



ERIE COUNTY
COMMUNITY COLLEGE OF PA

Erie County Community College Board of Trustees

Minutes of the Meeting

May 26, 2021 - 5:00 pm

**Location of Meeting - Virtual on Zoom and at 1128 State Street, Suite
300 Conference Room**

Trustees:

Mr. Tom Benson
Ms. Cheryl Rush Dix
Mayor David Mitchell
Pastor Charles Mock
Ms. Kathryn Sintal
Dr. Annette Wagner

Absent:

Mr. Ronald DiNicola
Mr. Justin Gallagher
Ms. Christina Vogel

Additional attendees via Zoom:

Dr. Judith Gay, Interim President; Ms. Heidi Sheehan, Controller; Dr. Roy Church, Lead Administrator; Dr. Narcisa Polonio, Consultant; Mr. Tom Tupitza, Legal Counsel.

CALL TO ORDER

Presiding Officer, Vice-Chair Cheryl Rush Dix, called the meeting to order at 5:00 PM on Wednesday, May 26, 2021.

ROLE CALL

At Roll Call six (6) trustees were present, three (3) trustees were absent. Trustee Vogel joined the meeting at a later time.

ACTION ITEMS:

Approval of the Special Meeting Minutes of May 12, 2021.

The motion to accept the minutes was made and seconded. The minutes were unanimously approved (6-0).

ANNOUNCEMENTS FROM THE BOARD

A Special Meeting of the Board will be scheduled for June 9, 2021 at 5:00 pm.

STANDING COMMITTEE REPORTS

a. Academic Committee

Dr. Wagner reported on the meeting of May 8, 2021 at 10:00 am. The Committee was informed that the 120 Day Plan was approved by the Board on April 28, 2021. The next meeting is June 12, 2021.

b. Personnel Committee

Mr. Benson reported that they are awaiting information from the search firm, R.H. Perry, on the scheduling of the two presidential finalists.

AD HOC COMMITTEE REPORTS

a. Sites and Facilities

Pastor Mock reported that the Committee met May 11, 2021. At the meeting they reported on visits to potential sites for September. They continue to think about additional sites for office space. The next meeting will be June 15th at the earliest.

b. Community Advisors

Ms. Vogel reported that the Committee met May 18th. Dr. Gay identified a few items for the Committee and they are researching them. They are working on a potential speaker series. The next meeting will be June 5th.

REPORT OF THE INTERIM PRESIDENT

a. Updates

Dr. Gay sent a brief report of activities to the Trustees. She highlighted the positive media coverage for the signing of the agreement with the Erie County Public Library. Dr. Gay thanked the Trustees who were able to attend the event.

Dr. Gay said the College is fully engaged in the implementation of Workday with the implementation partner, Alchemy. She also stated that they have started working with Logicalis. She stated that the time for implementation is

taking time away from outside activities, so her written report is shorter than usual.

Dr. Gay stated that she is also devoting more time to hiring, primarily at the organizational level of the deans and below. She has held the direct reports, particularly the three vice presidents, for the president to hire.

Dr. Gay reached out to vendors recommended by the Chamber for proposals for student recruitment.

Dr. Gay is working on the budget so that she can come to the Board with a recommendation for tuition and fees and a balanced budget.

Dr. Gay explained that there are two policies on the agenda for approval later in the agenda. Both were reviewed by the attorney. The policies on the agenda are being brought forward consistent with the College's policy on policy development and approval. Dr. Gay stated she made a change to one policy based on the Workday implementation, Policy V.A.5., on Registration and Enrollment. The change relates to students in the national guard or any other armed forces and their spouses. The change is to award a "W" for such students and their spouses if requested for confirmed cases of deployment, not an "M" as written in the original version of the policy. This change does not need Board approval.

Dr. Gay reminded the board members that, if they have not turned in the Statement of Financial Interests, to please do so by June 1, 2021. The statement can be turned in in a sealed envelope.

b. Report of the Solicitor

Mr. Tupitza reminded the College that the notice of Executive Session language should not include contracts. There may be a personnel matter or real estate matter that involves a contract that can be discussed in executive session.

c. Report on Benefits

Ms. Sheehan explained that she reviewed benefit packages for some of the smaller community colleges, local higher education institutions and Erie County to identify a comparable benefits package. She read a summary of the list of benefits recommended:

Health Insurance – UPMC Gold EPO

Dental – Delta Dental, Option 7

Vision – VBA Option 3 Gold

Life Insurance – Hartford Plan III

Long term disability – Hartford Plan II

Retirement - TIAA CREF

Optional Plan – Flexible Spending Plan - AFLAC

Opt out of \$50 per pay check for those who do not take the health insurance.

ACTION ITEMS

- a. Ms. Sheehan read the resolution:

RESOLVED, that Heidi Sheehan, Controller, is hereby appointed Assistant Treasurer of the Community College of Erie County and in that capacity shall serve as Interim Treasurer of the College until a Treasurer is appointed.

A motion was made and seconded to accept the resolution. The motion carried unanimously (7-0).

- b. Ms. Sheehan read the resolution:

RESOLVED, that the Community College of Erie County (d/b/a Erie County Community College of Pennsylvania) (the “College”) shall establish a banking relationship with First National Bank of Pennsylvania (the “Bank”), to include without limitation the opening of deposit accounts and business credit cards; that Dr. Judith Gay, Interim President of the College, and Heidi Sheehan, Controller and Interim Treasurer of the College, are hereby granted signing and borrowing authority with respect to all such accounts and credit cards, in accordance with, and subject to the limitations of, policies previously adopted by the Board of Trustees of the College; and that they as such officers are hereby authorized and directed to execute such additional documents and to take all actions as may be required by the Bank to carry out the purposes of this resolution.

A motion was made and seconded to approve the resolution. The motion passed unanimously (7-0).

