

AACC

2026



Employee Benefits Guide

January 1, 2026 - December 31, 2026



Visit <https://www.brainshark.com/hilbgroup/AACC> or scan the QR code with a smart device to view a presentation about your benefits.

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Anne Arundel Community College takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

Scan the QR code or visit https://psaclient.com/AACC_PlanDocs to view plan documents and flyers on the benefits described in this guide.



The benefits plan year runs January 1 through December 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to your benefits until the next Open Enrollment period.

Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 31 days of the event; documentation supporting the change will be required.

Don't understand qualified change-in-status events? Scan the QR code below or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.



Who is eligible for benefits?

Full-or part-time (working 50% or more of the work week) permanent Anne Arundel Community College (AACC) employees are eligible for all benefits in this guide. For a more detailed overview on who is eligible for benefits and documentation requirements for dependents and midyear changes, scan the QR code or visit https://psaclient.com/AACC_BenefitsEligibility.



In addition to enrolling yourself, you may also enroll any eligible dependents. Verification is required for all dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by ceremony
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the month in which the child turns age 26

Change-in-Status Events

Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:

- Marriage or divorce
- Birth, adoption, or death
- Change in employment, or employment status for you, your spouse, or your dependent child
- Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

Dependent Documentation

Dependent documentation is required with new employee benefit enrollments. Documentation also is required for dependents added to your plan during open enrollment and following a midyear qualifying event. Dependent documentation includes copies of your marriage certificate and dependent's birth certificates. Birth registration notices are not accepted as proof of birth.

MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

You have two medical plan choices administered by **CareFirst**. All options include prescription drug coverage. To locate a participating, in-network provider, visit www.carefirst.com/aacg.

Plan Features	CareFirst BlueChoice Advantage PPO		CareFirst BlueChoice Advantage EPO
	In-Network YOU PAY	Out-of-Network* YOU PAY	In-Network ONLY YOU PAY
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$125 individual \$250 family	\$500 individual \$1,000 family	\$100 individual \$200 family
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$500 individual \$1,000 family	\$1,500 individual \$3,000 family	\$1,100 individual \$3,600 family
PREVENTIVE SERVICES			
Well child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	30% after deductible	No charge
OFFICE VISITS, LABS, AND TESTING			
PCP/Specialist Office Visits	\$15 copay/\$35 copay	30% after deductible	\$15 copay
Diagnostic Test (x-ray, blood work)	5% after deductible	5% after deductible	No charge
Imaging (CT/PET scans, MRIs)	5% after deductible	5% after deductible	No charge
HOSPITAL			
Outpatient	5% after deductible	30% after deductible	\$25 copay
Inpatient	5% after deductible	30% after deductible	No charge after deductible
URGENT AND EMERGENCY CARE			
Urgent Care Facility	\$35 copay	\$35 copay	\$35 copay
Hospital Emergency Room (waived if admitted)	\$75 copay	\$75 copay	\$75 copay
MENTAL HEALTH/SUBSTANCE ABUSE			
Office Visits	\$15 copay	30% after deductible	\$15 copay
Inpatient Services	5% after deductible	30% after deductible	No charge after deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.

**You may be subject to higher out-of-pocket expenses and balance billing.*

Scan the QR code or visit https://psaclient.com/AACC_Medical to view the medical plan summaries.



MEDICAL AND PRESCRIPTION

Anne Arundel Community College offers medical coverage through CareFirst and prescription drug coverage through Caremark to keep you and your family in good health.

CareFirst 1-888-567-9155

www.carefirst.com

Need to locate a provider?

Visit www.carefirst.com/doctor and either login or continue as a guest. Select your plan name from the drop down menu and enter your search criteria.

www.carefirst.com

Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan, online, day or night.

Wellness discounts

Blue365 offers exclusive health and wellness deals that will keep you healthy and happy, every day of the year. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options, and much more. Visit www.carefirst.com/wellnessdiscounts to learn more.

Read about your health

Access health calculators, tracking tools, podcast videos on specific health topics, nutrition information, recipe libraries, and the latest news on the My CareFirst website. Download the latest issue of CareFirst's Vitality magazine to learn more about staying healthy.

