



# McPherson **Benefits Guide**

COLLEGE

Plan Year | 2021





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# notice to enrollees

## WELCOME TO YOUR 2021 BENEFITS!

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all employees. This booklet is designed to help you navigate your benefits options. Blue Cross Blue Shield of Kansas will continue to be our Medical and Dental carrier, Discovery Benefits will be our Health Savings Account (HSA) and Flexible Spending Account (FSA) vendor, and SunLife will be our new Vision, Basic Life, Voluntary Life, Group Long-Term Disability and Voluntary Short-Term Disability. More information about each of these benefits will be explained further in the next few pages.

### Who is Eligible for Benefits?

For the purpose of health and voluntary benefits, employees working at least half-time (1040 hours annually) are eligible for benefits in most circumstances. Regular part time or full time employees are benefits eligible. Temporary or seasonal employees are not benefit eligible.

#### Eligible Family Members:

- Lawful Spouses
- Natural, Step and Adopted Children up to the age of 26

### Making Changes to Your Benefits Throughout the Year:

The only other time you may make a change in your coverage during the plan year is if you have a qualified change in your family or employment status. Some of those qualifying events are listed below:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered employee's spouse or dependent gains or loses coverage

**PLEASE NOTE: YOU MUST APPLY FOR THE CHANGE IN COVERAGE WITHIN 30 DAYS OF THE QUALIFYING EVENT  
(OR 60 DAYS FOR MEDICAID / CHIP EVENTS)**

***If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see [page 28](#) for more details.***

If you have any questions regarding the enrollment process or your benefits in general, please don't hesitate to ask for assistance.



# medical

## BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<b>Deductible</b> (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,000 / \$6,000
<b>Coinsurance</b> (Plan / Member)	80% / 20%	80% / 20%	80% / 20%	100% / 0%
<b>Coinsurance Maximum</b>	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	N/A
<b>Maximum Out-of-Pocket</b> (Includes Ded, Coin, Copays)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,000 / \$6,000
<b>Preventative Care</b>	100% no Deductible			
<b>Office Visits</b> (Primary / Specialist)	\$35 Copay			100% after Ded.
<b>Telehealth (AmWell)</b>	\$35 Copay			100% after Ded.
<b>Urgent Care</b>	\$35 Copay			100% after Ded.
<b>Emergency Room</b>	\$150 Copay then Deductible and Coinsurance			100% after Ded.
<b>Outpatient Diagnostic</b> (Lab & X-Ray)	Deductible and Coinsurance			100% after Ded.
<b>Advanced Imaging</b> (MRI, CT, PET)	Deductible and Coinsurance			100% after Ded.
<b>Inpatient Hospital</b>	Deductible and Coinsurance			100% after Ded.
<b>Outpatient Facility</b>	Deductible and Coinsurance			100% after Ded.
<b>Inpatient Mental Health</b>	Deductible and Coinsurance			100% after Ded.
<b>Outpatient Mental Health</b>	\$35 Copay			100% after Ded.
<b>Accident Injuries</b>	Deductible and Coinsurance			100% after Ded.
<b>Vision Exam</b> (Once Every 12 Months)	\$35 Copay			100% after Ded.
<b>Generic Rx</b> (Retail / Mail Order)	\$15 / \$37.50			100% after Ded.
<b>Preferred Rx</b> (Retail / Mail Order)	\$50 / \$125			100% after Ded.
<b>Non-Preferred Rx</b> (Retail / Mail Order)	\$75 / \$187.50			100% after Ded.



# medical

## BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

### MONTHLY EMPLOYEE MEDICAL COST

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
EMPLOYEE ONLY	\$161.04	\$134.77	\$129.38	\$92.38
EMPLOYEE + SPOUSE	\$354.29	\$300.43	\$285.41	\$387.51
EMPLOYEE + CHILD(REN)	\$270.64	\$228.74	\$217.30	\$296.50
EMPLOYEE + FAMILY	\$486.25	\$398.73	\$378.79	\$511.14

### WWW.BCBSKS.COM

When you enroll in any of the offered medical plans through Blue Cross Blue Shield of Kansas, you also have access to an online member portal at [www.bcbks.com](http://www.bcbks.com). This portal provides you access to information about your medical benefits, the ability to track claims, access to easy tools to find a doctor or provider, and a opportunity to utilize a variety of resources to help you stay healthy and live well.

### AMWELL TELEHEALTH

Telehealth is a fast, convenient way to see a doctor virtually. Members with Blue Cross Blue Shield of Kansas coverage can have a live visit on their computer or mobile device with a doctor at a time that works for them.

Blue Cross provides Telehealth services through Amwell®. With Amwell, members register for FREE, and the cost per visit is less than an emergency room and costs the same as or less than an in-office doctor visit or urgent care visit. It's easy-to-use, affordable, private and secure. Visit [Amwell.com](http://Amwell.com) or download the app on your mobile device.





# dental

## BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

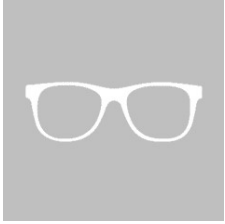
PLAN INFORMATION	LOW OPTION	HIGH OPTION
<b>Annual Maximum</b> (Per Person, Per Year)	\$1,500	No Maximum
<b>Deductible</b> (Single/Family, Per Year)	\$25 / \$75	No Deductible
<b>Orthodontic Maximum</b> (Single/Family, per lifetime)	\$1,500	\$1,500
<b>Preventive Services</b>	100% Covered - applies to annual max	100% Covered
<b>Basic Services</b>	80% Covered	100% Covered
<b>Major Services</b>	50% Covered	50% Covered
<b>Orthodontic Services</b>	100% Covered up to \$1,500 <b>Retention Treatment</b> - 18 months max of \$150 <b>Active Treatment</b> - Yearly max of \$750 (3-year max) <b>Diagnosis</b> - \$150 max, not to exceed 1 payment in any 5-yr period	100% Covered up to \$1,500 <b>Retention Treatment</b> - 18 months max of \$150 <b>Active Treatment</b> - Yearly max of \$750 (3-year max) <b>Diagnosis</b> - \$150 max, not to exceed 1 payment in any 5-yr period

### MONTHLY EMPLOYEE DENTAL RATES - LOW OPTION

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$41.69	\$89.40	\$89.65	\$136.42

### MONTHLY EMPLOYEE DENTAL RATES - HIGH OPTION

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$47.06	\$100.97	\$102.01	\$155.92