- c. Ms. Sheehan read the resolution:

RESOLVED, that, pursuant to policies previously adopted by the Board of Trustees of the Community College of Erie County (the “College”), Justin Gallagher and Christina Vogel, members of the Board of Trustees of the College, are hereby removed as signatories on all accounts of the College held at Marquette Savings Bank; and that Dr. Judith Gay, Interim President of the College, and Heidi Sheehan, Controller and Interim Treasurer of the College, are hereby added as authorized signatories on all such accounts, and that they

as such officers are hereby authorized and directed to execute such additional documents and to take all actions as may be required by the Bank to carry out the purposes of this resolution.

The motion to accept the resolution was made and seconded. The motion passed unanimously (7-0).

- d. Ms. Sheehan read the resolution:

RESOLVED, that the college will provide the following benefits: health, dental, vision, LTD, STD and life per the attached documents. These benefits will be obtained from UPMC Health Plan, Delta Dental, VBA and The Hartford sponsored by the Manufacturer's Business Association and Lillis, McKibben and Bongiovanni.

The motion to accept the resolution was made and seconded. The motion was unanimously adopted (7-0).

- e. A motion was made and seconded to accept Policy III.E.2: Nepotism, as distributed by Dr. Gay. The motion passed unanimously (7-0)
- f. A motion was made and seconded to accept Policy III.E.3: Outside Employment, as distributed by Dr. Gay. The policy was accepted unanimously (7-0).

EXECUTIVE SESSION

Vice-Chair Cheryl Rush Dix announced an Executive Session held for purposes of personnel and real estate discussions. The Board returned after the Executive Session.

APPROVAL OF CONTRACTS

- a. Dr. Gay announced that Blane Dessy was hired as a temporary full time employee.
- b. A motion to use Blackboard as the College's Learning Management System (LMS) was made and seconded. All were in favor (7-0).
- c. A motion to engage Luminous for community relations work for June and July at \$5000 per month was made and seconded. This motion came to the Board because of a Trustee conflict of interest. Vice-Chair Cheryl Rush Dix recused herself from the discussion. The motion was approved (6-0) with one abstention by Vice-Chair Cheryl Rush Dix because of the conflict of interest.
- d. A motion to engage Dale Roth for architectural work for \$5,000 was made and seconded. The motion was unanimously accepted (7-0).

Motion to Adjourn:

The motion to adjourn was unanimously accepted (7-0).

Erie County Community College

TO: Board of Trustees

FROM: Judith Gay, Interim President

DATE: May 26, 2021

SUBJECT: Board Update

The majority of my time has been spent on implementation of technology and interviews; however, below is a list of some other activities, May 13 – May 26, 2021:

May 13 -- Meeting with PA community college presidents

May 14 – Presentation to Erie County School Counselors with Trustee Dix

May 20 -- Meeting with Deputy Secretary Garcia

May 21 – Meeting with Judi Roth, Empower Erie

May 21 -- Meeting with Dr. Ferki Ferati, President, Jefferson Educational Society

May 24 – Signing of Erie County Public Library MOU

May 24 – Meeting with Michael Batchelor, President, Erie Community Foundation

May 24 -- Meeting with Dr. Joan Bush, Dean of Educational Support Services, CCP

May 25 – Tour of Corry Hi Ed with Trustee Wagner

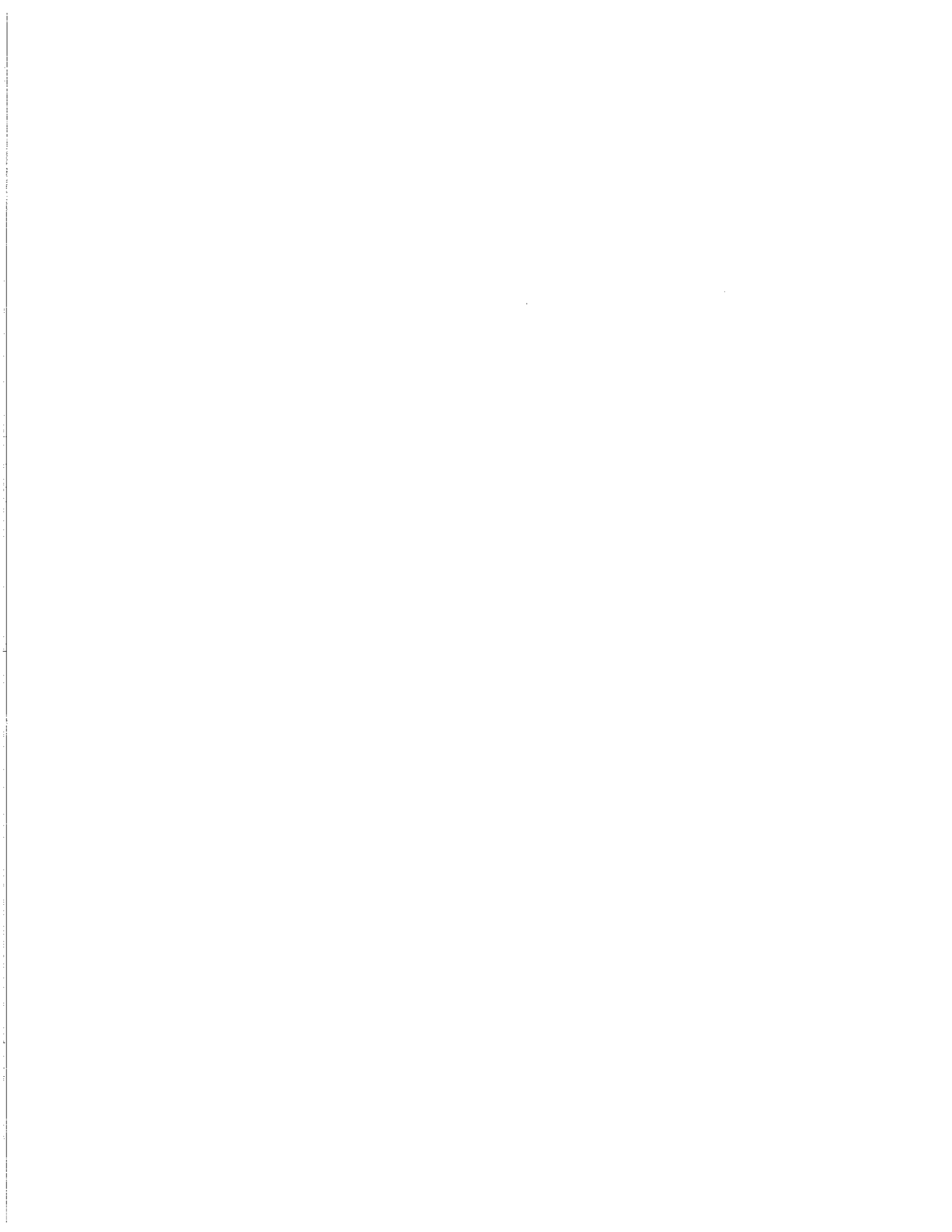
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RESOLVED, that, the college will provide the following benefits, health, dental, vision, LTD, STD and life per the attached documents. These benefits will be obtained from UPMC Health Plan, Delta Dental, VBA and The Hartford sponsored by the Manufacturer's Business Association and Lillis, McKibben and Bongiovanni.