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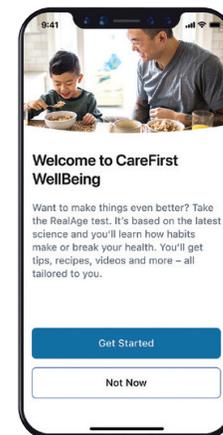
Anne Arundel Community College is pleased to offer two medical plan choices for you and your family through **CareFirst**.

What are the benefits associated with the medical plans?

- Save money by staying in-network. A network is a group of health care providers and facilities that have a contract with CareFirst. You can receive care and services from anyone in or out-of-network, but you save money when you use in-network providers.
- There's coverage if you need to go out-of-network in the PPO plan. There is no out-of-network coverage in the EPO plan, except for emergencies. Out-of-network means that a provider does not have a contract with CareFirst. Choose what's best for you. Just remember out-of-network providers will likely charge you more.
- There's no need to choose a primary care provider (PCP) or get referrals to see a specialist. Consider selecting a PCP; they can be helpful in managing your care.
- Preventive care is covered 100% in-network.

Blue Rewards

To get started earning your rewards, visit carefirst.com/wellbeing to download the CareFirst WellBeing app and register for your account.



Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a **Summary of Benefits and Coverage (SBC)**, which summarizes important benefit information in a standard format, is available for review. Visit https://psaclient.com/AACC_PlanDocs for the SBCs for each plan option.

CAREFIRST MEMBER BENEFITS

Choosing the right type of care

Your Doctor Knows Best

- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor's office is closed?

CareFirst Members: visit www.carefirst.com/needcare for 24/7 Medical Advice

- You have access to a 24-hour Nurse Advice Line.

Urgent Care Centers

- Urgent care centers are usually open after normal business hours, including evenings and weekends.
- Many urgent care centers offer on-site diagnostic tests and x-rays.
- In most situations, you'll find that you save time and money by going to urgent care instead of the Emergency Room.

Emergency Room (ER)

- This is the best place for treating severe and life-threatening conditions.
- Your copay is at the highest level at the ER.

Understanding the BlueChoice Advantage Network

If you are receiving care inside the CareFirst service area

- When care is rendered in MD, DC, or Northern VA (known as the CareFirst service area), by a provider in the BlueChoice network, care is reimbursed at the in-network level.
- You must use a LabCorp facility for any laboratory services.
- Any provider not participating in the BlueChoice network will be considered out-of-network.

If you are receiving care outside the CareFirst service area

- If you seek care outside the CareFirst service area, you will pay lower costs by using a national BlueCard PPO provider, and care received will be considered in-network.
- If you require laboratory services outside of MD, DC, or Northern VA, you may use any participating BlueCard PPO laboratory to receive in-network benefits.
- Any provider not participating in the BlueCard PPO network will be considered out-of-network.

NOTE: The information provided herein regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

CloseKnit Virtual Care

CloseKnit is a virtual-first primary care practice. That means that most illnesses are treated over video or phone without going into a doctor's office. Visits can be done online anytime, anywhere, 24/7/365—from primary and urgent care to therapy and more through your desktop or by phone using the convenient CloseKnit mobile app.

Primary Care services include:

- Well care, preventive, and sick visits
- Mental health counseling
- 24/7 chat with your dedicated Care Team
- Health Guides who can answer health, benefits, and billing questions
- Available to all members age 18+

Urgent Care services include:

- Same-day care with an average wait time of 30 minutes or less
- Visits for common conditions such as cold/flu symptoms and minor injuries
- Pediatric urgent care for dependents ages 2-17
- 24/7 access anywhere in the U.S.
- Available to all members age 2+

CloseKnit also offers:

- Behavioral Health Services
- Lactation Support
- Diet & Nutrition Counseling

Learn more and register at closeknithealth.com. After registering, you can begin a virtual visit online or by downloading the CloseKnit app.

CVS Caremark—Prescription Drug

The Anne Arundel Community College prescription plan is managed by CVS Caremark. A brief summary of the prescription benefit plan is listed below and on the pages following. For additional plan details, contact CVS Caremark at **866-409-8521** or www.caremark.com or the Human Resources office.

