Choose it or LOSE it

Benefits Open Enrollment

2010 -2011

An Employee's Guide to Employment Benefits

North Idaho College
HR
Human Resources

Active Employee Version

Contents

About this booklet

This booklet is intended as a summary of the benefit plans effective July 1, 2010. A separate booklet discusses benefit plans available for retirees. This booklet does not cover all provisions, limitations and exclusions.

For more information, refer to your plan description booklets or contact the Human Resources office. E-mail addresses and telephone numbers are on the inside back cover. Information about your benefits can also be found at the Benefits website, located at www.nic.edu/hr. Additional information is available from individual carriers, their websites, and other reference materials that may be available in the HR office. Your personal benefit information is located on NIC's online enrollment system at http://www.instantbenefits.net/NIC/login.html.

Questions about benefits? Contact Andrea Woempner at 769-4371.

DISCLAIMER

We did our best to provide as much information as possible in a manner that was understandable and simplified. However, in doing so, we may have inadvertently made a mistake regarding rates, coverage, or other errors. This booklet is intended to be a communication piece and does not constitute a contract, policy, or any other actual or potentially binding agreement between NIC and its employees. For additional details on all the plans, please contact the respective carrier or provider.

Workshops

Below are the schedules for upcoming workshops to provide additional information regarding your benefits.

Open Enrollment Informational Sessions Presenter: Wade Larson, Director of HR		
Date	**Time**	**Location**
April 6th	**2:00 p.m.**	**MHS-106**
April 12th	**4:00 p.m.**	**Todd Hall**
April 13th	**7:30 a.m.**	**Todd Hall**
April 22nd	**7:30 a.m.**	**Todd Hall**
May 3rd	**5:30 p.m.**	**Todd Hall**
May 11th	**8:00 a.m.**	**Todd Hall**
May 18th	**10:00 a.m.**	**Todd Hall**

Regence BlueShield of Idaho Informational Sessions Presenter: Mark Woodworth		
Date	**Time**	**Location**
April 7th	**2:00 p.m.**	**MHS-106**
April 15th	**Noon**	**MHS-102**
April 19th	**3:00 p.m.**	**MHS-123**
April 21th	**1:00 p.m.**	**MHS-123**
April 26th	**4:00 p.m.**	**Todd Hall**
May 5th	**5:30 p.m.**	**Todd Hall**
May 13th	**11:00 a.m.**	**Todd Hall**
May 19th	**10:00 a.m.**	**Todd Hall**

You are invited to attend one of several workshops.

Workshops will cover the overall benefits program for FY11 (starting on July 1st).

Wade Larson will discuss the total benefits package for employees.

Mark Woodworth of Regence will present an overview of coverage offered under the new plan.

Feel free to bring your spouse to the sessions.

About Open Enrollment

What is Open Enrollment?

Open enrollment is the period wherein you can decide what (if any) benefits you would like to sign up for. This takes place once a year, and is the ONLY time you can adjust, change, sign up for, or drop benefits during the year (without a qualifying event). It is important that you take the time to become educated on what options are available to you and how to best take advantage of benefits offered to you by the college.

Open Enrollment period

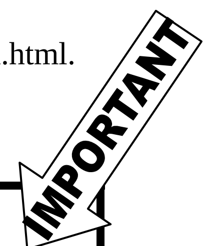
April 29, 2010 – May 28, 2010

Open Enrollment meetings

A schedule of Open Enrollment meetings is provided on the previous page. Several opportunities are provided at several times throughout the day and in the evening to attend a workshop. Additional information will also be posted on the NIC Portal.

Benefits Summary

A summary of your benefits is available online at http://www.instantbenefits.net/NIC/login.html. If you have questions about current or future benefits, please contact Andrea in Human Resources at x4371.



Making coverage choices

All employees must re-enroll in their benefits every year. Even if you signed up via our online system last year, you MUST do it this and every year to continue to receive the benefits.

- You have from April 29th thru May 28th to make your changes.

- All changes must be made online by midnight May28th or you may be dropped from coverage effective 7/1/10.

- You will receive confirmation that your enrollment is complete. If your email address is in the online enrollment system,* you will receive email confirmation.

- Changes will take effect on July 1, 2010.

*****_If your email address is not in the online enrollment system, you can enter it in by going to the “Update Personal Data” tab and following the directions._

Online enrollment process

You can make almost all Open Enrollment changes online using the online enrollment system. Simply log in to the system (**http://www.instantbenefits.net/NIC/login.html)** using your username and password. Hints are provided in case you forgot your login from last year.

Once you're logged in, select the Open Enrollment button. The system will access your benefit records. You will need to go through each section.

While you are making your elections, you can check your changes on the screen. You may correct any errors immediately. If you entered your email address, you will receive an email confirming your changes have been recorded. To check or add your email address, click the "Update Personal Data" tab.