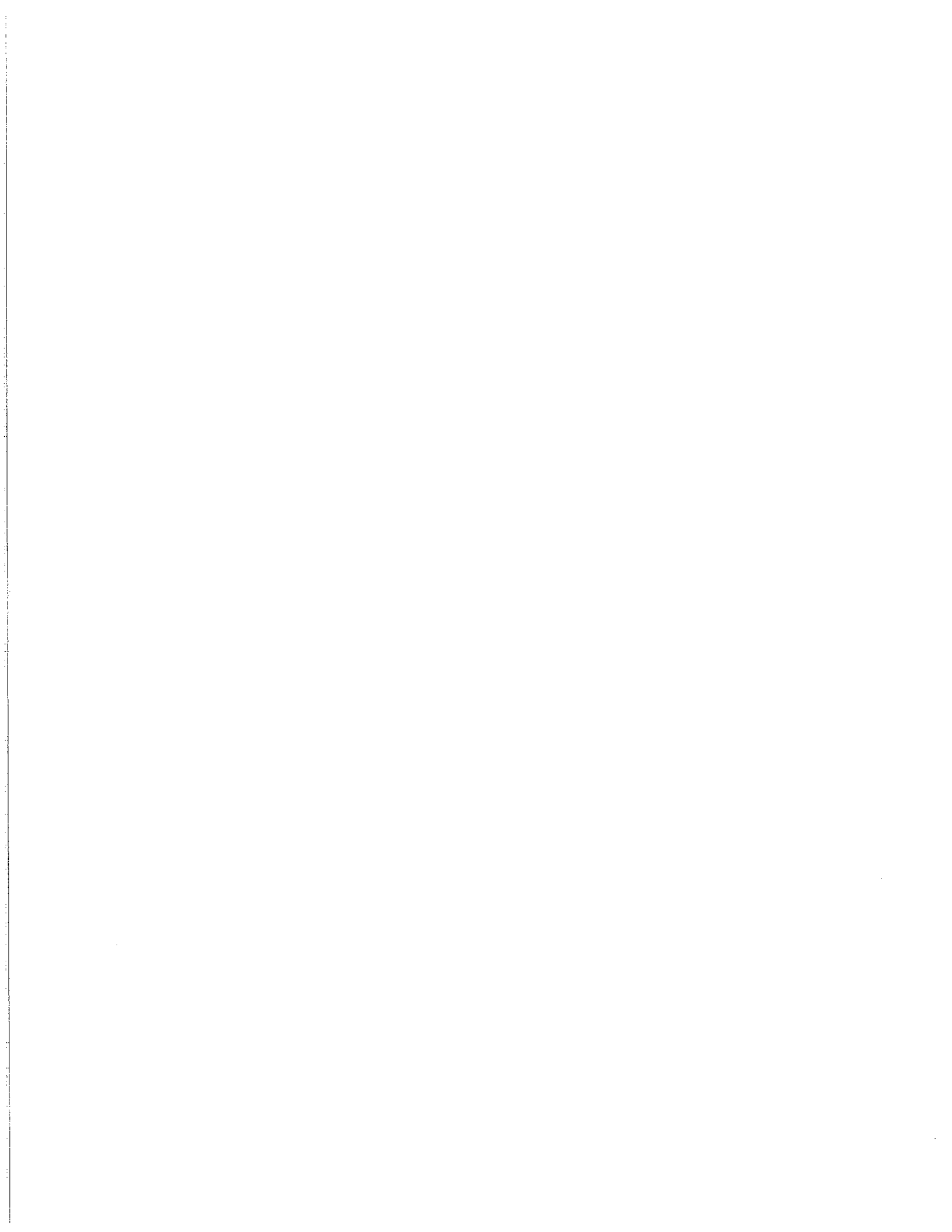




ERIE COUNTY
 COUNTY OF PENNSYLVANIA

Benefits for Full-Time Administrators and Staff 2021-2022 Academic Year

Benefit	Eligibility	Benefit Details	Colleague Contribution	ECCCPA Monthly Premium Cost
Health Insurance	1 st of the month following hire date	UPMC GOLD EPO \$1,500/\$3,000 See Schedule of Benefits Sheet	EE only – \$50.49/month or \$23.30/pay - (10% of premium) EE + SP - \$262.53/month or \$121.17/pay – (10% + 25% of add'l) EE + CH - \$177.97/month or \$82.14/pay – (10% + 25% of add'l) Family - \$276.41/month or \$127.58/pay (10% + 25% of add'l)	EE only - \$504.85 EE + SP - \$1,353.01 EE + CH - \$1,014.76 Family - \$1,408.54
Dental Insurance	1 st of the month following hire date	Delta Dental Option 7 See Schedule of Benefits Sheet	EE only – no cost Family - \$36/month or \$16.62/pay	EE only - \$22.39 Family - \$58.42
Vision Insurance	1 st of the month following hire date	VBA Gold See Schedule of Benefits Sheet	EE only -no cost; Family – no cost	EE only - \$5.35 Family - \$13.83
Life Insurance	1 st of the month following hire date	The Hartford – Plan III \$50,000 benefit	EE only – no cost	EE only - \$24.00
Long-term Disability	1 st of the month following hire date	The Hartford – Plan II 60% of salary after 90 day waiting period	EE only – no cost	EE only - \$7.20 (approx.)
403(b) Retirement Plan	1 st of the month after 6 months	TIAA	EE only contribution 3% + ER match 9%	No premium cost
Flexible Spending Plan	1 st of the month following hire date		Optional and fully funded by EE	No premium cost
AFLAC	1 st of the month following hire date		Optional and fully funded by EE	No premium cost
Health Insurance Opt Out	1 st of the month following hire date	\$50 per paycheck for opting out of health insurance	EE only – no cost	EE only - \$50.00