	CarePlus Retail Pharmacy Annapolis, MD	Network Retail	CVS/Pharmacy	Mail Services Pharmacy
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: 410-573-1635 Fax: 410-573-5012 Hours of Operation: Monday through Friday	The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent pharmacies and chain pharmacies. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Local Pharmacy" at www.caremark.com .	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, simply click on "Find a Local Pharmacy" at www.caremark.com .	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	<ul style="list-style-type: none"> • \$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 	<ul style="list-style-type: none"> • \$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 	<ul style="list-style-type: none"> • \$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 	<ul style="list-style-type: none"> • \$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
Refill limits	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.	N/A
Copay up to a 90-day supply	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$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 	<ul style="list-style-type: none"> • \$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 1-866-409-8521 .			
Notes	<ol style="list-style-type: none"> 1. A maintenance medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, diabetes or high cholesterol. 2. Co-payments, co-pay 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. 3. 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 co-payment. A brand penalty appeal form is available on the HR Intranet/Forms. 			

Important things to know about the Caremark Prescription Plan

Prescriptions filled at the retail pharmacy have a Day Supply Limit and Refill Limit

Prescriptions written for up to a 30-day supply of a new, nonmaintenance medication may be filled twice at any retail pharmacy (that's one initial fill plus one refill). After the second retail fill on medications, you must use the Caremark Mail Service or a CVS retail pharmacy and request a 90-day supply.

Maintenance Choice Program

Maintenance Choice offers you choice and savings when it comes to filling long-term* prescriptions. You have two ways to save:

Option 1:

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery.
- Receive a 90-day supply.
- Receive your medications in private, tamper-resistant and (when needed) temperature controlled packaging.
- Talk to a pharmacist by phone.

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

Option 2:

CVS/Pharmacy:

- Pick up your medication at a time that is convenient for you.
- Receive a 90-day supply for the same mail order co-payment.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

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

Mandatory Generic Requirement

When a generic drug is available, but the pharmacy dispenses the brand name drug for any reason, you will pay the difference between the brand name drug and the generic, plus the brand co-payment. Members with a medical necessity for a brand name medication may request an appeal form and provide supporting documentation.

Primary/Preferred Drugs

Preferred drugs are those medications that CVS Caremark has on its primary/preferred drug list. This list may change at any time, and is published on the Caremark website in January, April, July and October. The CVS Caremark pharmacists evaluate the medications approved by the Food and Drug Administration (FDA) before adding them to the primary/preferred drug list.

Each drug is reviewed for safety, side effects, efficacy (how well the drug works), ease of dosage and cost. The drugs that are judged the best overall are selected as the primary/preferred drugs. Your out-of-pocket costs will be less if you choose primary/preferred drugs.

Drugs with Quantity Limits

Some drugs have limits on the quantities that are covered. Drugs may have these limits due to warnings from the Food and Drug Administration (FDA), serious or toxic effects, or a high potential for misuse or abuse. Some drugs with quantity limits include, but are not limited to:

- Viagra
- Sedatives
- Hypnotics (e.g., sleeping pills)

When you go to the pharmacy for a prescription drug with a quantity limitation, your co-pay will cover only the quantity allowed by the plan. You will pay the full cost of any additional quantities.

Drug Exclusions

Some drugs and medications are excluded from coverage, including, but not limited to:

- Weight-loss drugs
- Vitamins and minerals (except for prescription prenatal)
- Drugs that are labeled by the FDA as "less than effective"
- Cosmetic products (not including acne medication)

The excluded drug list can change at any time. You can check to see if a particular drug is covered by visiting www.caremark.com. Members with a medical necessity for a newly excluded drug can submit an appeal to Caremark along with supporting documentation from their physician.

Specialty Pharmacies for Highly Specialized Drugs

Many new drugs being approved by the FDA are for chronic or serious diseases and are highly specialized. CVS Caremark provides a specialty pharmacy that helps members who need these specialty drugs. These drugs include some anti-cancer medication, growth hormones, infertility drugs and drugs for multiple sclerosis. The specialty pharmacy has nurses, pharmacists and other health care professionals who can answer questions you may have regarding specialty drugs and schedule delivery of these drugs to your home. To find out more about all the benefits CVS Caremark Specialty Pharmacy Services has to offer, including express delivery, follow-up care calls, expert counseling and more, call **CaremarkConnect at 800-237-2767**.