# vision

## SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

IN-NETWORK PLAN INFORMATION	
Eye Exams	\$10 Copay
Contact Lens Fitting & Follow-Up (Standard)	\$0
Contact Lens Fitting & Follow-Up (Premium)	10% off Retail then \$55 allowance
Exam Frequency	12 Months
Lenses Frequency (Glasses or Contacts)	12 Months
Frames Frequency	24 Months
Standard Frames	\$130 Allowance
Lenses (Single, Bifocal, Trifocal, or Lenticular Lenses)	\$25 Copay
Elective Contact Lenses (Conventional)	\$130 Allowance, then 15% off balance over \$130
Elective Contact Lenses (Disposable)	\$130 Allowance
Medically Necessary Contact Lenses	100% Covered

## MONTHLY EMPLOYEE VISION RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$7.06	\$14.83	\$12.73	\$23.79



# health savings account

## DISCOVERY BENEFITS

1-866-451-3399 | WWW.DISCOVERYBENEFITS.COM

If you enroll in the QHDHP (Option 4) you will be able to open a Health Savings Account (HSA) through Maestro Health. With an HSA, you can deposit money into your account on a pre-tax basis through payroll deductions and use the HSA money to pay for eligible medical, dental and vision expenses.

### PART 1 QHDHP MEDICAL PLAN

Insurance to pay for medical claims after the deductible has been met

### PART 2 HEALTH SAVINGS ACCOUNT

Money that can be used for eligible out-of-pocket expenses

#### How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay (before federal, state, and Social Security taxes are taken out).
- You have access to your contributions as you deposit them into your account through payroll deductions.
- After you have incurred an eligible expense, you may be reimbursed from your account or utilize your debit card.
- Funds you contribute to an HSA stay with you. You do not lose unused funds if you do not spend them during the plan year or if you change jobs or retire.

#### HSA Annual Contribution Maximums:

- The 2021 plan year annual maximum, per person, is \$3,600. A family's annual maximum contribution amount is \$7,200.
- Employees Age 55 or older may contribute an additional 'catch-up' amount of \$1,000 per year.

#### HSA Eligibility:

- If you enroll in the Option 4—, a Qualified High Deductible Health Plan, and are not also enrolled in a traditional medical plan with first dollar coverage, you can enroll in a Health Savings Account (HSA).
- If a spouse has a Flexible Spending Account (FSA) for unreimbursed medical expenses, you cannot enroll in an HSA (even if they do not use their spouse's account).
- Employees who are enrolled in Medicare are not eligible to enroll in an HSA.
- Any employee who is eligible to be claimed as a dependent on another person's tax return (except spouses) are not eligible to enroll in an HSA.
- For a full list of eligibility requirements, please go to: <https://www.irs.gov/publications/p969/ar02.html>.
- You cannot drop or change this coverage throughout the year unless you experience a qualifying event, but you can change your deduction amounts, if necessary. Please see HR for more information.





# health savings account

## DISCOVERY BENEFITS

1-866-451-3399 | [WWW.DISCOVERYBENEFITS.COM](http://WWW.DISCOVERYBENEFITS.COM)

### HSA FREQUENTLY ASKED QUESTIONS

**1. Who can have an HSA?**

The individual must be:

- a. covered by a HDHP (only Option 4)
- b. not covered under other health insurance
- c. not enrolled in Medicare
- d. not another person's dependent

**2. What are some examples of HSA qualifying expenses?**

HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractor visits, laser eye surgery, birth-control prescriptions, and orthodontia, to name a few. There are many more eligible items you can pay for with HSA money. You can get a list of covered expenses at [www.irs.gov](http://www.irs.gov).

**3. What happens if I lose my health insurance?**

You may continue to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.

**4. Can I use my HSA money to pay for my premiums?**

HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefits or are paying COBRA premiums.

**5. What if I need medical care in another country?** You can use your HSA money for the same medical expenses anywhere in the world.

**6. When I die, do I lose my HSA money?**

No. You can name a beneficiary to receive your HSA money.

**7. Can my HSA be used for dependents not covered by the health insurance?**

Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.

**8. Do I need to keep any records when I use my HSA?**

Although Maestro Health does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.

**9. What if I do not use all of the money in my HSA account by the end of the year?**

All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.

**10. Can I deposit additional money into my HSA account without going through payroll?**

Yes, you can make deposits directly to your HSA. It is your responsibility to remember to claim these direct deposits on your income tax return.



# flexible spending account

## DISCOVERY BENEFITS

1-866-451-3399 | [WWW.DISCOVERYBENEFITS.COM](http://WWW.DISCOVERYBENEFITS.COM)

### WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated).

### The Two Types of FSAs:

#### HEALTHCARE FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

**The maximum amount you can contribute is \$2,750 per year.**

#### DEPENDENT CARE FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your child care credit on your annual tax return may be more beneficial.

**The maximum amount you can contribute is \$5,000 per year, dependent on your marital and tax-filing status.**

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.



# flexible spending account

## DISCOVERY BENEFITS

1-866-451-3399 | WWW.DISCOVERYBENEFITS.COM

### FSA FREQUENTLY ASKED QUESTIONS

#### How does the Flexible Spending Account Work?

- You decide how much you want to contribute to your account each year up to the maximum annual amounts. You can then use the money in your account to reimburse yourself for eligible expenses incurred during the 2021 plan year, starting day 1 of the plan year.
- Each pay period, an equal portion of your annual election will be deducted from your gross pay and transferred to your FSA before federal, state, and Social Security taxes are calculated.
- When it comes time to pay for an eligible expense, you can use your FSA card or you can choose to be reimbursed from your account for the expense.

#### How does the Flexible Spending Account save me and my family money?

- Contributions to your FSA come out of your paycheck before taxes. This means that you don't pay federal, state or Social Security taxes on your FSA contributions and, ultimately, increase your take-home pay. Please see the chart below for a generalized example:

YOUR PAY	WITHOUT FSA CONTRIBUTION	WITH FSA CONTRIBUTION
Annual Income	\$30,000	\$30,000
Flex Contribution	\$0	\$2,500
Adjusted Income	\$30,000	\$27,500
Taxes	\$3,860	\$3,485
Take Home Pay	\$26,140	\$24,015
<b>FSA ELIGIBLE EXPENSES</b>	<b>\$2,500</b>	<b>\$2,500</b>
Payments From FSA	\$0	\$2,500
Out of Pocket Expenses	\$2,500	\$0
Take Home Pay	\$23,640	\$24,015

#### How much should I contribute towards the FSA?

- You should contribute only the amount of money that you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the contributed money, it will not be refunded or carried forward to a future plan year: this is the use-it-or-lose-it rule.