UPMC Small Business Advantage
Gold EPO \$1,500 \$35/\$50 - Premium Network
Deductible: \$1,500 / \$3,000
Coinsurance: 0%
Total Annual Out-of-Pocket: \$6,500 / \$13,000

Primary Care Provider: \$35 Copayment per visit
Specialist: \$50 Copayment per visit
Emergency Department: \$200 Copayment per visit
Urgent Care Facility: \$50 Copayment per visit
Rx: \$15/\$40/\$75/\$95

This Schedule of Benefits will be an important part of your Certificate of Coverage (COC) or your Summary Plan Description (SPD). If your plan has an SPD, it is issued by your employer or labor trust fund. It is not issued by UPMC Health Plan. It is important that you review and understand your COC and/or SPD because they describe in detail the services your plan covers. The Schedule of Benefits describes what you pay for those services.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary.

They must also meet all other criteria described in

your COC and/or SPD. Criteria may include Prior Authorization requirements.

Please note that your plan may not cover all of your health care expenses, such as Copayments and Coinsurance. To understand what your plan covers, review your COC and/or SPD. You may also have Riders and Amendments that expand or restrict your benefits.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit www.upmchealthplan.com. You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

For more information on your plan, please refer to the final page of this document.

Plan Information	Participating Provider
Benefit Period	Plan Year
Primary Care Provider (PCP) Required	Encouraged, but not required
Pre-Certification and Prior Authorization Requirements	Provider Responsibility

Member Cost Sharing	Participating Provider
Annual Deductible	
Individual	\$1,500
Family	\$3,000
Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:	
*When an individual family member reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR	
*When a combination of family members' expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible.	

Member Cost Sharing	Participating Provider
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.	
Coinsurance	You pay \$0 after Deductible.
	Copayments may apply to certain Participating Provider services.
Total Annual Out-of-Pocket Limit	
Individual	\$6,500
Family	\$13,000
Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first:	
<p>*When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR</p> <p>*When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period.</p>	
Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits.	

Preventive Services	Participating Provider
Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details.	
Pediatric preventive/health screening examination	Covered at 100%; you pay \$0.
Pediatric immunizations	Covered at 100%; you pay \$0.
Well-baby visits	Covered at 100%; you pay \$0.
Adult preventive/health screening examination	Covered at 100%; you pay \$0.
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay \$0.
Screening gynecological exam	Covered at 100%; you pay \$0.
Breast cancer and cervical cancer screening	Covered at 100%; you pay \$0.
Diagnostic services and procedures required by the ACA	Covered at 100%; you pay \$0.
Pediatric dental and vision services	For coverage information, log in to MyHealth OnLine or call Member Services at the number on the back of your Member ID card.

Covered Services	Participating Provider
Hospital Services	
Hospital inpatient	You pay \$0 after Deductible.
Hospital outpatient (includes ambulatory surgery)	You pay \$50 Copayment after Deductible.
Observation stay	You pay \$0 after Deductible.
Maternity - Non-preventive facility and professional services	You pay \$0 after Deductible.

Covered Services	Participating Provider
Emergency Services	
Emergency department	You pay \$200 Copayment per visit. Copayment waived if you are admitted to hospital.
Emergency transportation	You pay \$0 after Deductible.
Physician/Surgical Services	
Inpatient physician/surgical services	You pay \$0 after Deductible.
Outpatient physician/surgical services	You pay \$50 Copayment after Deductible.
Provider Medical Services	
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay \$0 after Deductible.
Adult immunizations not required to be covered by the ACA	You pay \$0 after Deductible.
Primary care provider office visit	You pay \$35 Copayment per visit.
Specialist office visit	You pay \$50 Copayment per visit.
Convenience care visit	You pay \$35 Copayment per visit.
Urgent care facility	You pay \$50 Copayment per visit.
Virtual Visits	
Virtual visit - Virtual Urgent Care	You pay \$5 Copayment per visit.
Virtual visit - Scheduled (Primary Care)	You pay \$35 Copayment per visit.
Virtual visit - Scheduled (Specialist)	You pay \$50 Copayment per visit.
Virtual visit - eDermatology	You pay \$50 Copayment per visit.
UPMC MyHealth 24/7 Nurse Line	
If you would like to speak to a registered nurse about a specific health concern or when to seek treatment, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591 (TTY: 711). You may also send an email using the web nurse request system at www.upmchealthplan.com .	
Allergy Services	
Treatment, injections, and serum	You pay \$50 Copayment per visit.
Diagnostic Services	
Advanced imaging (e.g., PET, MRI)	You pay \$0 after Deductible.
Other imaging (e.g., x-ray, sonogram)	You pay \$50 Copayment per visit.
Lab	You pay \$50 Copayment per visit.
Diagnostic testing	You pay \$50 Copayment per visit.
Rehabilitation Therapy Services	
Note: Visit limits on Rehabilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder.	
Physical and occupational therapy	You pay \$50 Copayment per visit.
	Covered up to 30 visits per Benefit Period for both therapies combined.
Speech therapy	You pay \$50 Copayment per visit.
	Covered up to 30 visits per Benefit Period.
Cardiac rehabilitation	You pay \$0 after Deductible.
	Covered up to 36 visits per Benefit Period.
Pulmonary rehabilitation	You pay \$50 Copayment per visit.
	Covered up to 36 visits per Benefit Period.

