  | 100%   |
| Screening Flexible Sigmoidoscopy and Screening Colonoscopy                         | 100%  | 100%   |
| Non-Routine Diagnostic Services  | 80% after deductible                            | 70% after deductible   |
| <b>SERVICES RECEIVED AT A FACILITY</b>   |   |  |
| Inpatient Services*  | 80% after deductible                            | 70% after deductible   |
| Outpatient Surgery (includes non-screening sigmoidoscopy and colonoscopy)*         | 80% after deductible                            | 70% after deductible   |
| Routine Diagnostic Services-Outpatient   | 100%, no deductible                             | 100%, no deductible  |
| Non-Routine Diagnostic Services-Outpatient   | 80% after deductible                            | 70% after deductible   |
| Skilled Nursing Facility and Rehab Facility* (limited to 100 days per year)        | 80% after deductible                            | 70% after deductible   |
| <b>BENEFITS FOR OTHER COVERED SERVICES</b>   |   |  |
| Durable Medical Equipment, Prosthetics and Orthotic Appliances                     | 80% after deductible                            | 70% after deductible   |
| Home Health Services* (limited to 100 visits per year)                             | 80% after deductible                            | 70% after deductible   |
| Ambulance Services   | 80% after deductible                            | 70% after deductible   |
| <b>THERAPEUTIC SERVICES</b>  |   |  |
| Physical/Speech/Occupational (limited to 60 visits per type per year)              | 80% after deductible                            | 70% after deductible   |
| Cardiac/Pulmonary Rehab (limited to 60 visits per year)                            | 80% after deductible                            | 70% after deductible   |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b>                                  |   |  |
| Inpatient Services*  | 80% after deductible                            | 70% after deductible   |
| Outpatient Services  | \$25 Copay                                      | \$35 Copay   |
| <b>PHARMACY</b>  |   |  |
| Generic/Preferred Brand Name/Non-Preferred Brand Name                              | \$10/\$25/\$50                                  | \$10/\$35 after brand-only deductible/<br>\$60 after brand-only deductible |
| Brand Name Deductible  | None  | \$200  |
| Step Therapy**   | Included  | Included   |
| Out-of-Pocket Maximum  | \$2,850   | \$2,350  |
| <b>VISION BENEFITS</b>   |   |  |
| One Vision Exam per Calendar Year  | \$10 Copay                                      | Core Plan Does Not Include Vision Benefits                                 |
| One Set of Lenses per Calendar Year  | 100% up to \$85                                 |  |
| Contact Lenses in lieu of Eyeglasses per Calendar Year                             | 100% up to \$150                                |  |
| One Set of Frames every Two Calendar Years   | 100% up to \$75                                 |  |

Chart reflects in-network benefits. For out-of-network benefits, please see your Evidence of Coverage.

\* Prior authorization required (some outpatient procedures require prior authorization)

\*\* Step Therapy is a form of prior authorization. When step therapy is required, you must initially try a drug that has been proven effective for most people with your condition. This initial drug will be a covered generic drug (if available) or a preferred brand drug. However, if you have already tried an alternate, less expensive drug and it did not work, or if your doctor believes that you must take the more expensive drug because of your medical condition, your doctor can contact the plan to request an exception. If the request is approved, the plan will cover the requested drug.

# DENTAL BENEFITS

## BLUECROSS BLUESHIELD OF TENNESSEE

Customer Service: (800) 565-9140

Website: [www.bcbst.com/members/dental](http://www.bcbst.com/members/dental)

Group Number: 123347

### EMPLOYEE MONTHLY PREMIUMS

|                       |         |
|-----------------------|---------|
| Employee Only         | \$23.91 |
| Employee + Spouse     | \$52.60 |
| Employee + Child(ren) | \$43.04 |
| Family                | \$78.42 |



Your dental benefits at Tusculum College are provided by BlueCross BlueShield of Tennessee (BCBST). This dental plan uses a Preferred Provider Organization (PPO), meaning you can go to any provider that you choose, however you will benefit most from using providers in the BCBST network. BCBST has contracted dentists in its network that have agreed to limit their charges to the BCBST fee schedule. Because BCBST has no contract with non-network dentists, members may be responsible for any billed charges that exceed the maximum allowable charge. Non-network dentists are paid at the 90th percentile of the usual and customary charge. Therefore, it is in your best interest to use providers in the network. To find an in-network provider, go to [www.bcbst.com/members/dental](http://www.bcbst.com/members/dental) and click on "More" in the "Find a Dentist" section on the right side of the page. In Tennessee and bordering counties, the network is called "DentalBlue." Outside of Tennessee, use the DenteMax National Network.