# group life and ad&d

## SUN LIFE

1-800-247-6875 | [WWW.SUNLIFE.COM/US](http://WWW.SUNLIFE.COM/US)

McPherson Colleges provides all part-time & full-time benefit eligible employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance through Sun Life, at no cost to the employee.

It is important to have an up-to-date beneficiary on file for this benefit. Contact Human Resources to update as necessary.

PLAN INFORMATION	
Employee Life Benefit	\$10,000
Employee AD&D Benefit	\$10,000

Benefits Reduce to:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90



# voluntary life

## SUN LIFE

1-800-247-6875 | [WWW.SUNLIFE.COM/US](http://WWW.SUNLIFE.COM/US)

McPherson College provides all part-time & full-time benefit eligible employees with the ability to enroll themselves and their dependents in a Voluntary Life plan through Sun Life. Since this is a completely voluntary benefit, employees pay the full premium.

PLAN INFORMATION	
Employee Life Benefit	\$10,000 to \$500,000 in Increments of \$10,000
Employee Life Guaranteed Issue	\$150,000
Spouse Life Benefit	\$5,000 to \$250,000 in Increments of \$5,000
Spouse Life Guaranteed Issue	\$25,000
Child Life Benefit (14 days to 6 Months)	\$1,000
Child Life Benefit (6 Months to 26 years)	\$10,000

Benefits Reduce to:

45% at age 70  
30% at age 75  
20% at age 80  
15% at age 85  
10% at age 90





# voluntary life

## Monthly Rates (Spouse rates based on Employee Age)

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.51	0.51	0.52	0.77	1.28	2.16	3.60	6.08	7.47	11.10	21.30
\$20,000	1.02	1.02	1.04	1.54	2.56	4.32	7.20	12.16	14.94	22.20	42.60
\$30,000	1.53	1.53	1.56	2.31	3.84	6.48	10.80	18.24	22.41	33.30	63.90
\$40,000	2.04	2.04	2.08	3.08	5.12	8.64	14.40	24.32	29.88	44.40	85.20
\$50,000	2.55	2.55	2.60	3.85	6.40	10.80	18.00	30.40	37.35	55.50	106.50
\$60,000	3.06	3.06	3.12	4.62	7.68	12.96	21.60	36.48	44.82	66.60	127.80
\$70,000	3.57	3.57	3.64	5.39	8.96	15.12	25.20	42.56	52.29	77.70	149.10
\$80,000	4.08	4.08	4.16	6.16	10.24	17.28	28.80	48.64	59.76	88.80	170.40
\$90,000	4.59	4.59	4.68	6.93	11.52	19.44	32.40	54.72	67.23	99.90	191.70
\$100,000	5.10	5.10	5.20	7.70	12.80	21.60	36.00	60.80	74.70	111.00	213.00
\$110,000	5.61	5.61	5.72	8.47	14.08	23.76	39.60	66.88	82.17	122.10	234.30
\$120,000	6.12	6.12	6.24	9.24	15.36	25.92	43.20	72.96	89.64	133.20	255.60
\$130,000	6.63	6.63	6.76	10.01	16.64	28.08	46.80	79.04	97.11	144.30	276.90
\$140,000	7.14	7.14	7.28	10.78	17.92	30.24	50.40	85.12	104.58	155.40	298.20
\$150,000	7.65	7.65	7.80	11.55	19.20	32.40	54.00	91.20	112.05	166.50	319.50
\$160,000	8.16	8.16	8.32	12.32	20.48	34.56	57.60	97.28	119.52	177.60	340.80
\$170,000	8.67	8.67	8.84	13.09	21.76	36.72	61.20	103.36	126.99	188.70	362.10
\$180,000	9.18	9.18	9.36	13.86	23.04	38.88	64.80	109.44	134.46	199.80	383.40
\$190,000	9.69	9.69	9.88	14.63	24.32	41.04	68.40	115.52	141.93	210.90	404.70
\$200,000	10.20	10.20	10.40	15.40	25.60	43.20	72.00	121.60	149.40	222.00	426.00
\$210,000	10.71	10.71	10.92	16.17	26.88	45.36	75.60	127.68	156.87	233.10	447.30
\$220,000	11.22	11.22	11.44	16.94	28.16	47.52	79.20	133.76	164.34	244.20	468.60
\$230,000	11.73	11.73	11.96	17.71	29.44	49.68	82.80	139.84	171.81	255.30	489.90
\$240,000	12.24	12.24	12.48	18.48	30.72	51.84	86.40	145.92	179.28	266.40	511.20
\$250,000	12.75	12.75	13.00	19.25	32.00	54.00	90.00	152.00	186.75	277.50	532.50
\$260,000	13.26	13.26	13.52	20.02	33.28	56.16	93.60	158.08	194.22	288.60	553.80
\$270,000	13.77	13.77	14.04	20.79	34.56	58.32	97.20	164.16	201.69	299.70	575.10
\$280,000	14.28	14.28	14.56	21.56	35.84	60.48	100.80	170.24	209.16	310.80	596.40
\$290,000	14.79	14.79	15.08	22.33	37.12	62.64	104.40	176.32	216.63	321.90	617.70
\$300,000	15.30	15.30	15.60	23.10	38.40	64.80	108.00	182.40	224.10	333.00	639.00
\$310,000	15.81	15.81	16.12	23.87	39.68	66.96	111.60	188.48	231.57	344.10	660.30
\$320,000	16.32	16.32	16.64	24.64	40.96	69.12	115.20	194.56	239.04	355.20	681.60
\$330,000	16.83	16.83	17.16	25.41	42.24	71.28	118.80	200.64	246.51	366.30	702.90
\$340,000	17.34	17.34	17.68	26.18	43.52	73.44	122.40	206.72	253.98	377.40	724.20
\$350,000	17.85	17.85	18.20	26.95	44.80	75.60	126.00	212.80	261.45	388.50	745.50
\$360,000	18.36	18.36	18.72	27.72	46.08	77.76	129.60	218.88	268.92	399.60	766.80
\$370,000	18.87	18.87	19.24	28.49	47.36	79.92	133.20	224.96	276.39	410.70	788.10
\$380,000	19.38	19.38	19.76	29.26	48.64	82.08	136.80	231.04	283.86	421.80	809.40
\$390,000	19.89	19.89	20.28	30.03	49.92	84.24	140.40	237.12	291.33	432.90	830.70
\$400,000	20.40	20.40	20.80	30.80	51.20	86.40	144.00	243.20	298.80	444.00	852.00
\$410,000	20.91	20.91	21.32	31.57	52.48	88.56	147.60	249.28	306.27	455.10	873.30
\$420,000	21.42	21.42	21.84	32.34	53.76	90.72	151.20	255.36	313.74	466.20	894.60
\$430,000	21.93	21.93	22.36	33.11	55.04	92.88	154.80	261.44	321.21	477.30	915.90
\$440,000	22.44	22.44	22.88	33.88	56.32	95.04	158.40	267.52	328.68	488.40	937.20