Covered Services	Participating Provider
Habilitation Therapy Services	
Note: Visit limits on Habilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder.	
Physical and occupational therapy	You pay \$50 Copayment per visit.
	Covered up to 30 visits per Benefit Period for both therapies combined.
Speech therapy	You pay \$50 Copayment per visit.
	Covered up to 30 visits per Benefit Period.
Medical Therapy Services	
Chemotherapy, radiation therapy, dialysis therapy	You pay \$50 Copayment per visit.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay \$0 after Deductible.
Pain Management	
Pain management program	You pay \$50 Copayment per visit.
Mental Health and Substance Use Disorder Services	
Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.	
Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment)	You pay \$0 after Deductible.
Outpatient - Office visits and outpatient therapy	You pay \$35 Copayment per visit.
Outpatient - Other services (includes intensive outpatient and partial hospitalization programs)	You pay \$0 after Deductible.
Other Medical Services	
Refer to the Certificate of Coverage (COC) for specific Benefit Limitations that may apply to the services listed below.	
Acupuncture	You pay \$50 Copayment per visit.
	Covered up to 12 visits per Benefit Period.
Applied behavior analysis for the treatment of Autism Spectrum Disorder	You pay \$0 after Deductible.
Corrective appliances	You pay 50% after Deductible.
Dental services related to accidental injury	You pay \$200 Copayment per visit.
Durable medical equipment	You pay 50% after Deductible.
Fertility testing	You pay \$50 Copayment per visit.
Home health care	You pay \$0 after Deductible.
	Covered up to 60 days per Benefit Period.
Hospice care	You pay \$0 after Deductible.
Infertility services	You pay \$50 Copayment per visit.
	Limited to artificial insemination.
Medical nutrition therapy	You pay \$0 after Deductible.
Nutritional counseling	You pay \$0 after Deductible.
	Covered up to six visits per Benefit Period.
Nutritional products	Covered at 100%; you pay \$0.

Covered Services	Participating Provider
	Nutritional products for the treatment of PKU and related disorders are not subject to Deductible.
Oral surgical services	You pay \$0 after Deductible.
Podiatry care	You pay \$50 Copayment per visit.
Skilled nursing facility	You pay \$0 after Deductible.
	Covered up to 120 days per Benefit Period.
Therapeutic manipulation	You pay \$50 Copayment per visit.
	Covered up to 20 visits per Benefit Period.
Diabetic Equipment, Supplies, and Education	
Diabetic equipment and supplies	
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at Participating Pharmacy. See applicable Prescription Schedule of Benefits for coverage information.
Diabetic education	Covered at 100%; you pay \$0.

Prescription Medication Coverage

For additional information on your pharmacy benefits, refer to your Prescription Medication Schedule of Benefits. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier.

The Advantage Choice pharmacy program will apply (mandatory generic).

Not subject to Plan Deductible

UPMC Health Plan has determined that your prescription medication benefit plan constitutes Creditable coverage

<p>Retail prescription medication</p> <ul style="list-style-type: none"> • Prescriptions must be dispensed by a participating pharmacy. • 30-day supply. 	<p>Tier 1: You pay \$15 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$40 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$75 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>Tier 7: You pay \$0 Copayment for select generic medications.</p> <p>90-day maximum retail supply available for three copayments</p>
<p>Specialty prescription medication</p> <ul style="list-style-type: none"> • Specialty medications are limited to a 30-day supply. See Prescription Medication Schedule of Benefits for additional information. • Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). You may pay a higher amount for specialty medications when filled at a retail pharmacy. 	<p>Tier 4: You pay \$95 Copayment for specialty medications (brand and generic).</p> <p>Tier 6: You pay \$0 Copayment for oral chemotherapy medications.</p> <p>30-day maximum supply</p>
<p>Mail-order prescription medication</p> <ul style="list-style-type: none"> • A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy. 	<p>Tier 1: You pay \$30 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$80 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$150 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>Tier 7: You pay \$0 Copayment for select generic medications.</p> <p>90-day maximum mail-order supply</p>
<p>If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.</p>	

In order to ensure compliance with the Mental Health Parity and Addiction Equity Act, member cost-sharing may be reduced for certain services when received for the diagnosis or treatment of a mental health or substance use disorder condition.

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Certificate of



Expert Solutions. Exceptional Service.

**VISION QUOTE
MANUFACTURER &
BUSINESS ASSOCIATION**

Option 3 - Gold
Number of Employees: 5,000
\$0 Exam / \$0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service

DEPENDENT AGE: 26

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit	Non-Participating Provider Amount Reimbursed
Vision Exam (Glasses or Contacts)	100%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives ^D	Controlled Cost ^E	\$80
Lenticular	100%	\$120
Polycarbonate ^C	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame^B	100%	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$150	\$150
Fitting Fee	15% off UCRA	N/A
-OR-		
Medically Necessary Contacts^F	100%	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$200

A Usual, Customary, and Reasonable.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).

C Available In-Network at no charge for children under age 19.