DENTAL PLAN HIGHLIGHTS

Your dental health is an important part of your overall health.

Cigna

1-800-244-6224

www.mycigna.com

Anne Arundel Community College offers dental coverage through **Cigna**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plans are highlighted in the table below. Please refer to your plan descriptions for full details.

Plan Features	DHMO Plan		PPO Plan		Buy-Up PPO Plan	
	In-Network	Out-of-Network*	In-Network YOU PAY	Out-of-Network* YOU PAY	In-Network YOU PAY	Out-of-Network* YOU PAY
Annual Deductible Amount you must pay per year before the plan begins to pay benefits	None		\$10 individual \$25 family	\$10 individual \$25 family	\$25 individual \$50 family	\$50 individual \$100 family
Annual Benefit Maximum Maximum amount the plan will pay per year; does not include preventive or orthodontia services	None		Plan pays \$1,000 per person per calendar year		Plan pays \$2,000 per person per calendar year	Plan pays \$1,500 per person per calendar year
Preventive and Diagnostic Services	See fee schedule ¹		No charge	No charge*	No charge	10%
Basic Services	See fee schedule ¹		No charge	No charge*	No charge	10%
Major Services	See fee schedule ¹		20% after deductible	20% after deductible*	20% after deductible	30% after deductible
Orthodontia Services Dependent children up to age 26	See fee schedule ¹		50%; plan pays up to \$1,000 lifetime maximum per person		50%; plan pays up to \$2,500 lifetime maximum per person	50%; plan pays up to \$2,500 lifetime maximum per person

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Reimbursement is based on the maximum contract allowances and not necessarily each dentist's submitted fees. Out-of-network dentists may balance bill you for the difference between the MRC paid by the plan and their usual fees.

¹A copy of the fee schedule can be obtained on the MyAACC intranet or the QR code below.

Need to locate a participating, in-network provider?

To locate a participating provider, visit www.mycigna.com. Click "Find a Doctor, Dentist or Facility." Select "Employer or School" then enter your location, and choose the type of dentist you're looking for under "Doctor by Type."

When asked to choose your plan, select either the "CIGNA DENTAL CARE DHMO" > Cigna Dental Care Access for the DHMO or "DPPO/EPO > Total Cigna DPPO" for the PPO or Buy-up PPO plans. You can also call **1-800-244-6224**.



Scan the QR code or visit https://psaclient.com/AACC_Dental to view the dental plan summaries and fee schedule.

VISION PLAN HIGHLIGHTS

Routine eye exams are essential to preserve your vision and safeguard your eye health.

EyeMed

1-866-804-0982

www.eyemed.com

Your vision coverage provides a full range of vision care services provided through **EyeMed**. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in the INSIGHT network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to EyeMed for reimbursement.

Plan Features	In-Network YOU PAY	Out-of-Network Reimbursement
Vision Exam <i>Once every 12 months</i>	\$10 copay	Up to \$52
Eyeglass Frames <i>Once every 12 months</i>	\$0 copay, \$175 plan allowance; 20% off balance	Up to \$70
Eyeglass Lenses <i>Once every 12 months</i>		
Single vision	\$0 copay	Up to \$55
Lined bifocal	\$0 copay	Up to \$75
Lined trifocal	\$0 copay	Up to \$95
Contact Lenses <i>Once every 12 months in lieu of eyeglasses</i>	\$0 copay, \$150 allowance; plus 15% off balance over \$150	Up to \$105

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Need to locate a participating, in-network provider?

To locate a participating provider, visit www.eyemed.com, click "Find a Provider," and choose the INSIGHT network, or call **1-866-804-0982**.



Did you know your eyes can tell an eye care provider a lot about you?

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.



Scan the QR code or visit https://psaclient.com/AACC_Vision to view your benefit summary and a flyer on vision coverage.