# voluntary life

## Monthly Rates continued (Spouse rates based on Employee Age)

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$450,000	22.95	22.95	23.40	34.65	57.60	97.20	162.00	273.60	336.15	499.50	958.50
\$460,000	23.46	23.46	23.92	35.42	58.88	99.36	165.60	279.68	343.62	510.60	979.80
\$470,000	23.97	23.97	24.44	36.19	60.16	101.52	169.20	285.76	351.09	521.70	1001.10
\$480,000	24.48	24.48	24.96	36.96	61.44	103.68	172.80	291.84	358.56	532.80	1022.40
\$490,000	24.99	24.99	25.48	37.73	62.72	105.84	176.40	297.92	366.03	543.90	1043.70
\$500,000	25.50	25.50	26.00	38.50	64.00	108.00	180.00	304.00	373.50	555.00	1065.00

**Child** - Coverage and **monthly** cost for Child Voluntary Life.

Rates are effective as of January 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage amounts	Cost per pay period
\$10,000	2.31





# short term disability

## SUN LIFE

1-800-247-6875 | [WWW.SUNLIFE.COM](http://WWW.SUNLIFE.COM)

McPherson College provides all part-time & full-time benefit eligible employees the opportunity to enroll in voluntary Short Term Disability (STD) policy through Sun Life. Short Term Disability replaces a portion of an employee's income if that employee is unable to work due to an accident or illness that occurs off the job and continues for a short-term duration.

Please note: employees need to contact Human Resources to begin paperwork as soon as possible if he/she experiences an injury or illness that keeps him/her from working.

### OPTION 1 - PLAN INFORMATION

Monthly Benefit	60% of Monthly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	8 Days
Maximum Benefit Period	12 Weeks

### OPTION 2 - PLAN INFORMATION

Monthly Benefit	60% of Monthly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	15 Days
Maximum Benefit Period	11 Weeks

### OPTION 3 - PLAN INFORMATION

Monthly Benefit	60% of Monthly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	31 Days
Maximum Benefit Period	9 Weeks





# short term disability

## Option 1 Monthly Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	1.74	1.74	1.72	1.43	1.43	1.64	1.89	2.02	2.37	2.37	2.37
\$50	3.49	3.49	3.45	2.85	2.85	3.28	3.79	4.04	4.75	4.75	4.75
\$75	5.23	5.23	5.17	4.28	4.28	4.91	5.68	6.06	7.12	7.12	7.12
\$100	6.97	6.97	6.89	5.70	5.70	6.55	7.57	8.08	9.49	9.49	9.49
\$125	8.71	8.71	8.61	7.13	7.13	8.19	9.46	10.10	11.86	11.86	11.86
\$150	10.46	10.46	10.34	8.55	8.55	9.83	11.36	12.12	14.24	14.24	14.24
\$175	12.20	12.20	12.06	9.98	9.98	11.46	13.25	14.14	16.61	16.61	16.61
\$200	13.94	13.94	13.78	11.40	11.40	13.10	15.14	16.16	18.98	18.98	18.98
\$225	15.68	15.68	15.50	12.83	12.83	14.74	17.03	18.18	21.35	21.35	21.35
\$250	17.43	17.43	17.23	14.25	14.25	16.38	18.93	20.20	23.73	23.73	23.73
\$275	19.17	19.17	18.95	15.68	15.68	18.01	20.82	22.22	26.10	26.10	26.10
\$300	20.91	20.91	20.67	17.10	17.10	19.65	22.71	24.24	28.47	28.47	28.47
\$325	22.65	22.65	22.39	18.53	18.53	21.29	24.60	26.26	30.84	30.84	30.84
\$350	24.40	24.40	24.12	19.95	19.95	22.93	26.50	28.28	33.22	33.22	33.22
\$375	26.14	26.14	25.84	21.38	21.38	24.56	28.39	30.30	35.59	35.59	35.59
\$400	27.88	27.88	27.56	22.80	22.80	26.20	30.28	32.32	37.96	37.96	37.96
\$425	29.62	29.62	29.28	24.23	24.23	27.84	32.17	34.34	40.33	40.33	40.33
\$450	31.37	31.37	31.01	25.65	25.65	29.48	34.07	36.36	42.71	42.71	42.71
\$475	33.11	33.11	32.73	27.08	27.08	31.11	35.96	38.38	45.08	45.08	45.08
\$500	34.85	34.85	34.45	28.50	28.50	32.75	37.85	40.40	47.45	47.45	47.45
\$525	36.59	36.59	36.17	29.93	29.93	34.39	39.74	42.42	49.82	49.82	49.82
\$550	38.34	38.34	37.90	31.35	31.35	36.03	41.64	44.44	52.20	52.20	52.20
\$575	40.08	40.08	39.62	32.78	32.78	37.66	43.53	46.46	54.57	54.57	54.57
\$600	41.82	41.82	41.34	34.20	34.20	39.30	45.42	48.48	56.94	56.94	56.94
\$625	43.56	43.56	43.06	35.63	35.63	40.94	47.31	50.50	59.31	59.31	59.31
\$650	45.31	45.31	44.79	37.05	37.05	42.58	49.21	52.52	61.69	61.69	61.69
\$675	47.05	47.05	46.51	38.48	38.48	44.21	51.10	54.54	64.06	64.06	64.06
\$700	48.79	48.79	48.23	39.90	39.90	45.85	52.99	56.56	66.43	66.43	66.43
\$725	50.53	50.53	49.95	41.33	41.33	47.49	54.88	58.58	68.80	68.80	68.80
\$750	52.28	52.28	51.68	42.75	42.75	49.13	56.78	60.60	71.18	71.18	71.18
\$775	54.02	54.02	53.40	44.18	44.18	50.76	58.67	62.62	73.55	73.55	73.55
\$800	55.76	55.76	55.12	45.60	45.60	52.40	60.56	64.64	75.92	75.92	75.92
\$825	57.50	57.50	56.84	47.03	47.03	54.04	62.45	66.66	78.29	78.29	78.29
\$850	59.25	59.25	58.57	48.45	48.45	55.68	64.35	68.68	80.67	80.67	80.67
\$875	60.99	60.99	60.29	49.88	49.88	57.31	66.24	70.70	83.04	83.04	83.04
\$900	62.73	62.73	62.01	51.30	51.30	58.95	68.13	72.72	85.41	85.41	85.41
\$925	64.47	64.47	63.73	52.73	52.73	60.59	70.02	74.74	87.78	87.78	87.78
\$950	66.22	66.22	65.46	54.15	54.15	62.23	71.92	76.76	90.16	90.16	90.16
\$975	67.96	67.96	67.18	55.58	55.58	63.86	73.81	78.78	92.53	92.53	92.53
\$1,000	69.70	69.70	68.90	57.00	57.00	65.50	75.70	80.80	94.90	94.90	94.90
\$1,025	71.44	71.44	70.62	58.43	58.43	67.14	77.59	82.82	97.27	97.27	97.27
\$1,050	73.19	73.19	72.35	59.85	59.85	68.78	79.49	84.84	99.65	99.65	99.65
\$1,075	74.93	74.93	74.07	61.28	61.28	70.41	81.38	86.86	102.02	102.02	102.02