You can access your online enrollment pages from work or from the comfort of your home. Feel free to go through the process with your spouse, dependent, or others affected to bring them into the decision making process!

HIPAA COMPLIANCE & PRIVACY OF INFORMATION

Protection of personal health information

Information collected by NIC during Open Enrollment will be sent to the insurance carriers of the plans in which you enroll. Some of the information may be personal and private in nature. Be assured that NIC and the insurance carriers will treat this information as confidential as per all relevant privacy laws.

NIC is committed to protecting your personal health information. The System's Notice of Privacy Practices explains the circumstances under which this type of information can be disclosed, and it explains the rights you have regarding how the information is used. The document is available online at **www.nic.edu/hr** then click on Benefits.

Your Benefits

Eligibility for Benefits

Employees are considered "benefits eligible" if they are scheduled to work over 20 hours per week. Though a person is considered eligible for benefits, it is up to the individual employee to select which (if any) benefits that they would like to take advantage of.

Eligible Dependents

You may choose to cover any or all of your eligible dependents. Dependents eligible for coverage generally include your spouse, domestic partner and/or your unmarried, dependent children younger than 25 (see plan details for information regarding further eligibility information).

You may be asked to provide legal papers to verify your relationship to a child who is not your natural child (for example, court documentation of guardianship). Coverage for a child may continue beyond age 25 only if the child is mentally or physically unable to earn a living and is dependent on you for support. You must notify your Human Resources office of the child's disability before the child's 25th birthday. This will allow time for you to obtain and complete the necessary forms for coverage to continue. Periodically, you may be required to provide evidence of the child's continuing disability and your support.

Pretax Premiums

When you enroll in Medical, Dental, or Vision coverage, your share of the premium is taken from your paycheck pretax (before you pay federal income and Social Security taxes). This means you pay no taxes on money spent for these benefits.

Domestic Partner or Dependents Age 23– 25

Under IRS § 104(a)(3), premiums for domestic partners and dependents who are between ages 23—25 cannot be deducted pre-tax. The fair market value of the health coverage for these individuals must be reported on the employee's Form W-2 as taxable wages. For more information on the taxability of domestic partner or dependent coverage, please contact the Business Office.

Changes in Status

Typically, the only time you can start or make changes to your benefits are at the time of initial employment or during the established open enrollment period. You can make changes in your Medical & Vision, Dental or Flexible Spending Account coverage during the plan year only if you have a "Change in Status". Likewise, for Life and AD & D coverage, you can add or drop a dependent only if you have a "Change in Status".

Changes should be made within 30 days of the event, and, in most cases, they must be consistent with the event. For example, if you have a baby, you can add the baby to your health care coverage, but you cannot enroll yourself in dental coverage because that decision is not related to the Change in Status.

Changes in Status include:

- Employee's marriage or divorce or death of employee's spouse.
- Birth, adoption or death of a dependent child.
- Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility, such as leave without pay.
- Child becoming ineligible for coverage due to reaching age 25 or marrying.
- Changes in the employee's, spouse's or a dependent child's residence that would affect eligibility for coverage.
- Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide medical coverage for a child.
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer.
- The employee, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid.
- Significant employer or carrier-initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage.

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Notice of Creditable Coverage for Medicare Part D

All NIC health plan prescription drug benefits have been certified to be comparable to or better than those provided by the new Medicare Part D prescription drug plan. This means that if you have NIC medical coverage and become eligible for Medicare Part D but decide to enroll at a later date, you will not have to pay a higher premium than you would have paid if you'd enrolled when you first became eligible. You may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium.

Medicare Part D is available if you qualify for Medicare Part A and/or Part B. Enrolling or not enrolling in Medicare Part D will not change your enrollment in Parts A and/or B and will not impact the non-prescription drug part of your NIC medical coverage.

You can enroll in the Medicare prescription drug plan when you first become eligible for Medicare or from November 15th to December 31st of any later year. If you drop or lose your NIC medical coverage and don't enroll in Medicare Part D within 63 days after your coverage ends, you may be required to pay more to enroll in Medicare Part D later. In this case, you may enroll as soon as you drop or lose NIC coverage and don't have to wait until the normal Part D enrollment period.

Because NIC medical plans usually provide better drug benefits at a lower cost, Medicare Part D enrollment is not necessary for most NIC employees and retirees enrolled in NIC Retiree medical plans. However, if you qualify for financial assistance, you will save on Part D premiums, copayments and coinsurance, which could mean you would benefit from Part D. Financial assistance is available to Medicare beneficiaries with incomes up to 150% of the Federal Poverty Level and limited resources. To determine if you qualify for financial assistance with Medicare Part D, you can contact the Social Security Administration (SSA) at (800) 772-1213 (TTY 800-325-0778 or visit SSA online at http://www.socialsecurity.gov.