EMPLOYEE CONTRIBUTIONS

Employee Per Pay Period Amount

	Full-Time Employee		Part-Time Employee	
	12 Month	10 Month	12 Month	10 Month
Medical				
CareFirst BlueChoice Advantage PPO (College pays 75%, employee pays 25%)				
Employee Only	\$136.95	\$164.34	\$273.91	\$328.69
Employee/Child	\$241.91	\$290.29	\$483.81	\$580.58
Employee/Spouse	\$290.13	\$348.16	\$580.27	\$696.32
Family	\$376.77	\$452.13	\$753.55	\$904.25
CareFirst BlueChoice Advantage EPO (College pays 85%, employee pays 15%)				
Employee Only	\$64.27	\$77.12	\$214.23	\$257.08
Employee/Child	\$116.00	\$139.20	\$386.66	\$463.99
Employee/Spouse	\$137.67	\$165.20	\$458.89	\$550.67
Family	\$177.72	\$213.27	\$592.41	\$710.90



Employee Per Pay Period Amount

Full-Time Employee		Part-Time Employee	
12 Month	10 Month	12 Month	10 Month

Dental and Vision

Cigna Dental Care Plan (DHMO) (College pays 100%)

Employee Only	\$0.00	\$0.00	\$4.73	\$5.68
Employee/Child	\$0.00	\$0.00	\$9.46	\$11.36
Employee/Spouse	\$0.00	\$0.00	\$12.02	\$14.43
Family	\$0.00	\$0.00	\$13.67	\$16.40

Cigna Dental Core PPO (College pays 100%)

Employee Only	\$0.00	\$0.00	\$9.20	\$11.04
Employee/Child	\$0.00	\$0.00	\$16.31	\$19.58
Employee/Spouse	\$0.00	\$0.00	\$21.16	\$25.39
Family	\$0.00	\$0.00	\$23.51	\$28.21

Cigna Dental Buy-Up PPO (College pays 65%, employee pays 35%)

Employee Only	\$9.95	\$11.95	\$14.22	\$17.06
Employee/Child	\$17.66	\$21.19	\$25.23	\$30.27
Employee/Spouse	\$22.90	\$27.48	\$32.72	\$39.26
Family	\$25.45	\$30.54	\$36.36	\$43.63

Vision Plan (EyeMed) (College pays 100%)

Employee Only	\$0.00	\$0.00	\$1.01	\$1.21
Employee/Child	\$0.00	\$0.00	\$2.01	\$2.41
Employee/Spouse	\$0.00	\$0.00	\$2.57	\$3.08
Family	\$0.00	\$0.00	\$2.91	\$3.50

Employees who do not elect coverage receive a stipend per year in the amount of:

Full-Time Employees	Part-Time Employees
Medical: \$450	Medical: \$225
Dental: \$96	Dental: \$48
Total: \$546	Total: \$273

FLEXIBLE SPENDING ACCOUNTS (FSA)

Set aside pre-tax dollars to pay for eligible health care and dependent care expenses.

Ameriflex

1-888-868-3539

www.myameriflex.com



Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year**. Your annual contribution stays in effect during the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document.

Use-it-or-lose-it Rule

You have a 2½ month "Grace Period" following the end of the plan year in which you can continue to incur expenses for that plan year for both the Health Care and Dependent Care FSA. You have until March 15, 2027, to incur eligible expenses for reimbursement.



Scan the QR code or visit https://psaclient.com/AACC_Spending to view flyers on the Flexible Spending Accounts.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by **Ameriflex**.

Health Care FSA

A Health Care FSA helps you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,300** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$7,500** annually in pre-tax dollars, or \$3,750 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is age of 12 or under and a legal dependent under federal tax rules
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

To register for an account and for a list of eligible expenses visit, www.myameriflex.com. When registering, use employer code AMFAACC00.

LIFE INSURANCE

Anne Arundel Community College provides you with the option to enroll in basic life and AD&D insurance, and you also have the ability to purchase additional coverage for added protection.

New York Life

1-888-842-4462

www.myNYLGBS.com



Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through **New York Life**.

Basic Life and AD&D Insurance

Basic life insurance is an optional benefit (AACC pays 75%, employee pays 25%). All employees enrolled in basic life insurance will automatically be enrolled in AD&D. If you elect basic life insurance, you will receive coverage in the amount of two times your annual salary up to a maximum benefit of \$350,000. If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. 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. Benefits begin to reduce at age 70. Evidence of Insurability Form is required if you enroll after initial eligibility.