# short term disability

## Option 1 Monthly Rates (continued)

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	76.67	76.67	75.79	62.70	62.70	72.05	83.27	88.88	104.39	104.39	104.39
\$1,125	78.41	78.41	77.51	64.13	64.13	73.69	85.16	90.90	106.76	106.76	106.76
\$1,150	80.16	80.16	79.24	65.55	65.55	75.33	87.06	92.92	109.14	109.14	109.14
\$1,175	81.90	81.90	80.96	66.98	66.98	76.96	88.95	94.94	111.51	111.51	111.51
\$1,200	83.64	83.64	82.68	68.40	68.40	78.60	90.84	96.96	113.88	113.88	113.88
\$1,225	85.38	85.38	84.40	69.83	69.83	80.24	92.73	98.98	116.25	116.25	116.25
\$1,250	87.13	87.13	86.13	71.25	71.25	81.88	94.63	101.00	118.63	118.63	118.63
\$1,275	88.87	88.87	87.85	72.68	72.68	83.51	96.52	103.02	121.00	121.00	121.00
\$1,300	90.61	90.61	89.57	74.10	74.10	85.15	98.41	105.04	123.37	123.37	123.37
\$1,325	92.35	92.35	91.29	75.53	75.53	86.79	100.30	107.06	125.74	125.74	125.74
\$1,350	94.10	94.10	93.02	76.95	76.95	88.43	102.20	109.08	128.12	128.12	128.12
\$1,375	95.84	95.84	94.74	78.38	78.38	90.06	104.09	111.10	130.49	130.49	130.49
\$1,400	97.58	97.58	96.46	79.80	79.80	91.70	105.98	113.12	132.86	132.86	132.86
\$1,425	99.32	99.32	98.18	81.23	81.23	93.34	107.87	115.14	135.23	135.23	135.23
\$1,450	101.07	101.07	99.91	82.65	82.65	94.98	109.77	117.16	137.61	137.61	137.61
\$1,475	102.81	102.81	101.63	84.08	84.08	96.61	111.66	119.18	139.98	139.98	139.98
\$1,500	104.55	104.55	103.35	85.50	85.50	98.25	113.55	121.20	142.35	142.35	142.35





# short term disability

## Option 2 Monthly Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	1.55	1.55	1.45	1.32	1.25	1.36	1.45	1.55	1.98	1.98	1.98
\$50	3.10	3.10	2.89	2.64	2.51	2.72	2.89	3.10	3.95	3.95	3.95
\$75	4.65	4.65	4.34	3.95	3.76	4.08	4.34	4.65	5.93	5.93	5.93
\$100	6.20	6.20	5.78	5.27	5.01	5.44	5.78	6.20	7.90	7.90	7.90
\$125	7.75	7.75	7.23	6.59	6.26	6.80	7.23	7.75	9.88	9.88	9.88
\$150	9.30	9.30	8.67	7.91	7.52	8.16	8.67	9.30	11.85	11.85	11.85
\$175	10.85	10.85	10.12	9.22	8.77	9.52	10.12	10.85	13.83	13.83	13.83
\$200	12.40	12.40	11.56	10.54	10.02	10.88	11.56	12.40	15.80	15.80	15.80
\$225	13.95	13.95	13.01	11.86	11.27	12.24	13.01	13.95	17.78	17.78	17.78
\$250	15.50	15.50	14.45	13.18	12.53	13.60	14.45	15.50	19.75	19.75	19.75
\$275	17.05	17.05	15.90	14.49	13.78	14.96	15.90	17.05	21.73	21.73	21.73
\$300	18.60	18.60	17.34	15.81	15.03	16.32	17.34	18.60	23.70	23.70	23.70
\$325	20.15	20.15	18.79	17.13	16.28	17.68	18.79	20.15	25.68	25.68	25.68
\$350	21.70	21.70	20.23	18.45	17.54	19.04	20.23	21.70	27.65	27.65	27.65
\$375	23.25	23.25	21.68	19.76	18.79	20.40	21.68	23.25	29.63	29.63	29.63
\$400	24.80	24.80	23.12	21.08	20.04	21.76	23.12	24.80	31.60	31.60	31.60
\$425	26.35	26.35	24.57	22.40	21.29	23.12	24.57	26.35	33.58	33.58	33.58
\$450	27.90	27.90	26.01	23.72	22.55	24.48	26.01	27.90	35.55	35.55	35.55
\$475	29.45	29.45	27.46	25.03	23.80	25.84	27.46	29.45	37.53	37.53	37.53
\$500	31.00	31.00	28.90	26.35	25.05	27.20	28.90	31.00	39.50	39.50	39.50
\$525	32.55	32.55	30.35	27.67	26.30	28.56	30.35	32.55	41.48	41.48	41.48
\$550	34.10	34.10	31.79	28.99	27.56	29.92	31.79	34.10	43.45	43.45	43.45
\$575	35.65	35.65	33.24	30.30	28.81	31.28	33.24	35.65	45.43	45.43	45.43
\$600	37.20	37.20	34.68	31.62	30.06	32.64	34.68	37.20	47.40	47.40	47.40
\$625	38.75	38.75	36.13	32.94	31.31	34.00	36.13	38.75	49.38	49.38	49.38
\$650	40.30	40.30	37.57	34.26	32.57	35.36	37.57	40.30	51.35	51.35	51.35
\$675	41.85	41.85	39.02	35.57	33.82	36.72	39.02	41.85	53.33	53.33	53.33
\$700	43.40	43.40	40.46	36.89	35.07	38.08	40.46	43.40	55.30	55.30	55.30
\$725	44.95	44.95	41.91	38.21	36.32	39.44	41.91	44.95	57.28	57.28	57.28
\$750	46.50	46.50	43.35	39.53	37.58	40.80	43.35	46.50	59.25	59.25	59.25
\$775	48.05	48.05	44.80	40.84	38.83	42.16	44.80	48.05	61.23	61.23	61.23
\$800	49.60	49.60	46.24	42.16	40.08	43.52	46.24	49.60	63.20	63.20	63.20
\$825	51.15	51.15	47.69	43.48	41.33	44.88	47.69	51.15	65.18	65.18	65.18
\$850	52.70	52.70	49.13	44.80	42.59	46.24	49.13	52.70	67.15	67.15	67.15
\$875	54.25	54.25	50.58	46.11	43.84	47.60	50.58	54.25	69.13	69.13	69.13
\$900	55.80	55.80	52.02	47.43	45.09	48.96	52.02	55.80	71.10	71.10	71.10
\$925	57.35	57.35	53.47	48.75	46.34	50.32	53.47	57.35	73.08	73.08	73.08
\$950	58.90	58.90	54.91	50.07	47.60	51.68	54.91	58.90	75.05	75.05	75.05
\$975	60.45	60.45	56.36	51.38	48.85	53.04	56.36	60.45	77.03	77.03	77.03
\$1,000	62.00	62.00	57.80	52.70	50.10	54.40	57.80	62.00	79.00	79.00	79.00
\$1,025	63.55	63.55	59.25	54.02	51.35	55.76	59.25	63.55	80.98	80.98	80.98
\$1,050	65.10	65.10	60.69	55.34	52.61	57.12	60.69	65.10	82.95	82.95	82.95
\$1,075	66.65	66.65	62.14	56.65	53.86	58.48	62.14	66.65	84.93	84.93	84.93