If you are eligible for Medicare, you can be enrolled in both your NIC medical plan and Medicare Part D, **but you cannot receive prescription drug benefits from both plans.**   Your options include keeping your NIC medical coverage and not enrolling in Part D. If you enroll in Part D, you will not receive a drug benefit from your NIC medical plan, but your medical premiums will not decrease.

For More Medicare Part D Information

See Medicare & You 2009 handbook (available from Medicare), which contains detailed information about Medicare plans that offer prescription drug coverage.

Visit Medicare website: (http://www.medicare.gov)

Call Medicare customer service: (800) 633-4227, TTY users should call (877) 486-2048.

Basic Life Insurance/AD&D/STD/LTD

North Idaho College offers a package which includes basic life insurance, accidental death and dismemberment, short term disability, and long term disability. The benefits are offered as a packaged service so that the single premium covers all four benefits. The individual benefits are explained in the following pages.

Employees are automatically enrolled in the Life/ADD/STD/LTD package if they enroll in health insurance. Those who do not select insurance are given the option to enroll ala carte into this program. Given the employee portion of the rates, the value of this program for the protection offered is an incredible value to the employee.

Basic Life and AD&D

NIC offers Basic Life, Voluntary Life, and Dependent Life insurance. The *voluntary* life insurance program is explained in the section that follows. You can be enrolled in either Life plans ***without*** participating in the health coverage options. Life insurance pays benefits to your beneficiaries if you die or to you if a covered family member dies. Basic Accidental Death and Dismemberment (AD&D) pays an additional benefit in the event of the accidental death or dismemberment of a covered employee. (Additional coverage details can be obtained through HR and the carrier.)

The package will be offered through **Regence BlueShield of Idaho** is available to **Active Employees** enrolled in the **Basic Life/AD&D/STD/LTD** package.

Benefits

Employee Life and Accidental Death & Dismemberment Benefit:

- **All Active Employees**: **$40,000** paid to beneficiaries upon death of employee
- **Dependent Life Benefit:**
    - Spouse **$ 6,000**
    - Children 15 days to 6 months **$ 500**
    - Children 6 months to 19* years of age **$ 6,000**

  * *To age 25 if dependent child is unmarried and a full-time student in an accredited college or university*

Conversion Privilege – Employee and Dependent(s) may convert Group Life Insurance coverage, without evidence of insurability, to an Individual Life Insurance policy during the 31 day period following termination of employment.

Accidental Death & Dismemberment Insurance – Payable when an Insured Employee suffers a loss* as a result of an accidental bodily injury sustained in an accident.

** A table outlining the Description of Loss and payable benefit can be found in the group's complete certificate of coverage.*

Accelerated Death Benefit – If you become disabled, due to a terminal illness, you may be eligible to receive a portion of your death benefit prior to death. Additional details regarding accelerated death benefits can be obtained through HR and the carrier.

Short Term Disability

NIC offers short term disability insurance. You can be enrolled in this plan ***without*** participating in the other insurance programs. Short term disability (STD) is a benefit payable to an insured employee in the event they become disabled while off the job and are unable to perform some or all of the material and substantial duties of his/her regular occupation. The package is currently offered through **Regence BlueShield of Idaho** and is available to **Active Employees** enrolled in the **Basic Life/AD&D/STD/LTD** package.

You are automatically covered in STD if you are enrolled in a NIC health plan. If you declined health coverage, you can purchase this ala carte as part of the Basic Life/ADD/STD/LTD package. Details regarding the plan are listed below:

Eligible Employees:	All Active Full-Time Employees	
Elimination Period:	Injury:	8^{th} Day
	Sickness:	8^{th} Day
Weekly Benefit:	60% of pre-disability earnings	
Maximum Benefit Duration:	13 Weeks	
Maximum Weekly Benefit:	$1,000	

The monthly benefit will be paid after the Elimination Period when we receive proof that you are disabled and under the regular care of a physician. The benefit will be paid up to the maximum benefit period, as long as you remain disabled and under a physician's care.

Long Term Disability

NIC offers long term disability insurance. You can be enrolled in this plan ***without*** participating in the other insurance programs. Long term disability (LTD) is a benefit payable to an insured employee in the event they become disabled while off the job and are unable to perform some or all of the material and substantial duties of his/her regular occupation. The package is currently offered through **Regence BlueShield of Idaho** and is available to **Active Employees** enrolled in the **Basic Life/AD&D/STD/LTD** package.