Dental benefits are divided into three coverages. Coverage A includes preventive services such as exams, x-rays, cleanings, fluoride treatments (under age 19), sealants (under age 16) and space maintainers (under age 14). Coverage B refers to basic restorative procedures, basic oral surgery and basic periodontics. Coverage C refers to major restorative services and prosthodontics, basic and major endodontics, major periodontics, major oral surgery and implants.



| DENTAL BENEFITS  | IN-NETWORK        |
|--|-------------------|
| <b>Benefit Year Deductible</b><br><i>Applies to Coverages B and C Only</i><br>Individual<br>Family | <br>\$50<br>\$150 |
| <b>Calendar Year Maximum</b><br><i>Applies to Coverages A, B and C</i>                             | \$1,000           |
| <b>Coverage A</b>  | 100%              |
| <b>Coverage B</b>  | 80%               |
| <b>Coverage C</b>  | 50%               |

Tusculum College is pleased to offer a 24/7 Employee Assistance Program (EAP) through Guardian. We encourage you to utilize this resource to help make your work and family life a little easier.



## GUARDIAN

Hotline 24/7: (800) 386-7055

Website:

[www.ibhworklife.com](http://www.ibhworklife.com)

User name: Matters

Password: wlm70101

# EMPLOYEE ASSISTANCE PROGRAM

Guardian's WorkLifeMatters Employee Assistance Program is available at no cost to all Tusculum College employees and their families.

This Employee Assistance Program (EAP) provides for unlimited assistance by phone, as well as up to three face-to-face sessions with no charge. Guardian's advocates are trained to offer advice on a range of problems from coping with major life events to managing on-the-job issues. Your advocate can also direct you to an array of resources in your community as well as online tools. Should you need a legal consultation, you are eligible to receive free consultations plus discounts on legal services.

The program's website, [www.ibhworklife.com](http://www.ibhworklife.com), is a valuable tool with a host of resources.

The list at right represents just a few of the topics you can research on the website and gain help with via the 24/7 hotline.



### Education

- Admissions testing & procedures
- Adult re-entry programs
- College planning
- Financial aid resources

### Dependent Care & Care Giving

- Adoption assistance
- Before/after school programs
- Day care & elder care
- Parenting support
- Senior housing options
- Special needs care

### Legal & Financial

- Basic tax planning
- Credit & debt
- Immigration
- Legal forms and will making
- Personal legal
- Retirement planning

### Working Smarter

- Balancing work and home life
- Career & training development
- Effective managing
- Relocation
- Workspace diversity

### Lifestyle & Fitness Management

- Anxiety and depression
- Divorce and separation
- Drugs and alcohol
- Grief & loss
- Health and well-being

# LIFE, AD&D AND LTD INSURANCE

## Guardian

Customer Service: (800) 541-7846

Website: [www.guardianlife.com](http://www.guardianlife.com)

Group Number: Life: 00498351

AD&D: 00498351

LTD: 00498351

*Protecting your financial well-being and that of your family in the event of death or serious injury is important. That's why Tusculum offers Life, Accidental Death and Dismemberment, and Long-Term Disability Insurance at no cost to you. Guardian insures all of these benefits.*



### GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Guardian's Group Life and Accidental Death and Dismemberment (AD&D) Insurance are provided to all full-time employees and paid for by Tusculum. The basic benefit provided is \$20,000. Employees are eligible for this benefit on the first of the month following 30 days of active service.

With AD&D coverage, you are eligible to receive an additional benefit according to a schedule of losses such as loss of life, limb or sight due to an accident.

All Life and AD&D insurance amounts are subject to age reductions starting at age 65. Other restrictions apply. Please see your plan document for more details.

### LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) Insurance is provided to all full-time employees and paid for by Tusculum College. LTD insurance can help protect your income in the event of a long-term disability or illness. Employees are eligible for this benefit on the first of the month following 30 days of active service.

