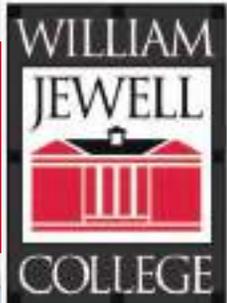


William Jewell College Benefit Plan Summary 2020



WILLIAM JEWELL COLLEGE
Established 1849



WILLIAM JEWELL COLLEGE is more focused than ever on advancing critical thinking and preparing students to connect their thinking with their purpose. As evidenced in our strategic plan, we have a clear vision for increasing access to education and maintaining a vibrant campus that attracts the best students and faculty, while ensuring our current students have an enriching experience that prepares them for their futures as engaged citizens.

OUR MISSION

We educate our community to ask reflective questions, apply critical thought and act with purpose.



**THE
CRITICAL
THINKING
COLLEGE™**

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WELCOME TO WILLIAM JEWELL COLLEGE!

Benefit Plan Summary 2020

William Jewell College is pleased to offer its employees a comprehensive benefit package.

Full-Time Employees

Full-time employees are eligible for all benefits as described in this brochure. Full-time is defined as a regular employee (not seasonal or temporary) scheduled and expected to have or average 30 or more hours of service per week over a designated period of time. Insurance coverage for full-time employees becomes effective the first day of the month following a 30-day waiting period. The 30-day waiting period begins on the first day of employment.

Part-time Employees

Part-time employees are also eligible for many benefits. Part-time employees are defined as a regular employee (not seasonal or temporary) scheduled and expected to have 20 to 29 hours of service per week and have at least 440 cumulative hours of service since the original hire date. After meeting the service requirement, insurance coverage becomes effective the first day of the month following a 30-day waiting period. The waiting period begins after 440 cumulative hours of service requirement has been met.

Adjunct Faculty

Adjunct faculty who teach seven or more credit hours per semester and have at least 535 cumulative hours of service since their hire date are eligible for benefits. After the service requirement has been met, insurance coverage becomes effective the first day of the month following a 30-day waiting period. The waiting period begins after 535 cumulative hours of service requirement has been met.

After employees initially enroll in benefits, changes to their elections will only be allowed during the annual open enrollment period. Changes become effective on January 1 or in the case of a qualifying event, such as birth or adoption of a child, marriage, etc. All qualifying event changes must be made within 30 days of the date of the event and will be effective the date of the event. Please see the Office of Human Resources for more information regarding qualifying events.

EMPLOYEE PREMIUMS

Full-time Employees: Employees 3/4 time and over*

Medical - BCBS

Annualized Salary	Under \$30,000			At least \$30,000 & under \$47,000			At least \$47,000 & under \$61,500			At least \$61,500 & over		
	HMO	PCB	Spira	HMO	PCB	Spira	HMO	PCB	Spira	HMO	PCB	Spira
Employee Only	\$70.33	\$65.20	\$45.71	\$82.04	\$76.08	\$49.23	\$96.69	\$89.67	\$53.18	\$123.07	\$114.11	\$61.53
Employee + 1	\$185.37	\$171.89	\$113.08	\$254.88	\$236.35	\$142.73	\$335.98	\$311.56	\$171.35	\$440.24	\$408.24	\$202.51
Family	\$222.31	\$206.14	\$144.50	\$312.87	\$290.12	\$187.72	\$395.20	\$366.48	\$217.36	\$493.99	\$458.09	\$247.00

Dental - BCBS

Employee Only	\$13.63
Employee + Spouse	\$26.52
Employee + Children	\$36.97
Family	\$49.90

Vision - EyeMed Exams and Materials

Employee Only	\$6.21
Employee + Spouse	\$11.80
Employee + Children	\$12.42
Family	\$18.26

Vision - EyeMed Materials Only

Employee Only	\$6.38
Employee + Spouse	\$12.10
Employee + Children	\$12.74
Family	\$18.74

Part-time Employees: Employees between 1/2 and 3/4 time

Medical - BCBS

	HMO	PCB	Spira
Employee Only	\$263.72	\$244.53	\$158.23
Employee + 1	\$532.93	\$494.19	\$319.76
Family	\$749.23	\$694.77	\$449.54

Dental - BCBS Traditional Plan

Employee Only	\$20.45
Employee + Spouse	\$39.78
Employee + Children	\$55.45
Family	\$74.84

Vision - EyeMed

Same rates as full-time employees.

Employees less than 1/2 time

Not eligible for insurance benefits

Retired Employees and Dependents

Per Retiree Insurance Subsidy Sheet

COBRA Insurance Rates

Full cost + 2% administration fee

Medical - BCBS

	HMO	PCB	Spira
Employee Only	\$597.75	\$554.26	\$436.96
Employee + 1	\$1,181.73	\$1,095.82	\$863.91
Family	\$1,679.63	\$1,557.53	\$1,227.91

Dental - BCBS Traditional Plan

Employee Only	\$29.59
Employee + Spouse	\$57.55
Employee + Children	\$80.22
Family	\$108.28

Vision - EyeMed Exams and Materials

Employee Only	\$6.33
Employee + Spouse	\$12.04
Employee + Children	\$12.67
Family	\$18.63

Vision - EyeMed Materials Only

Employee Only	\$6.51
Employee + Spouse	\$12.34
Employee + Children	\$12.99
Family	\$19.11

*Full-time faculty and staff on nine month appointments are considered three-quarter time employees. These benefits and premiums are subject to change.

HEALTH INSURANCE is offered through Blue Cross Blue Shield of Kansas City. Three plans are offered: HMO, PPO, and Spira Care and there are three levels of coverage: Employee, Employee plus One, and Family. Coverage is available for children until the end of the calendar year when they reach age 26. Detailed descriptions of the plans are on the BCBS of KC plan summary sheet.