# short term disability

## Option 2 Monthly Rates (continued)

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	68.20	68.20	63.58	57.97	55.11	59.84	63.58	68.20	86.90	86.90	86.90
\$1,125	69.75	69.75	65.03	59.29	56.36	61.20	65.03	69.75	88.88	88.88	88.88
\$1,150	71.30	71.30	66.47	60.61	57.62	62.56	66.47	71.30	90.85	90.85	90.85
\$1,175	72.85	72.85	67.92	61.92	58.87	63.92	67.92	72.85	92.83	92.83	92.83
\$1,200	74.40	74.40	69.36	63.24	60.12	65.28	69.36	74.40	94.80	94.80	94.80
\$1,225	75.95	75.95	70.81	64.56	61.37	66.64	70.81	75.95	96.78	96.78	96.78
\$1,250	77.50	77.50	72.25	65.88	62.63	68.00	72.25	77.50	98.75	98.75	98.75
\$1,275	79.05	79.05	73.70	67.19	63.88	69.36	73.70	79.05	100.73	100.73	100.73
\$1,300	80.60	80.60	75.14	68.51	65.13	70.72	75.14	80.60	102.70	102.70	102.70
\$1,325	82.15	82.15	76.59	69.83	66.38	72.08	76.59	82.15	104.68	104.68	104.68
\$1,350	83.70	83.70	78.03	71.15	67.64	73.44	78.03	83.70	106.65	106.65	106.65
\$1,375	85.25	85.25	79.48	72.46	68.89	74.80	79.48	85.25	108.63	108.63	108.63
\$1,400	86.80	86.80	80.92	73.78	70.14	76.16	80.92	86.80	110.60	110.60	110.60
\$1,425	88.35	88.35	82.37	75.10	71.39	77.52	82.37	88.35	112.58	112.58	112.58
\$1,450	89.90	89.90	83.81	76.42	72.65	78.88	83.81	89.90	114.55	114.55	114.55
\$1,475	91.45	91.45	85.26	77.73	73.90	80.24	85.26	91.45	116.53	116.53	116.53
\$1,500	93.00	93.00	86.70	79.05	75.15	81.60	86.70	93.00	118.50	118.50	118.50





