

BENEFITS OVERVIEW

For Full-Time Staff Employees

Payroll and Annual Increases

Lake Michigan College has a bi-weekly payroll cycle that generates 26 pays per year.

2026 Employee Premium Contribution for HSA PPO \$1,700/\$3,400 Medical Plan with Prescription Coverage (24 pay deductions)

(Employee is also eligible for all coverages listed under Option B)

Single	\$2,493.36 annually	\$103.89 per pay
2 Person	\$5,417.52 annually	\$225.73 per pay
Family	\$6,924.96 annually	\$288.54 per pay

2026 Employee Premium Contribution for HSA PPO \$3,400/\$6,800 Medical Plan with Prescription Coverage (26 pay deductions)

(Employee is also eligible for all coverages listed under Option B)

Single	\$2,164.80 annually	\$90.20 per pay
2 Person	\$4,694.40 annually	\$195.60 per pay
Family	\$5,971.92 annually	\$248.83 per pay

2026 Employee Stipend for Opt-Out of Medical and Prescription Coverage

(Employee still eligible for all coverages listed under Option B)

\$ 2,400.00 annually
 \$ 92.31 per pay

- Payroll deductions and stipends related to the healthcare plan begin on the employee's date of hire.
- Due to the 30-day insurance enrollment period for new employees, premium contributions/stipends may need to be retroactively adjusted once healthcare elections have been made.
- Payroll deductions for optional coverages must be accompanied by signed authorization.

Insurance Coverages:

Option A HSA PPO \$1,700/\$3,400 Medical Plan with Prescription Coverage :

NOTE: Employees with Option A are also eligible to enroll in Dental, Vision, Long Term Disability and Life Insurance coverages (see "Option B Coverages" in next section for summary details).

- **Medical Coverage (Plan Year: January - December)**

Priority Health www.priorityhealth.com

Coverage is effective from first date of hire through the end of the month of termination.

\$1700 individual/\$3400 2 person/family deductible (In-Network)

After deductible is met: Medical covered 100%

Includes Preventive Care: paid 100%, not applied towards deductible, no annual cap
 (i.e. physicals, lab tests, mammography, immunizations)

Card(s) will be mailed out once employee is enrolled

- **Health Savings Account (Health Equity)**

LMC fully funds the deductible in one installment.

Debit card used for expenses

Employee can fund with additional pre-tax dollars

Withdrawals are tax-free when used for qualified medical expenses

Can accumulate for retirement expenses

- **Prescription Coverage (Plan Year: January - December)**

After deductible is met:

\$10 co-pay (generic)

\$20 co-pay (name brand and specialty)

Copayment maximum: \$1,000 individual/\$2,000 family – after copayment maximum, plan pays prescription at 100% for remainder of calendar year.

100% coverage for Preventative Drugs (per vendor list)

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Option A HSA PPO \$3,400/\$6,800 Medical Plan with Prescription Coverage:

NOTE: Employees with Option A are also eligible to enroll in Dental, Vision, Long Term Disability and Life Insurance coverages (see "Option B Coverages" in next section for summary details).

- **Medical Coverage (Plan Year: January - December)**

Priority Health www.priorityhealth.com

Coverage is effective from first date of hire through the end of the month of termination.

\$3400 individual/\$6800 2 person/family deductible (In-Network)

After deductible is met: Medical is covered 80% by the plan and the employee must cover the remaining 20%

Includes Preventive Care: paid 100%, not applied towards deductible, no annual cap
(I.e. physicals, lab tests, mammography, immunizations)

Card(s) will be mailed out once employee is enrolled

- **Health Savings Account (Health Equity)**

LMC partially funds the deductible in one installment based on coverage election

Debit card used for expenses

Employee can fund with additional pre-tax dollars

Withdrawals are tax-free when used for qualified medical expenses

Can accumulate for retirement expenses

- **Prescription Coverage (Plan Year: January - December)**

After deductible is met:

\$10 co-pay (generic)

\$20 co-pay (name brand and specialty)

Copayment maximum: \$4,000 individual/\$8,000 family – after copayment maximum, plan pays prescription at 100% for remainder of calendar year.

100% coverage for Preventative Drugs (per vendor list)

Option B Coverages:

- **Dental Coverage (Plan Year: January - December)**

Blue Cross Blue Shield www.bcbsm.com (Dental Network of America)

100% coverage on Preventive Services

80% - 20% co-insurance on Basic Services*

80% - 20% co-insurance on Major Services*

\$3,500 annual limit per person on Preventive, Basic and Major Services

\$3,500 lifetime limit per person on Orthodontic Services (age 19 and under)

*deductible applies: \$25 individual, up to \$75 family

Card(s) will be mailed out once employee is enrolled

- **Vision Coverage (Plan Year: January - December)**

Guardian www.guardiananytime.com

VSP Network administered through Guardian Vision

See Benefit Schedule for details

ID is available on their website for member to print out; or provider can use member's social security number to pull up their information

- **Long Term Disability Coverage**

New York Life

Coverage begins after 90 days of disability

66 2/3% income replacement

"Own Occupation" provision for at least 5 years

- **Life & Accidental Death and Dismemberment Insurance Coverage***

New York Life

\$30,000 Term Life

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\$30,000 Accidental Death and Dismemberment

**intended for summary purposes only; for details on plan limits and exclusions please refer to plan documents*

Optional Insurance Coverages: (Additional cost paid by employee)

- **Health Savings Accounts** – individual contributions
(Contact Payroll at (269) 927-8180 for investment companies and payroll reduction form)
- **Flexible Spending Accounts**
 - Premium Contributions (allows for a pre-tax deduction of the healthcare premium)
 - Medical Reimbursement
 - Dependent Care
- **Short Term Disability Insurance** – 90 day plan - \$4.00 per pay
- **Additional Term Life Insurance (Employee and/or Dependents)** – New York Life
- **Identity Theft Protection and Legal Plans** – LegalShield
- **403(b) and 457(b) voluntary retirements plans** – pre-tax and/or Roth contributions available

Retirement Plans (choose one)

Michigan Public School Employees Retirement System

Pension Plus or Defined Contribution Plan offerings with
Health and Savings components
10 year vesting requirement
Requires employee contributions up to 10.2%

TIAA-CREF Optional Retirement Plan (exempt employees only)

Defined Contribution plan with immediate vesting
10.00% employer contribution (no employee match)
Able to contribute to an individual retirement plan with employer match up to 2%

Paid Leaves:

Vacation Days (expire if not used before June 30th each year)

Exempt and Non-Exempt Staff: 20 days per year available July 1st

Facilities Management: see contract for accrual schedule for vacation and sick days

Sick Days

12 days per year (can accumulate up to 120 days) available July 1st

Personal Days

3 days per year (expire if not used before June 30th each year) available July 1st

Employees on a reduced contract accrue paid leave at a reduced rate from the above

Employees will be pro-rated vacation, sick, and personal time based on hire date

Holidays

6 days per year

(Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day,



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Thanksgiving Day)

Closures

Spring Break paid off
Day before and after Thanksgiving Day
Winter Break paid off

Additional Employee Benefits:

Tuition Reduction: for LMC classes for Employee and Dependents. (Please refer to published policy)

Pet Insurance- paid 100% by the employee and premiums must be paid directly to the vendor