You are automatically covered in LTD if you are enrolled in a NIC health plan. If you declined health coverage, you can purchase this ala carte as part of the Basic Life/ADD/STD/LTD package. Details regarding the plan are listed below:

Eligible Employees:	All Full Time Employees
Elimination Period:	90 Days
Monthly Benefit:	66.66% of Salary
Maximum Monthly Benefit:	$4,000

The monthly benefit will be paid after the Elimination Period when we receive proof that you are disabled and under the regular care of a physician. The benefit will be paid up to the Maximum benefit period, as long as you remain disabled and under a physician's care.

Voluntary Life Insurance

NIC offers voluntary life insurance ***in addition to*** the basic life package offered as described in the previous sections. You can be enrolled in this plan ***without*** participating in the other insurance programs. Life insurance pays benefits to your beneficiaries if you die or to you if a covered family member dies. This particular coverage is to supplement the basic life insurance program and provide an affordable way to get additional coverage through payroll deduction. 100% of the premiums for this program are paid by the employee.

The package is currently offered through **Regence BlueShield of Idaho** and is available to **Active Employees**.

Details regarding the plan are listed below:

Coverage is available for you in $10,000 increments, not to exceed $500,000 or 5 times your annual earnings (whichever is less).

Note: If you wish to elect amounts over $100,000 as an employee or over $25,000 for a spouse, a more detailed evidence of insurability form is required. If you waived coverage when you were initially eligible (at time of hire) then evidence of insurability is required for all amounts.

If you decline to elect coverage during this open enrollment period, you will not have the opportunity to elect coverage until the next open enrollment. ALL coverage requested will be issued pending approval of a proof of good health form.

Your monthly cost is based upon your age and amount of coverage elected.
Please refer to the table below:

Age	Employee & Spouse Rate per $1000
Under 30	$ .059
30 – 34	$ .063
35 – 39	$ .098
40 – 44	$ .157
45 – 49	$ .263
50 – 54	$ .463
55 – 59	$ .769
60 – 64	$1.024
65 & Over	$1.598
Children	$ .20

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to set money aside to use to reimburse yourself for qualified health care and dependent day care expenses incurred during the plan year. The money is set aside from your paycheck pre-tax so you don't pay federal income or Social Security taxes on this money. Changes to elections are not allowed during the calendar year, except for qualifying life events (e.g., birth of a child or employment status changes). You must request FSA changes within 31 days of a Qualified Life Event change.

Dependent Care Account
DCAP allows employees to set aside a portion of his/her earnings to pay for dependent care expenses. Employees are only able to access the amount they have had deducted from their paycheck. As the employee incurs expenses, they can submit a claim to the MemberCare Department at Advanced Benefits. Any unused balance will be forfeited.

Unreimbursed Medical Account
The Unreimbursed Medical Account allows you to use pre-tax dollars to pay medical, dental, vision and hearing care expenses not paid by your benefit plan for you ***and your dependents.*** You do not have to be covered through an NIC health plan to enroll. If you wish to pay a dependent child's expense through this account, the child must meet certain criteria set by the IRS. If they would qualify as a dependent on the insurance, they would count here as well. For those who wish to take advantage of the service, a debit card can be used to access your account directly to avoid immediate out-of-pocket expenses. **Please note that over the counter medications (OTC) are reimbursable only through December 31, 2010.**

Using the Flexible Spending Accounts
Beginning July 1, 2010, the amount you choose to contribute will be deducted from your paychecks before taxes and put into your Unreimbursed Medical and/or Dependent Daycare Account(s). You may take money out only to reimburse yourself for an eligible expense incurred between July 1, 2010 and mid September 2011. This means you must receive the product or service during that period, regardless of when you pay for it. If services are provided over a multiyear period (braces, for example), reimbursement is based on the cost of the portion of services received during the current plan year. When you incur an *eligible daycare expense,* you send a copy of the bill or receipt from the daycare provider showing the period of service, provider name and type of service to Advanced Benefits Management.

Debit Card
If you elect the debit card option, you can pay for your eligible health care expense(s) at the point of service: the doctor's office, a pharmacy, or other health care service provider. When you pay your co-pay, the money will be taken directly from your account, so you don't have to pay for the service and get reimbursed.

If you elect the Debit card option:

· Your card will be mailed to your home address in late June in a plain envelope.
· The card is good for 4 years. Don't throw it away after you deplete your current year funds.
· If you need additional cards for your dependents, contact Advanced Benefits Management at (866) 315-1777 or email: membercare@benefitsmgt.com.There is a $10.00 charge for additional cards.

· Dependent Daycare expenses cannot be paid using the debit card.

For a complete listing of allowable health care and/or daycare expenses, contact ABM at 866-315-1777 or www.mybenefits247.com, or see IRS Publications 502 and 503 (keep in mind that these publications contain some information not pertaining to the NIC FSA program), available online at http://www.irs.ustreas.gov.