# short term disability

## Option 3 Monthly Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	0.93	0.93	0.91	0.80	0.82	0.85	1.04	1.04	1.27	1.27	1.27
\$50	1.86	1.86	1.82	1.61	1.65	1.69	2.07	2.07	2.54	2.54	2.54
\$75	2.79	2.79	2.72	2.41	2.47	2.54	3.11	3.11	3.80	3.80	3.80
\$100	3.72	3.72	3.63	3.21	3.29	3.38	4.14	4.14	5.07	5.07	5.07
\$125	4.65	4.65	4.54	4.01	4.11	4.23	5.18	5.18	6.34	6.34	6.34
\$150	5.58	5.58	5.45	4.82	4.94	5.07	6.21	6.21	7.61	7.61	7.61
\$175	6.51	6.51	6.35	5.62	5.76	5.92	7.25	7.25	8.87	8.87	8.87
\$200	7.44	7.44	7.26	6.42	6.58	6.76	8.28	8.28	10.14	10.14	10.14
\$225	8.37	8.37	8.17	7.22	7.40	7.61	9.32	9.32	11.41	11.41	11.41
\$250	9.30	9.30	9.08	8.03	8.23	8.45	10.35	10.35	12.68	12.68	12.68
\$275	10.23	10.23	9.98	8.83	9.05	9.30	11.39	11.39	13.94	13.94	13.94
\$300	11.16	11.16	10.89	9.63	9.87	10.14	12.42	12.42	15.21	15.21	15.21
\$325	12.09	12.09	11.80	10.43	10.69	10.99	13.46	13.46	16.48	16.48	16.48
\$350	13.02	13.02	12.71	11.24	11.52	11.83	14.49	14.49	17.75	17.75	17.75
\$375	13.95	13.95	13.61	12.04	12.34	12.68	15.53	15.53	19.01	19.01	19.01
\$400	14.88	14.88	14.52	12.84	13.16	13.52	16.56	16.56	20.28	20.28	20.28
\$425	15.81	15.81	15.43	13.64	13.98	14.37	17.60	17.60	21.55	21.55	21.55
\$450	16.74	16.74	16.34	14.45	14.81	15.21	18.63	18.63	22.82	22.82	22.82
\$475	17.67	17.67	17.24	15.25	15.63	16.06	19.67	19.67	24.08	24.08	24.08
\$500	18.60	18.60	18.15	16.05	16.45	16.90	20.70	20.70	25.35	25.35	25.35
\$525	19.53	19.53	19.06	16.85	17.27	17.75	21.74	21.74	26.62	26.62	26.62
\$550	20.46	20.46	19.97	17.66	18.10	18.59	22.77	22.77	27.89	27.89	27.89
\$575	21.39	21.39	20.87	18.46	18.92	19.44	23.81	23.81	29.15	29.15	29.15
\$600	22.32	22.32	21.78	19.26	19.74	20.28	24.84	24.84	30.42	30.42	30.42
\$625	23.25	23.25	22.69	20.06	20.56	21.13	25.88	25.88	31.69	31.69	31.69
\$650	24.18	24.18	23.60	20.87	21.39	21.97	26.91	26.91	32.96	32.96	32.96
\$675	25.11	25.11	24.50	21.67	22.21	22.82	27.95	27.95	34.22	34.22	34.22
\$700	26.04	26.04	25.41	22.47	23.03	23.66	28.98	28.98	35.49	35.49	35.49
\$725	26.97	26.97	26.32	23.27	23.85	24.51	30.02	30.02	36.76	36.76	36.76
\$750	27.90	27.90	27.23	24.08	24.68	25.35	31.05	31.05	38.03	38.03	38.03
\$775	28.83	28.83	28.13	24.88	25.50	26.20	32.09	32.09	39.29	39.29	39.29
\$800	29.76	29.76	29.04	25.68	26.32	27.04	33.12	33.12	40.56	40.56	40.56
\$825	30.69	30.69	29.95	26.48	27.14	27.89	34.16	34.16	41.83	41.83	41.83
\$850	31.62	31.62	30.86	27.29	27.97	28.73	35.19	35.19	43.10	43.10	43.10
\$875	32.55	32.55	31.76	28.09	28.79	29.58	36.23	36.23	44.36	44.36	44.36
\$900	33.48	33.48	32.67	28.89	29.61	30.42	37.26	37.26	45.63	45.63	45.63
\$925	34.41	34.41	33.58	29.69	30.43	31.27	38.30	38.30	46.90	46.90	46.90
\$950	35.34	35.34	34.49	30.50	31.26	32.11	39.33	39.33	48.17	48.17	48.17
\$975	36.27	36.27	35.39	31.30	32.08	32.96	40.37	40.37	49.43	49.43	49.43
\$1,000	37.20	37.20	36.30	32.10	32.90	33.80	41.40	41.40	50.70	50.70	50.70
\$1,025	38.13	38.13	37.21	32.90	33.72	34.65	42.44	42.44	51.97	51.97	51.97
\$1,050	39.06	39.06	38.12	33.71	34.55	35.49	43.47	43.47	53.24	53.24	53.24
\$1,075	39.99	39.99	39.02	34.51	35.37	36.34	44.51	44.51	54.50	54.50	54.50



# short term disability

## Option 3 Monthly Rates (continued)

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	40.92	40.92	39.93	35.31	36.19	37.18	45.54	45.54	55.77	55.77	55.77
\$1,125	41.85	41.85	40.84	36.11	37.01	38.03	46.58	46.58	57.04	57.04	57.04
\$1,150	42.78	42.78	41.75	36.92	37.84	38.87	47.61	47.61	58.31	58.31	58.31
\$1,175	43.71	43.71	42.65	37.72	38.66	39.72	48.65	48.65	59.57	59.57	59.57
\$1,200	44.64	44.64	43.56	38.52	39.48	40.56	49.68	49.68	60.84	60.84	60.84
\$1,225	45.57	45.57	44.47	39.32	40.30	41.41	50.72	50.72	62.11	62.11	62.11
\$1,250	46.50	46.50	45.38	40.13	41.13	42.25	51.75	51.75	63.38	63.38	63.38
\$1,275	47.43	47.43	46.28	40.93	41.95	43.10	52.79	52.79	64.64	64.64	64.64
\$1,300	48.36	48.36	47.19	41.73	42.77	43.94	53.82	53.82	65.91	65.91	65.91
\$1,325	49.29	49.29	48.10	42.53	43.59	44.79	54.86	54.86	67.18	67.18	67.18
\$1,350	50.22	50.22	49.01	43.34	44.42	45.63	55.89	55.89	68.45	68.45	68.45
\$1,375	51.15	51.15	49.91	44.14	45.24	46.48	56.93	56.93	69.71	69.71	69.71
\$1,400	52.08	52.08	50.82	44.94	46.06	47.32	57.96	57.96	70.98	70.98	70.98
\$1,425	53.01	53.01	51.73	45.74	46.88	48.17	59.00	59.00	72.25	72.25	72.25
\$1,450	53.94	53.94	52.64	46.55	47.71	49.01	60.03	60.03	73.52	73.52	73.52
\$1,475	54.87	54.87	53.54	47.35	48.53	49.86	61.07	61.07	74.78	74.78	74.78
\$1,500	55.80	55.80	54.45	48.15	49.35	50.70	62.10	62.10	76.05	76.05	76.05





# long term disability

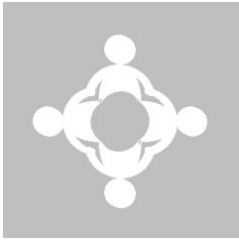
## SUN LIFE

1-800-247-6875 | [WWW.SUNLIFE.COM/US](http://WWW.SUNLIFE.COM/US)

McPherson Colleges provides all part-time & full-time benefit eligible employees with a Long Term Disability (LTD) plan through Sun Life at no cost to the employee. Long Term Disability replaces a portion of an employee's income if that employee is unable to work due to an accident or illness that occurs off the job and continues for a long-term duration.

Please note: employees need to contact Human Resources to begin paperwork as soon as possible if he/she experiences an injury or illness that keeps him/her from working.

PLAN INFORMATION	
Monthly Benefit	60% of Monthly Income
Maximum Monthly Benefit	\$3,000
Elimination Period	90 Days
Maximum Benefit Period	Social Security Normal Retirement Age



# Worksite

## SUN LIFE

[WWW.SUNLIFE.COM](http://WWW.SUNLIFE.COM)

As an addition to your medical, dental and vision benefits all part-time & full-time eligible employees and their dependents have access to an coverages through Sun Life. Sun Life provides the following benefits guarantee issued at your initial enrollment and new hires thereafter.

### Accident

Provides cash benefits when an insured suffers a covered accident. The plan also provides an accidental death benefit, ambulance, transportation and family lodging benefit. Includes on and off-the-job Accident Coverage. This coverage provides a \$50 wellness benefit if you receive a preventive care screening (dental exam, eye exam, well-woman exam, etc).