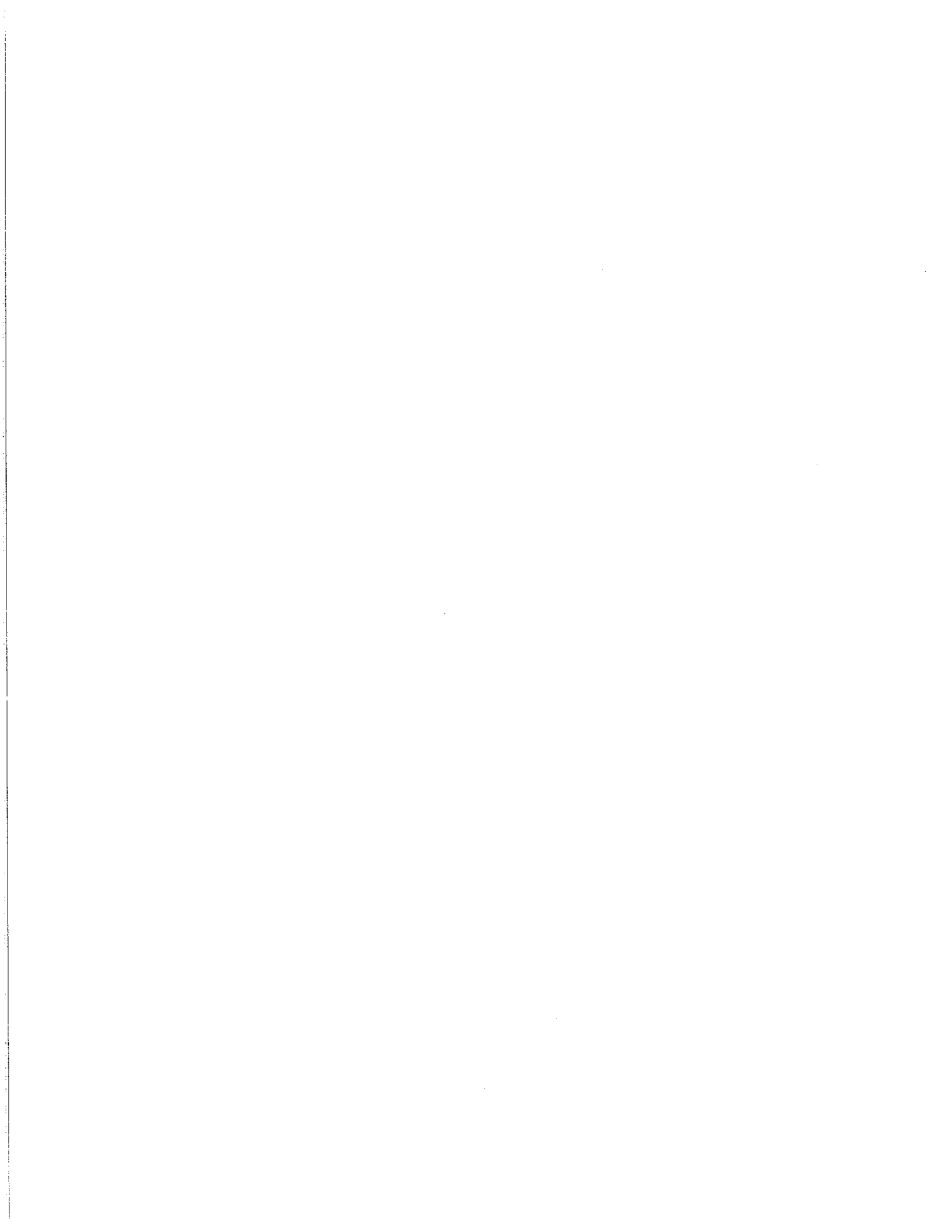
D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

E Unless otherwise prohibited by law.