Claims
If you do not elect the debit card option, or do not use your debit card for a particular purchase, you can still submit claims using the on-line express claim, uploading, faxing, or mailing your claim to ABM.

Reimbursements
You may receive a reimbursement check or you may choose to have your reimbursement directly deposited in the account you specify.

Restrictions
Both types of Flexible Spending Accounts carry certain restrictions. However, you can benefit from the plans and avoid losing money by carefully determining how much you will need to pay in healthcare and/or daycare expenses during the plan year.

Restrictions are:

— Enrollment Options —

Unreimbursed Medical Account

- Minimum contribution: $25/month
- Maximum contribution: $10,000/year

Dependent Day Care Spending Account

- Minimum contribution: $50/month
- Maximum contribution: $5,000/year
- ($2,500 if married and filing a separate income tax return)

— For More Information—

A list of eligible expenses and merchants currently accepting the FSA debit card can be found at www.mybenefits247.com/fsa.
ABM MemberCare:
Phone: (866) 315-1777
Email: membercare@benefitsmgt.com

· If you set up both types of Flexible Spending Accounts, you cannot transfer money between accounts.
· Federal law requires that you forfeit (lose) money in your accounts that you have not used by mid September 2011. This money is returned to North Idaho College and cannot, by law, be refunded to you. Forfeitures are used to offset administrative expenses.

Changing your elections
After enrolling, your elections remain in effect through June 30, 2011. You may change your elections only during open enrollment, unless you have certain Changes in Status (see page 5). If this happens, you may change your elections within 60 days of the change. The change you make must be consistent with the type of Change in Status you have. If you have questions regarding the changes you can make to your FSA, call Advanced Benefits at (866) 315-1777. If you increase your contributions to the plan because of a Change in Status, the increased benefit is available only for services incurred after

If you leave NIC employment during the plan year, you can choose to continue contributing to the Unreimbursed Medical Spending Account on an after-tax basis through COBRA. If you do so, you may continue to submit claims incurred between July 1, 2010 and June 30, 2010. If you do not elect to continue contributing, you may not submit any claims incurred after your employment ends. Your contributions to you Dependent Daycare Account must end when your employment ends.

Dental

North Idaho College offers comprehensive dental coverage to employees and their dependents. NIC offers employees the choice of Delta Dental and Willamette Dental as the providers. Below is an overview of the coverage and service options available under the two plans:

Dental Comparison		
July 1, 2010 – June 30, 2011		
Carrier	**Delta Dental**	**Willamette Dental**
Dental Providers	**Delta Dentists**	**Willamette Dentists**
Deductible	**$25 Ind. / $75 Family**	**No Deductible**
Preventive	**Plan pays 100%** (Evaluations, examinations, prophylaxes, x-rays, and fluoride treatment)	**$15 Co-pay per visit, then covered at 100%** (Routine and emergency exams, x-rays, teeth cleaning, fluoride treatment, sealants, head and neck cancer screening, oral hygiene instruction, periodontal charting, periodontal evaluation)
Basic	**Plan pays 80%** (Extractions, dental surgery, endodontic services, root canals, periodontics, restorative fillings, and emergency treatment to temporarily relive pain)	**$15 Co-pay per visit, then covered at 100%** (Fillings, endodontic, periodontic, lab fees, oral surgery, extractions, root canals, root planing, local anesthesia)
Major	**Plan pays 80%** (Major restorative services, crowns, bridges and dentures)	**$15 Co-pay per visit, then covered at 100%** (Bridges, dentures, permanent crowns)
Annual Maximum Paid by Plan	**$,1500 per member per calendar year for all services**	**No Annual Maximum**
Orthodontia	**Not Covered**	**$1,500 Fee** $150 co-pay (fee credited towards ortho co-pay if patient accepts treatment plan)
Miscellaneous		Nitrous Oxide (per visit) $20 Visit Charge with Specialist $30 Missed Appointment Fee $30 Emergency Visit Charge $50
Information provided is in summary format. Any difference between the summary provided and the actual contract will be settled in favor of the contract.		

Vision

NIC's vision plans provide coverage for eye exams, eyeglass frames and lenses, and contact lenses as well as discounts on some eye surgeries. Vision is offered as an ala carte benefit.

VSP	
	In-Network
ROUTINE VISION EXAM	**$20 co-pay for PCP**
GLASSES OR CONTACTS	**$20 co-pay – up to allowable expenses**

Using your benefits
When you use a provider who accepts VSP, you simply pay your copayment (and any expenses not covered) and the plan pays the rest. VSP's standard in-network retail allows $130 for frames and $130 for elective contact lenses. The plan also includes tinted or photo chromic lenses at no extra cost.