If you are deemed disabled 180 days after an accident or onset of illness, you will be eligible to receive 60% of your monthly covered earnings, not to exceed \$5,000 per month.

Please contact Human Resources immediately if you become injured or severely ill.





## GUARDIAN

Customer Service:  
(800) 600-1600

Website:  
[www.guardiananytime.com](http://www.guardiananytime.com)



## AFLAC

Contact: Susie Thorpe

Phone: (865) 207-4311

Fax: (865) 694-0176

Email: [jthorpe@bellsouth.net](mailto:jthorpe@bellsouth.net)

Website: [www.aflac.com](http://www.aflac.com)

# VOLUNTARY PRODUCTS

## VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

In addition to the company-paid Life and Accidental Death and Dismemberment (AD&D) policies, all active, full-time employees working at least 35 hours per week are eligible to purchase Voluntary Term Life and AD&D Insurance, provided by Guardian. These premiums are paid entirely by you on an after-tax basis. Tusculum will deduct the premiums from your paycheck. **Voluntary benefits must be selected upon your initial enrollment.**

You can select Voluntary Life and AD&D Insurance on yourself in units of \$10,000 up to a maximum of five times your annual compensation, or \$300,000, whichever is less. The guaranteed issue\* amount for Voluntary Insurance on yourself is the greater of \$150,000 or the amount equal to the benefit in effect on the termination date of the prior plan.

Voluntary Life and AD&D Insurance on your spouse can be purchased in units of \$5,000 up to \$150,000. The guaranteed issue\* amount is the greater of \$30,000 or an amount equal to the benefit in effect on the termination date of the prior plan.

Life and AD&D Insurance on your child(ren) age 14 days to 26 years (26 if full time student) can be purchased for an amount of \$10,000. All dependent child(ren) benefits are guaranteed issue\*.

All Life and AD&D Insurance amounts are subject to age reductions starting at age 65. Other restrictions may apply. Please see your plan document for more details.

*\*Guaranteed issue refers to the amount of insurance available that does not require evidence of good health.*

## VOLUNTARY AFLAC PRODUCTS

Tusculum College provides access to voluntary benefits through Aflac. The benefits are supplemental to your group insurance coverage and premiums are paid 100% by you. Tusculum College does not sponsor or endorse Aflac products. Voluntary benefits offered through Aflac are:

**Cancer:** First occurrence benefit from \$2,500 to \$10,000 (on family coverage, the first occurrence will be doubled for children to age 25). Benefits in the policy include chemotherapy, radiation, immunotherapy, anti-nausea medicine, stem cell transplant, bone marrow transplant, blood and plasma, surgery, anesthesia, skin cancer, hospital confinement, extended care facility, home health care, private nurse, prosthesis, reconstructive surgery, ambulance, transportation and lodging, and hospice care. The policy reimburses \$70 per year for an annual mammogram.

**Specified Event:** First occurrence of \$5,000 paid upon diagnosis of any of the Intensive Care following events: heart attack, by-pass surgery, coma, stroke, paralysis, major third-degree burns, end-stage renal failure, major human organ transplant and persistent vegetative state. Re-occurrence benefit of \$2,500 paid after 180 days, hospital confinement, continuing care, stent or angioplasty, major human organ transplant, transportation and lodging, and ambulance. Intensive Care included with the Specified Event pays up to \$1,300 per day for intensive care confinement.

**Accident:** Covers you 24/7 for injuries on or off the job. Reimburses a \$60 wellness benefit each year after the policy is in force 12 months.

**Disability:** Up to \$3,000 per month based on income. All policies pay in addition to other insurance and in addition to other Aflac policies.

Benefits on Aflac policies are paid directly to the insured.

# FLEXIBLE SPENDING ACCOUNT AND PREMIUM CONVERSION PLAN

## BENEFITS ASSIST

Contact: Shawn Adams

Phone: (865) 769-2800

Fax: (888) 588-3650

Email: [Flex@BenefitsAssist.net](mailto:Flex@BenefitsAssist.net)

Website: [www.benefitsassist.net](http://www.benefitsassist.net)



### FLEXIBLE SPENDING ACCOUNT (FSA)

Tusculum College offers its full-time employees the option to defer money on a pre-tax basis for use on approved medical expenses up to \$1,500 per year. This is NOT insurance. This is simply a way for you to save on your medical expenses by setting money aside from your gross income, pre-tax, for expenses that you anticipate for the plan year. Employees are eligible for this benefit on the first of the month following 30 days of active service.

