

**FULL-TIME ADMINISTRATORS UNDER EXECUTIVE CONTRACT BENEFIT SUMMARY  
(General Terms Only)**

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

**Medical Insurance- Select one of five available plans:**

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

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

**-or-**

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

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

-or-

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

| <b>Benefit</b>   | <b>Coverage</b>   |
|--|---|
| Deductible   | \$1,300 per calendar year for single coverage in network; \$2,600 per calendar year for 2-person or family coverage in network                      |
| Preventive Services (Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives) | 100% coverage<br>Not subject to deductible  |
| Coverage and Co-Pay After Annual Deductible  | Plan covers 100% with no co-pay for in-network services including: hospital, emergency, office visits, surgical services, diagnostic services, etc. |
| Prescription Coverage  | \$10 co-pay generics after deductible; \$40 co-pay brand name drugs after deductible, apply up to out-of-pocket maximum.                            |
| Employee Monthly Contribution  | Single: \$ 88.18<br>Two: \$243.24<br>Full: \$302.67   |

-or-

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

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

-or-

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

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

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

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

Life Insurance - \$100,000 plus accidental death and dismemberment through Hartford Insurance. Additional life insurance for employee and family is available.

Long Term Disability - 66 2/3% monthly salary following 90 consecutive calendar days up to \$5,000 monthly max. through Hartford Insurance.

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

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

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

Optional Retirement Plan - Defined Contribution Plan with TIAA-CREF. Employees contribute 4.3% toward retirement investment; the College contributes 12%. Vesting is two years. **ORP election must be made within 90 days following date of hire.** (Call 517-483-1870 for more information).

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

Travel - Mileage reimbursed at the current approved IRS rate.

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

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

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

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

Holidays - 8 to 10 paid holidays per year.

Vacation - 25 days per fiscal year earned for months working more than half the month. Maximum carryover to next fiscal year is 25 days.

Personal Leave - 5 days (40 hours). May be used in hourly increments and must be used in the fiscal year awarded—cannot be carried forward.

Sick Leave - 12 days per year earned for months working more than half the month. 6 of these days may be used for Family Care. Annual carryover permitted up to 1200 hours maximum.

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

Professional Development Leave - Administrators are eligible to apply after each six (6) years of continuous full-time service at Lansing Community College.

Jury Duty - Pay for time spent serving as a juror (duration of one trial in any calendar year). Submit per diem to College to receive regular pay.

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

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

Credit Union - Employment with Lansing Community College makes the employee eligible for membership in the Capital Area School Employees Credit Union. Contact 517-393-7710 for details. Direct deposit available.

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

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