Health Insurance

Health insurance is offered in FY11 through Regence Blue Shield. Eligible employees may choose health insurance for themselves, their spouses/domestic partners, and eligible children. Below is an overview of the benefits provided by Regence Blue Shield.

Benefit	***Coverage***
Individual Deductible	$1,000
Family Deductible	**$2,000**
Coinsurance Maximum	**$3,000**
Coinsurance	90% in Primary Network (NIHN) 70% in Regence Traditional Network 70% Out of Network
Office Visits Copayments	$30 in Primary Network (NIHN) $45 in Regence Traditional Network
Office Visit Services Subject to Deductible?	NO
Office Visits Limits	Unlimited Visits
Skilled Nursing Facility	120 days
Durable Medical Equipment	$7,500
Emergency Room Copay	$75
Lab & Radiology	$800
Neurodevelopmental Therapy	$1,500
Orthotics	$500
Prosthesis	$32,000
Rehabilitation - Inpatient	$50,000
Rehabilitation -Outpatient	$5,000
TMJ	$1,000
Transplants	$250,000 Lifetime
Rx Deductible	$0 Brand Deductible
Rx Copay	$5 Generics $25 Formulary (Tier 2) $55 Non Formulary (Tier 3)
RX OOP Maximum	$4,000
Rx Mac	MAC A
Rx Mail Order Co-pays per 90 day supply	**2**
Complementary Care	$1,000
Chem Dep & Mental Health	Standard Coinsurance
MyRegence.com (online account access)	Included
Health Coaching	Included
Care Enhance	Included
Special Beginnings	Included
Smoking Cessation - Free & Clear	Included
Lifetime Maximum	$2,000,000

$20 SUBSIDY FOR FY11

In addition to the premium coverage offered by NIC (currently at 71%), NIC is providing a $20/month subsidy for all employees who take health insurance. The cost of the insurance deducted from covered employees' payroll will include an additional $20 below the actual cost of the employee's portion of the premium.

This subsidy is variable from year to year and may not be available in future years. However, this is the college's way to help employees better afford health insurance in tight economic times.

Participation in Wellness

The wellness program provides you with ways to earn money that can be used to offset healthcare costs by you and your family. The program is totally up to you. However, if you do not participate, you cannot receive the rewards. Employees are required to participate in the health insurance to participate in the wellness program. You must indicate during open enrollment if you (and your spouse or other dependent) want to participate. This is the only time during the year that you may indicate your participation.

The following are elements of the wellness program that are designed to provide you with opportunities to learn more and achieve more as you work towards your wellness goals. Remember that none of these steps is required to receive the medical benefits. They are only required steps to take if you wish to receive the related incentives.

Personal Wellness Profile
The PWP is an online assessment available to employees and their spouses. The PWP will be available through Regence BlueShield of Idaho. Collective information obtained will be used for the sole purposes of assessing overall health and wellbeing of employees and to determine progress towards organizational wellness goals. All information collected will be held strictly confidential. No employee of NIC shall have access to information specific to individual employees.

Wellness Examination
Regence BlueShield of Idaho offers preventative care services. Employees who choose to participate in the wellness program must submit verification that they had their annual wellness examination. The specific results of the examination do not need to be submitted…only documentation that you underwent the annual physical exam. Documentation of your visit must be provided to Andrea in HR.

Dental Examination
Many illnesses and medical conditions are related to dental care. It is just as important to have the annual dental exam as the annual medical exam. This helps to catch problems before they begin and to encourage individuals to maintain good preventative care of their dental health. As with the medical exam, the actual results are not needed…only verification that the annual dental exam took place. Documentation of your visit must be provided to Andrea in HR.

Tobacco Use
Employees are asked to submit a waiver indicating that they do not use tobacco (either through smoking, chewing, or other means). By agreeing not to use tobacco products, employees are eligible for this incentive. For individuals who currently use tobacco, and wish to participate in a bona fide smoking cessation program, they may do so for credit. In order to obtain the incentives, individuals must enroll in a bona fide smoking cessation program and participate actively for at least a 6-month period of time. At the end of the documented 6-months, individuals may apply for credit for the incentive. The tobacco affidavit will be available when an employee enrolls online for benefits.

Fitness
A key component to any wellness program is fitness. It is recognized that everyone is not an athlete, and we are not looking for that. We are looking for you go get active and improve your health. It has been shown that positive results begin to be seen when individuals exercise for at least 30-minutes, twice a week. While we encourage you to do more, we only require you to document two days per week. You are required to submit exercise logs for each semester to Andrea in HR.

