

## 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.

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#### 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](http://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](http://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](http://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](http://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 30<sup>th</sup> each year)**

Exempt and Non-Exempt Staff: 20 days per year available July 1<sup>st</sup>

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 1<sup>st</sup>

##### **Personal Days**

3 days per year (expire if not used before June 30<sup>th</sup> each year)

available July 1<sup>st</sup>

*\*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