For the FSA, the total amount set aside for the plan year is eligible for withdrawal from the account on day one of your first payroll deduction towards the account. However, funds not used during the plan year will not roll over to the following year. Expenses must be incurred by March 31st of each year. All funds set aside for this account must be used towards your eligible medical expenses. The minimum FSA annual contribution amount is \$480 and the maximum is \$1,500.

Please note that as of January 1, 2011, most over-the-counter (OTC) drugs are not eligible for reimbursement under your FSA without an accompanying doctor's prescription. This includes items such as: cough, cold and flu remedies, pain relief, stomach remedies, sleep aids and sedatives, allergy and sinus medicines, and acid controllers. First aid supplies, contact lens supplies and solutions, insulin and diabetic supplies, and wheelchairs, walkers and canes are still eligible.

Contact Benefits Assist for a list of eligible medical expenses.

### SECTION 125 PREMIUM CONVERSION PLAN

Many of your benefits (medical, dental, FSA, retirement) are deducted from your gross income, pre-tax. This Premium Conversion Plan is an added benefit to you in and of itself. Your taxable income is reduced by your pre-tax deductions, which decreases the amount of taxes taken from your paycheck each month and results in an increase in your take-home pay versus what you would take home if those same benefits were deducted on an after-tax basis.

The example below shows the difference between pre-tax and post-tax deductions. Using this example, the annual increase in take-home pay due to the pre-tax option is \$1,822.32.

| BASED ON \$30,000 ANNUAL SALARY           | WITHOUT PREMIUM CONVERSION | WITH PREMIUM CONVERSION |
|---|----------------------------|-------------------------|
| Monthly Salary                            | \$2,500.00                 | \$2,500.00              |
| Pre-Tax Family Buy-Up Medical Deduction   | n/a                        | \$480.48                |
| Pre-Tax Family Dental Deduction           | n/a                        | \$78.42                 |
| Pre-Tax FSA Deduction                     | n/a                        | \$50.00                 |
| Taxable Income                            | \$2,500.00                 | \$1,892.58              |
| Estimated Tax (25%)                       | \$625.00                   | \$473.14                |
| After-Tax Family Buy-Up Medical Deduction | \$480.48                   | n/a                     |
| After-Tax Family Dental Deduction         | \$78.42                    | n/a                     |
| After-Tax FSA Deduction                   | \$50.00                    | n/a                     |
| Net Take Home Pay                         | \$1,266.10                 | \$1,417.96              |

Tusculum College encourages all eligible employees to save for the future with the 403(b) retirement plan offered by TIAA-CREF.



## TIAA-CREF

Customer Service:  
(800) 842-2733  
Website: [www.tiaa-cref.org](http://www.tiaa-cref.org)  
Plan Numbers:  
Defined Contribution Retirement Annuity (RA): 337038  
Supplemental Group Retirement Annuity (SGRA): 337039

## MILLENNIUM ADVISORY SERVICES

(877) 435-2489  
Website: [www.mcmva.com](http://www.mcmva.com)

# RETIREMENT PLAN

## TIAA-CREF

Tusculum College is very pleased to offer a 403(b) retirement plan to all eligible employees. The 403(b) plan is provided through the Teachers Insurance and Annuity Association (TIAA) and its companion organization, College Retirement Equities Fund (CREF). TIAA provides traditional annuity, while CREF provides variable annuities. There are two options, a Defined Contribution Retirement Annuity Plan (RA) and a Supplemental Group Retirement Annuity (SGRA). For more information, please contact Human Resources or TIAA-CREF.