How to Earn Incentives

As you accomplish the wellness steps, simply submit the required forms to Andrea in HR documenting your completion. Incentives will be awarded to your health reimbursement account (HRA) on the specified dates once you have submitted your documentation of steps achieved. Incentives will be deposited three times during the year. Accounts will be updated between:

October 1, 2010 – October 15, 2010 (for all documentation submitted prior to Sept. 30th)
January 3, 2011 – January 15, 2011 (for all documentation submitted prior to December 15th)
May 16, 2011 – June 3, 2011 (for all documentation submitted by May 15th)

You can begin to submit your documentation as early as July 1, 2010. You have until December 15, 2010 to submit all your documentation for credit (with the exception of the fitness documentation for the Spring 2011 semester).

	Incentive
Personal Wellness Profile	$100
Annual Dental Exam	$100
Annual Physical Exam	$100
Tobacco Use	$200
Fitness ($100/semester)	$200
Total Package Premium	$300
TOTAL VALUE-Individual	$1,000
TOTAL VALUE-Family	$2,000

The following must be completed and documentation submitted by December 15th, 2010:

- Personal Wellness Profile
- Annual Dental Exam
- Annual Physical Exam
- Tobacco Use Statement
- Fitness documentation for Fall Semester

The Spring Semester fitness documentation must be submitted by May 14th to get credit. Participation in the wellness program is available to the eligible employee and his/her spouse or domestic partner. In cases where the spouse/domestic partner is not covered on the plan, the employee may enroll a qualified dependent child in the plan.

Dependent Children and Wellness
If an employee's spouse or domestic partner is not covered under NIC's insurance, but one or more child(ren) is covered, the employee may earn the wellness rewards for the oldest covered child. Below are the requirements:

Covered Children Age 13 and Up: Children 13 and up must complete ALL requirements to receive the wellness incentives. The same documentation will be required of them as the employee. This applies to any child who will turn 13 prior to 12/15/10.

Covered Children Age 12 and Younger: Children under 12 do not need to complete the personal wellness profile. They are required to complete the annual dental exam, annual physical exam, and tobacco use affidavit (through the open enrollment process). Children under 2 are exempt from the dental exam requirement to earn the total amount. Children under 6 are exempt from the fitness requirements to earn the total amount.

Benefit Contact Information

Office of Human Resources
Sherman, room 105
Andrea Woempner
Human Resources Specialist
andrea_woempner@nic.edu
Phone: 208.769.4371
Fax: 208.769.7786

Information on benefits and human resource program can be found at the Benefit website, located at www.nic.edu/hr.

Questions regarding Retirement

PERSI

Acct: J436
Phone: 800-451-8228
Fax: 208.334.3805

Separation: 208.334.3805
Retiree Insurance & Sick Leave: 208.287.9312
Retirement Calculations (Benefit Analysis): 208.287.9314
Retirement Calculations (Benefit Analysis): 208.287.9314

Questions regarding Medicare

Helbling Consulting
P.O. Box 1799
Coeur d'Alene, ID 83816
Phone: 208-765-2620

Coordination of benefits

If you or another family member has other health coverage that is primary, the NIC plans may coordinate as secondary coverage, and may credit eligible charges such as deductibles and coinsurance towards your NIC plan coverage. Under no circumstances will the plans combined pay more than 100% of eligible charges. Non-covered items and amounts over reasonable and customary will not apply as eligible charges in the coordination of benefits.

Wellness Program Checklist

______ **Personal Wellness Profile (PWP)**
This is completed through the Regence BlueShield of Idaho website. Additional information will be provided regarding access to this site. The Health Profile can be completed after 7/1/10.This is the ONLY Health Profile that will be recognized for the wellness incentives. To receive credit, this must be completed by December 15, 2010.

______ **Dental Exam**
Complete your annual dental exam. Once you have completed your checkup, you can submit the form included in this packet or a receipt from the dentist. Actual results from the exam are not needed…only documentation that the annual exam took place. The documentation must be received by Andrea in HR by December 15, 2010.

______ **Wellness Exam**
Complete your annual physical exam. Once you have completed your wellness exam, you can submit the form included in this packet or a receipt from the doctor. Actual results from the exam are not needed…only documentation that the annual exam took place. The documentation must be received by Andrea in HR by December 15, 2010.

______ **Tobacco Affidavit**
During the open enrollment process, you will be given a choice to identify yourself (and your spouse, domestic partner, or primary dependent) as tobacco free. If you are tobacco free, simply indicate that you are and you will receive credit. If you are not, you can indicate such in the enrollment process. If you are, but want to engage in a smoking cessation program, you should mark that you are a current user, and then follow up with HR for additional information on the bona fide program requirements to receive credit.

______ **Fitness**
Complete the attached workout form at the end of each semester. For the end of the Fall semester, forms must be submitted by December 15,2010. For the end of the Spring semester, forms must be submitted by May 15, 2011. You must demonstrate a minimum of exercising twice a week for at least 30-minutes each time.