Voluntary Life and AD&D Insurance

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). When you and your dependents enroll in voluntary life, you will automatically receive voluntary AD&D equal to the same amount. Participation is voluntary, and you **pay 100% of the premiums**.

Employee Life Insurance

- You must elect basic life and AD&D in order to elect additional voluntary life insurance.
- Purchase coverage in \$10,000 increments up to a maximum benefit of \$500,000 or five times your annual salary (whichever is less).
- Evidence of Insurability Form is required if you enroll after initial eligibility or if you elect a benefit greater than \$250,000 (guarantee issue amount)

Spouse Life Insurance

- Purchase coverage in \$5,000 increments up to a maximum benefit of \$100,000 (not to exceed 100% employee life insurance amount)
- Evidence of Insurability Form is required if you enroll after initial eligibility or if you elect a benefit greater than \$50,000 (guarantee issue amount)

Dependent Life Insurance

- \$10,000 benefit

Use the table below to calculate your premium based on the amount of life insurance you will need. Example: \$100,000 supplemental life coverage

1. Enter the rate from the table (ex. age 36)	\$0.086
2. Enter the amount of insurance in thousands of dollars (ex. for \$100,000 of coverage enter \$100)	100
3. Monthly premium (1) x (2)	\$8.60

Scan the QR code or visit https://psaclient.com/AACC_LifeDis to view summaries and flyers on your Life and AD&D benefits.



Evidence of Insurability (EOI)

New York Life requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- EOI is required for any amount over the guarantee issue amount—\$250,000 for employee, \$50,000 for spouse.
- During new hire or life events, EE/SPs can enroll up to the GI, even if they previously waived coverage. However, during OE they may only enroll/increase by one benefit level without submitting an EOI (unless that one level already exceeds the GI).

Coverage that requires EOI will not be in effect until you receive approval from New York Life.

Voluntary Monthly Life and AD&D Rates Per \$1,000

Age	Employee	Spouse*	Child**
<30	\$0.0600	\$0.0650	
30-34	\$0.0720	\$0.0740	
35-39	\$0.0860	\$0.0800	
40-44	\$0.1120	\$0.1040	
45-49	\$0.1600	\$0.1500	
50-54	\$0.2430	\$0.2550	\$0.180
55-59	\$0.3850	\$0.4030	
60-64	\$0.5710	\$0.7100	
65-69	\$1.0630	\$1.2210	
70+	\$1.9900	\$1.9150	

*Spouse rate is based on age of employee.

**Child unit may consist of more than one child.

DISABILITY INSURANCE

Disability insurance provides income protection if you are unable to work due to illness or non-work-related injury.

All active, full-time and part-time benefit eligible employees regularly working a minimum of 20 hours per week are eligible for disability coverage.

Short-Term Disability (STD)

Anne Arundel Community College provides STD coverage through **New York Life** at **no cost to you**.

- Maximum benefits of \$5,000/week up to 26 weeks.
- STD will pay 80% of your regular salary after a 30 business-day elimination period.
- Your accrued sick and annual leave will be used to supplement the remaining 20% during STD in order for you to receive 100% pay for your disability period.

Long-Term Disability (LTD)

To protect your income in the event of a long-term disability, Anne Arundel Community College provides LTD coverage through **New York Life** at **no cost to you**.

- The benefit is 60% of your monthly earnings, up to a maximum benefit of \$9,000 per month.
- Benefits begin after you have been disabled for 180 days and will continue as long as you meet New York Life's definition of disability until Social Security Normal Retirement Age.
- Pre-existing condition limitations apply.

Scan the QR code or visit https://psaclient.com/AACC_LifeDis to view summaries and flyers on your Disability benefits.



Employee Assistance Program (EAP)

1-800-327-2251

www.bhsonline.com (username: AAC)

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help. This service is completely confidential and is available to all employees and immediate family members—**at no cost to you**.

The EAP includes unlimited telephone consultations and up to four face-to-face counseling sessions per issue per year.

The EAP can assist with issues such as the below:

- Stress management
- Family problems
- Child care/parenting
- Legal/financial concerns
- Grief/loss
- Work-related issues
- Substance abuse



Pre-existing condition limitations may apply

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

You may also enroll in the LTD buy-up plan to receive an additional 6.67% of your regular salary. Please contact HR for more information or reference the link below.