## MILLENNIUM ADVISORY SERVICES

An independent registered investment advisory firm that provides personalized advice regarding investments in TIAA-CREF retirement accounts. Advisors will meet individually with Tusculum employees on campus and go through a confidential financial analysis process and provide a written report that will include asset allocation recommendations based on employee's own circumstances and goals. This process is at no charge to all employees. Employees will have the option of retaining Millennium on a fee basis to manage their TIAA-CREF accounts and any outside assets. Through this fee-based asset management program, clients receive continual account management, monitoring, and rebalancing, as well as ongoing planning services.

| PLAN FEATURES                               | DEFINED RETIREMENT CONTRIBUTION (RA)  | SUPPLEMENTAL GROUP RETIREMENT ACCOUNT (SGRA)  |
|---|---|---|
| <b>Waiting Period</b>                       | A full-time employee must have completed two (2) years of service at the institution at open enrollment on January 1 or July 1. An open 403(b) account with an eligible employer may be counted for meeting the eligibility requirements.   | A full-time employee is eligible and may enroll anytime after the first of the month following 30 days of active service. |
| <b>Employee Contribution</b>                | You can contribute 0–5% of your salary.   | An amount determined by you that can be changed at any time.  |
| <b>Allocation of Contributions</b>          | You may allocate plan contributions to the funding vehicles in any whole number percentages that equal 100%. You may change allocations of future contributions to the funding vehicles at any time by contacting TIAA-CREF.  |   |
| <b>Defined Contribution</b>                 | Tusculum may contribute a discretionary amount annually. Currently, Tusculum contributes 2% of base salary.   |   |
| <b>Maximum Plan Contributions</b>           | Annual contributions made for any year can not exceed the amount permitted under section 415 of the Code and Section 403(b).  |   |
| <b>Vesting Schedule</b>                     | Plan contributions shall be fully vested and non-forfeitable.   |   |
| <b>Acceptance of Rollover Contributions</b> | If a participant is entitled to receive a distribution from another plan described in section 403(b) of the Code that is an eligible rollover distribution under section 402 of the Code. Tusculum College will accept such amount under this plan provided the rollover to this plan is 1) directly from another plan; or 2) by the participant within 60 days of the receipt of distribution. |   |

# TUSCULUM HEALTH AND WELFARE PLAN ANNUAL NOTICES

## Important Notice from Tusculum 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 Tusculum 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. Tusculum College has determined that the prescription drug coverage offered by the Tusculum College Employee Benefit Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to 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 Tusculum College coverage will not be affected. On the Tusculum College Employee Benefit Plan, prescription drug products are subject to the following cost-sharing schedule: Option 1 Buy-up Plan - \$10 Generics/\$20 Preferred Brand/\$35 Non-Preferred Brand Name Drug Co-pays. Option 2 Core Plan - \$10 Generics/\$30 Preferred Brand/\$50 Non-Preferred Brand Name Drug Co-pays. There is a \$200 front end deductible per calendar year on brand name drugs on the Option 2 plan. Specialty pharmacy co-pays are different. See summary plan documents for details. These plans do not coordinate prescription drug products with any other health coverage plan or Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Tusculum College Employee Benefit Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

### 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 Tusculum 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.

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 October 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 Tusculum 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](http://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](http://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).

Date: 04/01/2013

Name of Entity/Sender: Tusculum College

Contact--Position/Office: Human Resources Office

Address: 60 Shiloh Rd., Greeneville, TN 37743

Phone Number: (423) 636-7345

### HIPAA Special Enrollment Notice

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 or your dependents in this plan 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).

If you have a new dependent as result of marriage, birth, adoption, or

If you go 63 continuous days or longer without creditable prescription

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.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Our Company's Pledge to You**

This notice is intended to inform you of the privacy practices followed by the Tusculum College Health and Welfare Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective in April. [Note: the effective date may not be earlier than the date on which the privacy notice is printed or otherwise published].

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Tusculum College requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

**Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

**How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health

information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information. To the Plan Sponsor. We may disclose protected health information to certain employees of Tusculum College for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Your Rights**

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting

free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements. **Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

#### **Our Legal Responsibilities**

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below. If you have any questions or complaints, please contact: Human Resources

#### **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 caesarean 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 not in excess of 48 hours (or 96 hours).