Dental Exam Documentation

Employee Name ______________________________________

The following is to document your completion of an annual dental examination through an appropriate dental care provider. Please provide the required information below:

Dental Care Provider ____

Dental Care Contact Phone Number ___________________________________

Date of Service ____

You may also provide a copy of the receipt or printout that identifies your visit as having completed a basic dental examination.

Does the Human Resources Department have your permission to confirm that you completed your annual dental exam? (No personal information regarding the results of your exam will be sought by Human Resources; only confirmation that you attended the exam. Incentives are contingent upon your approval to confirm the visit.)

Yes ☐ No ☐

By signing below, you acknowledge that you did attend your annual dental examination and that the documentation you are providing for either yourself or your dependent is valid and original.

Signature ______________________________________ Date ______________________________

If this form is used to acknowledge attendance by your dependent for credit, please complete the following information:

Name of Dependent ____

Dental Care Provider ____

Dental Care Contact Phone Number ___________________________________

Date of Service ____

This documentation is eligible for dental exams that take place from January 1, 2010 through December 31, 2010.

No documented visits either before or after this period will count towards the FY11 Incentive Program.

Upon receipt by Human Resources of this document, employees will either receive $50 contribution to the Health Reimbursement Account for each eligible participant (up to a max of 2 per household).

Send this document for tracking purposes to Andrea Woempner in Human Resources.

Questions? Contact Andrea at 769-4371

Medical Exam Documentation

NORTH IDAHO COLLEGE
Employee Wellness Program
Focusing on Employee Health & Well-being

Employee Name ______________________________________

The following is to document your completion of an annual physical or wellness examination through an appropriate health care provider. Please provide the required information below:

Health Care Provider ____

Health Care Contact Phone Number ___________________________________

Date of Service ____

You may also provide a copy of the receipt or printout that identifies your visit as having completed a basic physical or wellness examination.

Does the Human Resources Department have your permission to confirm that you completed your annual exam? (No personal information regarding the results of your exam will be sought by Human Resources; only confirmation that you attended the exam. Incentives are contingent upon your approval to confirm the visit.)

Yes ☐ No ☐

By signing below, you acknowledge that you did attend your annual physical or wellness examination and that the documentation you are providing for either yourself or your dependent is valid and original.

Signature ______________________________________ Date ______________________________

If this form is used to acknowledge attendance by your dependent for credit, please complete the following information:

Name of Dependent ____

Health Care Provider ____

Health Care Contact Phone Number ___________________________________

Date of Service ____

This documentation is eligible for physical or wellness exams that take place from January 1, 2010 through December 31, 2010.

No documented visits either before or after this period will count towards the FY11 Incentive Program.

Upon receipt by Human Resources of this document, employees will either receive $100 contribution to the Health Reimbursement Account for each eligible participant (up to a max of 2 per household) ls.

Send this document for tracking purposes to Andrea Woempner in Human Resources.

Questions? Contact Andrea at 769-4371

Fitness Activity Documentation

NORTH IDAHO COLLEGE
Employee Wellness Program
Focusing on Employee Health & Well-being

Employee Name ______________________________________

The following is to document your participation in fitness activities.

Requirements:

(a) Participate in fitness activities a minimum of 2 times per week
(b) Fitness activities must include a minimum of 30-minutes per session
(c) Participation in fitness activities must take place over 90% of the weeks of the semester

The timeframes for completing the fitness activities are:

(a) Fall Semester: August 23 – December 19, 2009
(b) Spring Semester: January 1 – April 30, 2010

Please provide the required information below:

(a) A log of all fitness activities during the given semester
(b) A signed copy of this form

Logs of workouts may be in any legible format that tracks the date of exercise, length of time exercising, and nature of exercise (e.g., walking, riding bikes, etc.).

Logs and documentation sheet (this sheet) must be submitted to HR by the following dates to get credit:

(a) Fall Semester: December 31, 2009
(b) Spring Semester: May 15, 2010

Logs and a copy of this documentation are required for EACH semester for EACH participant.

By signing below, you acknowledge that you did complete your fitness requirements as documented and submitted and that the documentation you are providing for either yourself or your dependent is valid and original.

Signature ______________________________________ Date ______________________________

If this form is used to acknowledge attendance by your dependent for credit, please complete the following information:

Name of Dependent ____

Please submit all related workout logs for your dependent as outlined above.

This documentation is eligible for the periods indicated ONLY. While you are encouraged to workout during the summer, credit is not provided for such activities.

Upon receipt by Human Resources of this document, employees will either receive $100 contribution per eligible semester to the Health Reimbursement Account for each eligible participant (up to a max of 2 per household)..

Send this document for tracking purposes to Andrea Woempner in Human Resources.

Questions? Contact Andrea at 769-4371