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

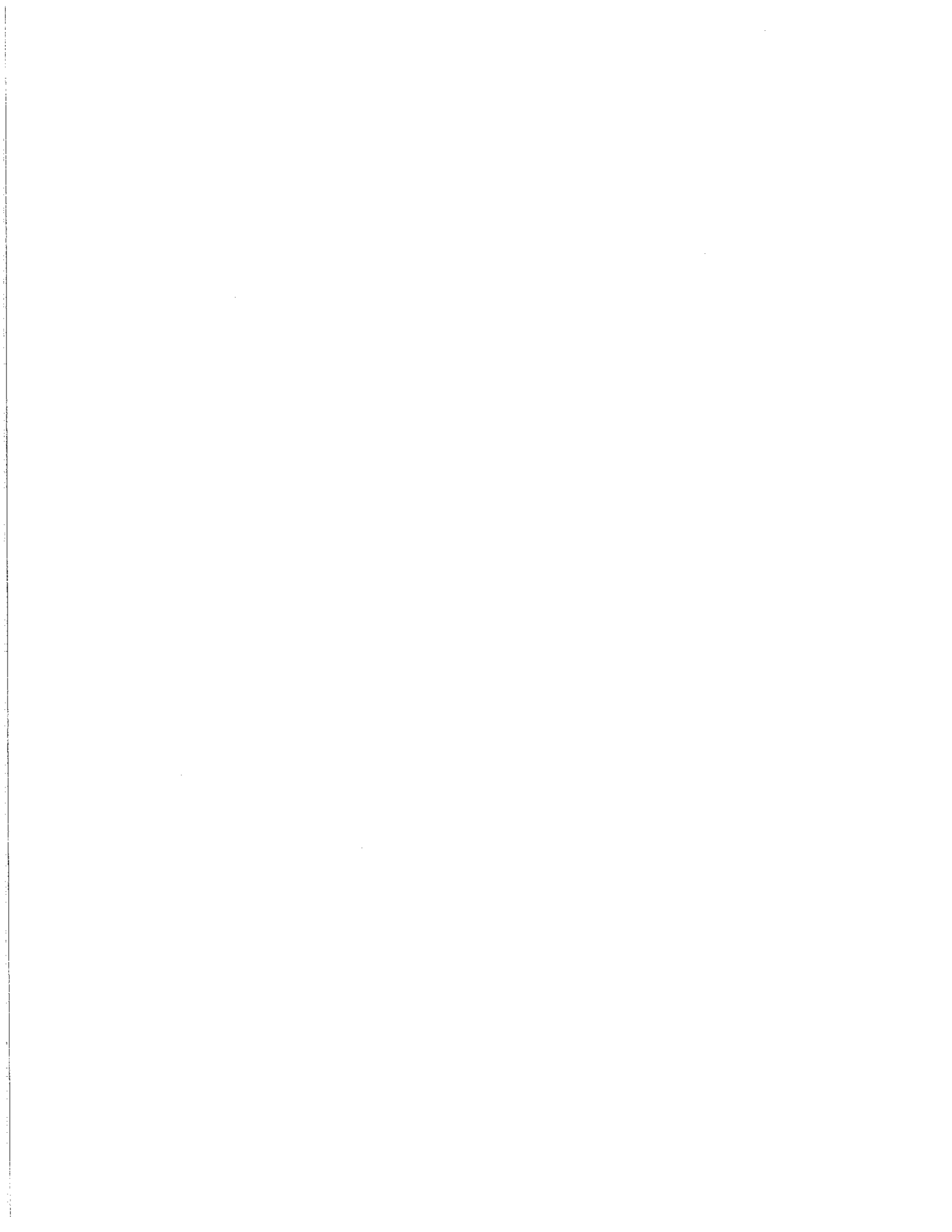
COST PER EMPLOYEE PER MONTH

Employee Only	Employee + 1	Employee + Family
\$5.35	\$10.14	\$13.83



Option 7

		Delta Dental PPO Dentists		Delta Dental Premier Dentists		Non-Participating Dentists	
Category	Service	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	80%	20%	80%	20%	80%	20%
Oral Surgery	Extractions	80%	20%	80%	20%	80%	20%
Endodontics	Root canal therapy	80%	20%	80%	20%	80%	20%
Periodontics	Treatment of gum disorders	80%	20%	80%	20%	80%	20%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Maximum Deductible		\$1,500 per person per calendar year \$25 per person, not to exceed \$75 per family.					





2171 West 38th Street • Erie, Pa. 16508
814/833-3200 • 800/815-2660 • Fax: 814/833-4844



**An Employer's Guide for the Manufacturer & Business Association Welfare Benefit Plan
Group Insurance Trust Life, AD&D, Short-Term Disability and Long-Term Disability
plans offered through The Hartford**

- Premium Rates – May 1, 2021 through December 31, 2023
- Underwriting Regulations
- Life and AD&D Administrative Procedures
- Short Term Disability Administrative Procedures
- Long Term Disability Administrative Procedures
- Billing and Administrative Fees and Procedures
- Life, AD&D, Short Term Disability and Long Term Disability Options
- Reference Page

I PREMIUM RATES – May 1, 2021 through December 31, 2023

A. Life / Accidental Death and Dismemberment

Since rates are based on specific insurance amounts at each employee's insurance age, it is necessary to submit a listing of employees to MBA, including requested amounts of insurance and date of birth. MBA will supply a cost quotation to you. Rate changes based on changes of insurance age for existing members as of January 1, will be made as of May 1, 2021 upon plan renewal.

PLEASE NOTE: Dependent Life will continue to be provided to employees of member companies that participate in one of the Association-sponsored Life Insurance Plans. For this purpose, a dependent means the lawful spouse of an eligible employee and/or each child of such employee who is at least 14 days old and has not reached his/her 19th birthday. The amount of dependent life insurance will be \$4,000 for spouse and \$2,000 for each child.

B. Short Term Disability (Weekly Indemnity)

Rates for new members will be furnished upon request by contacting Manufacturer & Business Association at 1-800/815-2660.

Benefit Duration - For all plans, benefits begin on the first day of an accident, the eighth day of a sickness and are payable for a maximum of thirteen (13) or twenty six (26) weeks for a disability.

Short term disability plans provide benefits up to a maximum of 70% of the employee's salary.

C. Long Term Disability

Rates for new members will be furnished upon request by contacting Manufacturer & Business Association at 1-800/815-2660.

Benefit Duration - For all plans, benefits begin on the 90th day or the 180th day. All plans initially pay 60% per month. Rates are then paid based upon occupation going forward.

D. Age Determination for Life Premium Rate Purposes

Rates for group life coverage will be based upon the age of the employee at the time of enrollment. Rates will be adjusted at renewal according to employee's age at that time.

II UNDERWRITING REGULATIONS

A. Initial Enrollment Procedures

1. New Members – New members may enroll for The Hartford Life, AD&D, Short Term Disability and Long-Term Disability programs on the first day of the month following membership approval by the Board of Governors.
2. Employee salary updates are processed effective May 1 for groups with Life plans 3, 4, 10 and 11.

B. Enrollment / Late Enrollment Procedures

1. The Hartford does not have an open enrollment period for coverage other than when the employee is first eligible.
2. The standard eligibility waiting period is the first of the month following 30 days of employment. In order to accommodate employers with eligibility waiting periods that are longer than the standard, The Hartford has extended the eligibility waiting period to the first of the month following 90 days of employment. Employees who enrolled beyond the extended time frame will be considered late enrollees and subject to late enrollment requirements.
3. If an employee would like to request insurance coverage, complete an enrollment form, sign the form, and return with the monthly premium to:

**MBA Group Insurance Trust
Three Gateway Center, STE 1625
Pittsburgh, Pa. 15222**

Late Enrollment Requirements – After reviewing the request, if it is determined that the employee or their dependent did not enroll when they were first eligible, the employee will be subject to evidence of insurability guidelines for Life, AD&D, Short Term Disability and Long-Term Disability coverage.

C. Eligibility

Association member firm with two or more full time employees.

D. Change of Option Procedures

Existing members currently enrolled should direct their inquiries to Manufacturer & Business Association if a change in benefits is desired, members may contact their agent or broker as well.

E. Contributions

1. Plans may be contributory, however, the employee contribution may not exceed 50% of actual cost to a maximum of \$0.60 per month for each \$1,000 of Group Life Insurance, as required by law.
2. If employees are required to contribute toward the premium, only those who enroll for coverage are to be insured. Insurance on employees is subject to (a) 85% or more of those eligible being insured if the number of eligible employees is less than 10; or (b) 75% or more of those eligible being insured if the number of eligible employees is 10 or more.

III BILLING, ADMINISTRATIVE FEES AND PROCEDURES

Billing and administrative services for Manufacturer & Business Association Welfare Benefit Plan Group Insurance Trust are provided through CW Breitsman Associates. The schedule of fees applied to the monthly premium billings are as follows:

A. Service Charge

1. A basic charge per group of \$4.00
2. \$0.35 per participating employee.

The maximum monthly total per employee charge (items 1&2 above) will be \$60.