STD and LTD benefits may be reduced by other sources of income such as Social Security retirement, other disability benefits, Railroad Retirement benefits, Pension benefits, or Workers' Compensation.



Scan the QR code or visit https://psaclient.com/AACC_EAPFlyer to view the EAP flyer.

ADDITIONAL BENEFITS

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

Annual Leave

Administrators, 12-month department chairs and 12-month faculty earn 22 days annual leave per fiscal year (accrued at a rate of 7.33 hours/pay period). Professional and Support staff earn 15 days annual leave per fiscal year (accrued at a rate of 5.00 hours/pay period) through the first five fiscal years and 22 days annual leave each fiscal year thereafter (accrued at a rate of 7.33 hours/pay period).

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

Sick Leave

Administrators, professional and support staff, and 12-month faculty earn 15 days sick leave per fiscal year (accrued at a rate of 5.00 hours/pay period); 10-month faculty earn 10 days sick leave per academic year; regular part-time employees leave is prorated per above accruals.

College Paid Holidays

New Year's Day	Independence Day
Martin Luther King Jr.'s Birthday	Labor Day
Memorial Day	Thanksgiving Day
Juneteenth	Christmas Day

College Paid Time Off

- Spring Break
- Day after Thanksgiving
- Winter Break

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% of the fiscal year allotment for preapproved job relevant courses.

Tuition Waivers

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

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% employee contribution. State contributes a percentage which is based on annual actuarial data. Teachers' Pension is deducted over 20 pays annually (no deductions in July and August) and Employees' Pension is deducted over 24 pays annually.

Optional Retirement Plan

A defined contribution plan with immediate vesting with one of two carriers: TIAA or Fidelity; the state contributes 7.25% of your base salary to your account. Contributions are made over 20 pays annually (not in the July and August pays).

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, and T. Rowe Price. Tax laws govern enrollment and administration of the plans. Calendar year 2026 annual limits are \$23,500 for under age 50, \$31,000 for age 50+, and \$34,750 for ages 60-63.

457(b) Deferred Compensation Plans

A 457(b) plan allows employees the option for additional tax-free retirement savings option 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 Retirement 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 2026 annual limits are \$23,500 for under age 50, \$31,000 for age 50+, and \$34,750 for ages 60-63.

State Employees' Credit Union (SECU)

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

EMPLOYEE RESOURCES

Plan	Phone Number and Website/Email
Medical CareFirst	1-833-536-2166 www.carefirst.com/aacg
Prescription Drug CVS Caremark	1-866-409-8521 www.caremark.com
Dental Cigna	1-800-244-6224 www.mycigna.com
Vision EyeMed	1-866-804-0982 www.eyemed.com
Flexible Spending Accounts Ameriflex	1-888-868-3539 www.myameriflex.com
Life and Disability Insurance New York Life	1-888-842-4462 www.myNYLGBS.com
Retirement Maryland State Retirement and Pension System	1-800-492-5909 www.sra.maryland.gov
AACC Human Resources	410-777-2425 Visit the HR Page on the intranet
PSA Benefits Hotline	1-877-716-6618 Email: benefitshotline@psafinancial.com



PSA Benefits Hotline

The Benefits Hotline at PSA features a team of Client Advocates who can help you and your eligible family members with your life and disability benefit needs such as the below:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday-Friday, 8:30 a.m. to 5 p.m. ET.

<https://webapps.aacc.edu/intranet/hr/default.cfm>

Log in to your MyAACC and click the "Access Employee Intranet" box from the home page to access additional resources, including plan summaries and rate tables.



ONLINE BENEFITS PORTAL

How to enroll

Visit <https://aacc.benelogic.com>

- Enter your Username and password (these will be the same as your log in information for your work computer)
- Follow the on-screen instructions to enroll in your benefits
- When you have finished making your elections, click the "Submit" button to save your elections

Need help?

Watch the Employee Portal Overview:

https://bl.benelogic.com/Walkthrough/EP/EPOverview_Condensed.mcmvf/EPOverview_Condensed.htm

Required Notices



Scan the QR code or click [HERE](#) to view important regulatory compliance information related to our benefit program