#### **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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage.

These States use funds from their Medicaid or CHIP programs to

help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 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, 2012. You should contact your State for further information on eligibility-

#### **ALABAMA - Medicaid**

Website: <http://www.medicaid.alabama.gov>

Phone: 1-855-692-5447

#### **ALASKA - Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

#### **ARIZONA - CHIP**

Website: <http://www.azahcccs.gov/applicants/default.aspx>

Phone (Outside of Maricopa County): 1-877-764-5437

Phone (Maricopa County): 602-417-5437

#### **CALIFORNIA - Medicaid**

Website: [http://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)

Phone: 1-866-298-8443

#### **COLORADO- Medicaid and CHIP**

Medicaid Website: <http://www.colorado.gov/>

Medicaid Phone (In state): 1-800-866-3513

Medicaid Phone (Out of state): 1-800-221-3943

CHIP Website: <http://www.CHPplus.org>

CHIP Phone: 303-866-3243

#### **FLORIDA- Medicaid**

Website: <https://www.flmedicaidprecovery.com/>

Phone: 1-877-357-3268

#### **GEORGIA- Medicaid**

Website: <http://dch.georgia.gov/>

Click on Programs, then Medicaid

Phone: 1-800-869-1150

**IDAHO- Medicaid and CHIP**

Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)

Medicaid Phone: 1-800-926-2588

CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)

CHIP Phone: 1-800-926-2588

**INDIANA - Medicaid**

Website: <http://www.in.gov/fssa>

Phone: 1-800-889-9949

**IOWA- Medicaid**

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)

Phone: 1-888-346-9562

**KANSAS - Medicaid**

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

**KENTUCKY - Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

**LOUISIANA- Medicaid**

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

**MAINE - Medicaid**

Website: <http://www.maine.gov/dhhs/OIAS/publicassistance/index.html>

Phone: 1-800-977-2740

**MASSACHUSETTS - Medicaid and CHIP**

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

**MINNESOTA - Medicaid**

Website: [http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance](http://www.dhs.state.mn.us/Click on Health Care, then Medical Assistance)

Phone (Outside of Twin City area): 800-657-3629

Phone (Twin City area): 651-431-2670

**MISSOURI- Medicaid**

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

**MONTANA- Medicaid**

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

**NEBRASKA- Medicaid**

Website: <http://www.dhhs.ne.gov/med/medindex.htm>

Phone: 1-800-383-4278

**NEVADA- Medicaid**

Medicaid Website: <http://dwss.nv.gov/> Medicaid

Phone: 1-800-992-0900

**NEW HAMPSHIRE- Medicaid**

Website: [www.dhhs.nh.gov/ombp/index.htm](http://www.dhhs.nh.gov/ombp/index.htm)

Phone: 603-271-5218

**NEW JERSEY- Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-800-356-1561

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

**NEW YORK- Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA- Medicaid**

Website: <http://www.ncdhhs.gov/dma>

Phone: 919-855-4100

**NORTH DAKOTA- Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-800-755-2604

**OKLAHOMA- Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON - Medicaid and CHIP**

Website:

<http://www.oregon.gov/OHA/OPHP/FHIAP/index.shtml>

Phone: 1-877-314-5678

**PENNSYLVANIA- Medicaid**

Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

**RHODE ISLAND - Medicaid**

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)

Phone: 401-462-5300

**SOUTH CAROLINA- Medicaid**

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://www.dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS - Medicaid**

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

**UTAH- Medicaid and CHIP**

Website: <http://health.utah.gov/upp>

Phone: 1-866-435-7414

**VERMONT- Medicaid**

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

**VIRGINIA- Medicaid and CHIP**

Medicaid Website: <http://www.dmas.virginia.gov/rcp->

HIPP.htm

Medicaid Phone: 1-800-432-5924

CHIP Website: <http://www.famis.org/>

CHIP Phone: 1-866-873-2647

**WASHINGTON - Medicaid**

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA - Medicaid**

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)

Phone: 1-877-598-5820

**WISCONSIN - Medicaid**

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING - Medicaid**

Website: <http://www.health.wyo.gov/healthcarefinindex.html>

Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

Name of Entity/Sender: Tusculum College

Contact--Position/Office: Human Resources Office

Address: 60 Shiloh Rd., Greeneville, TN 37743

Phone Number: (423) 636-7345

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Ext. 61565



4823 Old Kingston Pike, Suite 205, Knoxville, TN 37919

(865) 531-9898 • [www.trinityben.com](http://www.trinityben.com)

Printed and produced by Trinity Benefit Advisors, 2/2014