B. Premium Delinquency Charge

Premium Payments are due and payable by the 25th day of the month of billing.

**MBA Group Insurance Trust
Three Gateway Center, STE 1625
Pittsburgh, Pa. 15222**

Checks are made payable to:

MBA Group Insurance Trust

A \$35.00 charge for returned checks will be applied.

C. Administrative Changes

Member Firms must submit, in writing, all requests for administrative changes regarding company name, address, telephone number, ownership and billing correspondence to:

**The Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508**

D. Premium Invoices

Invoices will be mailed to member companies **only**.

Any problems or questions related to billing should be directed to CW Breitsman Associates at (833) 530-9675.

E. Enrollment / Change Procedures

1. To add a new employee, complete an enrollment form (supplies can be obtained by contacting the Manufacturer & Business Association at 814/ 833-3200 or visiting the Website at www.mbausa.org. Have the employee sign the form and return it to the billing office.
2. To delete an employee, cross the name from the billing invoice and provide a termination date.
3. To change dependent status, complete a revised enrollment form and return it with your next billing

IV PLAN OPTIONS

Basic Life Plan Options

Plan I	Flat \$10,000 for all employees
Plan II	Flat \$20,000 for all employees
Plan III	1X basic annual earnings, \$50,000 maximum
Plan IV	2X basic annual earnings, \$100,000 maximum
Plan V	1X basic annual earnings, \$100,000 maximum
Plan VI	2X basic annual earnings, \$200,000 maximum

An age reduction factor applies to the group life and AD&D benefit. Age reduction in the group life benefit will begin at age 70 when the original benefit will be reduced by 25 percent. For example, an original benefit amount of \$100,000 will become \$75,000 at age 70. The benefit will be further reduced at age 75 to 50 percent of the original benefit. It is important to note that the group life plans are available to active employees only.

Short Term Disability Plan Options

Plan I	1-8-26 plan*, \$100 flat per week for all employees
Plan II	1-8-26 plan*, 66 2/3% salary for officers, partners and owners, \$150 maximum per week 1-8-26 plan*, 66 2/3% salary for all other employees, \$100 maximum per week
Plan III	1-8-26 plan*, 66 2/3% salary for all employees, \$400 maximum per week
Plan VII	1-8-26 plan*, 66 2/3% salary for all employees, \$800 maximum per week
Plan IX	1-8-26 plan*, 66 2/3% salary for all employees, \$1,200 maximum per week
Plan XI	1-8-26 plan*, \$300 flat per week for all employees
Plan XIII	1-8-26 plan*, \$600 flat per week for all employees

**** 13 week maximum duration options may also be available on some plans***

Long Term Disability Plan Options

- Plan I Officers/Partners/Owners
60% up to \$5000/month starting on the 90th day
80% or less of predisability earnings – own occupation
- Other Employees
60% up to \$3000/month starting on the 90th day
80% or less of predisability earnings – own occupation
60% or less of predisability earnings after 24 mos. – any occupation
- Plan II Officers/Partners/Owners
60% up to \$5000/month starting on the 180th day
80% or less of predisability earnings – own occupation
- Other Employees
60% up to \$3000/month starting on the 180th day
80% or less of predisability earnings – own occupation
60% or less of predisability earnings after 24 mos. – any occupation
- Plan III All Employees
60% up to \$5000/month starting on the 90th day
80% or less of predisability earnings – own occupation
80% or less of predisability earnings after 24 mos – any occupation
- Plan IV All Employees
60% up to \$5000/month starting on the 180th day
80% or less of predisability earnings – own occupation
80% or less of predisability earnings after 24 mos – any occupation
- Plan V All Employees
60% up to \$5000/month starting on the 90th day
80% or less of predisability earnings – own occupation
60% or less of predisability earnings after 24 mos – any occupation
- Plan VI All Employees
60% up to \$5000/month starting on the 180th day
80% or less of predisability earnings – own occupation
60% or less of predisability earnings after 24 mos – any occupation

V LIFE AND AD&D

1. Supplies can be obtained by contacting Manufacturer & Business Association at 814/ 833-3200 or 800/ 815-2660 or visiting the Website at www.mbausa.org.
2. To file a death or AD&D claim, complete a claim form, have the death certificate, original enrollment card and Beneficiary designation (if any) attached and send to:

**The Hartford
Group Life Claims
PO Box 14299
Lexington, KY 40512-4299**

3. Inquiries concerning benefits and claims on Life and AD&D plans must be directed to **The Hartford Group Life Claims office at 888/563-1124.**

VI SHORT TERM DISABILITY/LONG TERM DISABILITY

1. To file a Short-Term Disability claim call 888/301-5615
2. Paper claims may still be filed to:

**The Hartford
Group Benefit Claims
PO Box 14869
Lexington, KY 40512-4869**

3. Inquiries concerning benefits and claims for disability plans must be directed to **The Hartford Disability Claims office at 800/ 549-6514.**

REFERENCE PAGE

Company Name/Address Changes

Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508

Premium Payment Address

MBA Group Insurance Trust
Three Gateway Center, STE 1625
Pittsburgh, Pa. 15222

New Group Submission Address

Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508

Enrollments and Changes

MBA Group Insurance Trust
Three Gateway Center, STE 1625
Pittsburgh, Pa. 15222

Life Claim Address

The Hartford
Group Life Claims
PO Box 14299
Lexington, KY 40512-4299
Fax: (866) 954-2621

STD and LTD Claim Address

The Hartford
Group Benefit Claims
PO Box 14869
Lexington, KY 40512-4869
Fax: (833) 357-5153

Phone Numbers

Forms	1-800/815-2660
Rate Information.....	1-800/815-2660
Billing Questions	1-833/530-9675
To File a Disability Claim	1-888/301-5615
Life Claim Questions	1-888/563-1124
Disability Claim Questions.....	1-800/549-6514
Membership Issues.....	1-800/815-2660