- Emergency Room - \$100
- Ambulance Ride (Ground) - \$200
- Fractures - Up to \$6,000
- Burns - \$400 up to \$20,000

### Critical Illness

Provides cash benefits when an insured person is diagnosed with a covered critical illness and these benefits are paid directly to you. The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

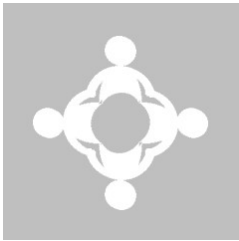
- Guaranteed Issued
  - Employee - Up to \$40,000
  - Spouse - Up to \$40,000
  - Child - Up to \$20,000 (up to 50% of the face amount elected by the employee)
- Cancer, Non-Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Kidney Failure
- Annual Health Screening Benefit - \$50

### Hospital Indemnity

Provides cash benefits when an insured is admitted to the hospital. Includes on and off-the-job Accident.

- Hospital Admission (per confinement) - \$1,000
- Hospital Confinement (per day) - \$150
- Hospital Intensive Care (per day) - \$150





# Worksite Rates

## SUN LIFE ACCIDENT EMPLOYEE MONTHLY RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$9.29	\$15.72	\$19.37	\$25.80

## SUN LIFE CRITICAL ILLNESS EMPLOYEE MONTHLY RATES (Non-Tobacco)

AGE	\$10,000	\$20,000	\$30,000	\$40,000
24-29	\$5.00	\$10.00	\$15.00	\$20.00
30-39	\$8.30	\$16.60	\$24.90	\$33.20
40-49	\$18.40	\$36.80	\$55.20	\$73.60
50-59	\$36.70	\$73.40	\$110.10	\$146.80
60-69	\$62.50	\$125.00	\$187.50	\$250.00
70+	\$114.60	\$229.20	\$343.80	\$458.40

## SUN LIFE CRITICAL ILLNESS EMPLOYEE MONTHLY RATES (Tobacco)

AGE	\$10,000	\$20,000	\$30,000	\$40,000
24-29	\$5.30	\$10.60	\$15.90	\$21.20
30-39	\$10.40	\$20.80	\$31.20	\$41.60
40-49	\$28.50	\$57.00	\$85.50	\$114.00
50-59	\$67.40	\$134.80	\$202.20	\$269.60
60-69	\$125.50	\$251.00	\$376.50	\$502.00
70+	\$218.80	\$437.60	\$656.40	\$875.20

## SUN LIFE HOSPITAL INDEMNITY EMPLOYEE MONTHLY RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$17.94	\$36.16	\$28.70	\$46.92



# Identity protection

## ALLSTATE (FORMERLY INFOARMOR)

1-800-789-2720

McPherson College provides all employees with the ability to enroll in a Identity protection through Allstate.

This coverage provides the following:

- Identity Monitoring
- Annual Credit Report
- Internet Surveillance
- Interactive Reports
- Identity Restoration
- \$25,000 Identity Theft Insurance Policy
- Solicitation Reduction

### MONTHLY RATES

Employee Only	\$7.95
Family Coverage	\$13.95



# notices

## MEDICARE PART D CREDITABILITY NOTICE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15<sup>th</sup> through December 7<sup>th</sup> for coverage to begin January 1<sup>st</sup>.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Option 1,2,3,4	N/A

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

## SECONDARY PAYOR TO MEDICARE NOTICE

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability. Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary (meaning it will pay very little or nothing).

If we employ 100 or more full and part-time employees during 50% or more of business days during the previous calendar year, then we will give everyone an update that our plan will begin paying primary (not secondary) to disability-based Medicare.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

## NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.



# notices

## PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.**

ALABAMA – MEDICAID	COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ALASKA – MEDICAID	FLORIDA – MEDICAID
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
ARKANSAS – MEDICAID	GEORGIA – MEDICAID
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
CALIFORNIA – MEDICAID	INDIANA – MEDICAID
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
IOWA – MEDICAID AND CHIP (HAWKI)	MONTANA – MEDICAID
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
KANSAS – MEDICAID	NEBRASKA – MEDICAID
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178



# notices

KENTUCKY – MEDICAID	NEVADA – MEDICAID
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
LOUISIANA – MEDICAID	NEW HAMPSHIRE – MEDICAID
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – MEDICAID	NEW JERSEY – MEDICAID AND CHIP
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740. TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
MASSACHUSETTS – MEDICAID AND CHIP	NEW YORK – MEDICAID
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MINNESOTA – MEDICAID	NORTH CAROLINA – MEDICAID
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
MISSOURI – MEDICAID	NORTH DAKOTA – MEDICAID
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA – MEDICAID AND CHIP	UTAH – MEDICAID AND CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
OREGON – MEDICAID	VERMONT – MEDICAID
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
PENNSYLVANIA – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924   CHIP Phone: 1-855-242-8282
RHODE ISLAND – MEDICAID AND CHIP	WASHINGTON – MEDICAID
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
SOUTH CAROLINA – MEDICAID	WEST VIRGINIA – MEDICAID
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhpp.com/">http://mywvhpp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA – MEDICAID	WISCONSIN – MEDICAID AND CHIP
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
TEXAS – MEDICAID	WYOMING – MEDICAID
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on

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

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, Menu Option 4, Ext. 61565



# notices

## SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

### If You Decline Coverage, You Must Complete a "Form for Employee to Decline Coverage"

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.



# contact

## MEDICAL & DENTAL

Provider Name:	Blue Cross Blue Shield of Kansas
Provider Phone Number:	1-800-432-3990
Provider Web Address:	<a href="http://www.BCBSKS.com">www.BCBSKS.com</a>

## HEALTH SAVINGS ACCOUNT (HSA) and FLEXIBLE SPENDING ACCOUNTS (FSAs)

Provider Name:	Discovery Benefits
Provider Phone Number:	1-866-451-3399
Provider Web Address:	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>

## LIFE, DISABILITY & WORKSITE

Provider Name:	Sun Life
Provider Phone Number:	1-800-247-6875
Provider Web Address:	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>

## VISION

Provider Name:	Sun Life
Provider Phone Number:	1-800-247-6875
Provider Web Address:	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>

## IDENTITY PROTECTION

Provider Name:	Allstate (formerly InfoArmor)
Provider Phone Number:	1-800-789-2720

## IMA

Contact Name:	Jill Cooper, Account Manager
Contact Phone Number:	1-316-266-6334
Provider Email Address:	<a href="mailto:Jill.cooper@imacorp.com">Jill.cooper@imacorp.com</a>