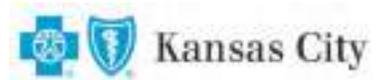
- 1. Blue Care (HMO)** – Primary Care Physician (PCP) must be selected. No referral needed for specialists. In-network coverage only except for urgent and emergency care. \$30 copay for PCP visit; \$60 copay for specialist visit. \$250 inpatient/outpatient services copay per day, maximum 5 days (\$1,250) per calendar year; \$100 copay emergency room; \$60 copay urgent care center. Does not include some hospitals that are in the Preferred Care Blue plan.
- 2. PPO-Preferred Care Blue (PCB)** – In-network (80/20) and out-of-network (60/40) coverage. \$2,500 deductible individual (\$5,000 family). \$40 office visit copay. Pays 80% of services provided by in-network providers after \$2,500 individual (\$5,000 family) deductible. Maximum in-network out-of-pocket is \$4,500 for individual and \$9,000 for family (includes deductible and coinsurance). Does not include some hospitals that are in the Blue Care plan.

The two previous plans include routine vision exams.

- 3. With Spira Care**, all primary care appointments and procedures at the Spira Care Center are 100% covered. For other medical needs like prescription drug coverage, specialty care or hospitalization, Spira Care works like a traditional health plan with an annual deductible of \$1,500 for individuals and \$3,000 for families. Members can see more than 3,000 physicians and specialist at over 11,000 access points in the BlueSelect Plus network.



MEDICAL



Plan Type	HMO - Blue Care	PPO - Preferred Care Blue	Spira Care
Deductible (Individual/Family)	None	\$2,500/\$5,000	\$1,500/\$3,000
Coinsurance	100%	80/20 In-Network 60/40 Out-of-Network	100%
Out-of-Pocket Maximum (Includes Deductible & Coinsurance)	N/A	\$4,500/\$9,000 In-Network \$9,000/\$18,000 Out-of-Network	\$1,500/\$3,000
In Network Office Visit	\$30 PCP & \$60 Specialists	\$40 PCP & Specialists In-Network 60/40 Out-of-Network	Spira Care Center: 100%
Routine Preventive Care (contract lists covered services)	Covered at 100%	100% In-Network Wellness Related Office Visit 100% 60/40 Out-of-Network	Spira Care Center: Covered at 100%
Inpatient Hospital	\$250 copayment per day up to \$1,250 per calendar year	80/20 In-Network 60/40 Out-of-Network	Deductible
Outpatient Hospital	\$250 copayment per day up to \$1,250 per calendar year	80/20 In-Network 60/40 Out-of-Network	Deductible
MRI, MRA, CT and PET scans performed in a Physicians Office, Imaging Center or Other Outpatient Setting (including a hospital)	\$100 copay (only one copay will apply for each provider on a specified date of service even if multiple scans are performed)	80/20 In-Network 60/40 Out-of-Network	Deductible
Emergency Room Copay	\$100 per visit copay (waived if admitted)	\$100 copay then deductible and coinsurance In- or Out-of-Network	Deductible
Urgent Care	\$60 per visit copay	\$40 copay (office visit and lab only) In-Network Deductible and Coinsurance Out-of-Network	Spira Care Center: 100%
Prescription Benefits	Generic- \$10 Preferred Brand- \$50 Non-Preferred Brand- \$70 Mail Order- \$20/\$100/\$140	Generic- \$10 Preferred Brand- \$50 Non-Preferred Brand- \$70 Mail Order- \$20/\$100/\$140	Generic- \$15 Preferred Brand- \$50 Non-Preferred Brand- Deductible Mail Order- \$15/\$125/Deductible
Vision Exam (limited to 1 every calendar year)	\$10 copay	\$40 copay In-Network 60/40 Out-of-Network	N/A
Dependent Age	Coverage is available for dependent children to the end of the calendar year they reach age 26.		

This document is intended to give a summary description of the plan and is not a contract. Please refer to your certificate of insurance for complete terms and conditions.

Immediate access to care: Telehealth Online Doctor Visits. Live and immediate 24/7 access to care for common medical issues, \$49 or less copay per Telehealth visit. To learn more about Telehealth visit Amwell.com.

American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider network.

Spira Care Center Locations

Open:

- Crossroads
1916 Grand Boulevard Kansas City, MO 64108
- Lee's Summit
760 NW Blue Parkway Lee's Summit, Mo 64086
- Liberty
8350 N Church Road Kansas City, Mo 64158
- Olathe
15710 W 135th Street, Suite 200 Olathe, KS 66062
- Shawnee
10824 Shawnee Mission Parkway Shawnee, KS 66203

Coming Soon:

- Wyandotte
9800 Troup Avenue Kansas City, KS 64111
- Tiffany Springs
8765 N Ambassador Drive Kansas City, MO 64154



Spira Care Services and Benefits

Integrated Primary Care



Adult & Pediatric Primary Care



Chronic Condition Management



Patient Wellness Follow-Ups



Digital X-Rays*



Routine Lab Draws



Health Coaches On-Site

Convenient Benefits



A Select Number of Generic Prescriptions** Filled On-Site



Referrals & Scheduling for In-Network Specialists



Support in Understanding Your Plan's Network



Access to A Healthier YOU Platform



Extended Hours for Appointments

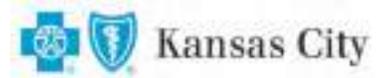


Online Appointment Scheduling



Virtual Care and Online Communication with Your Care Team

DENTAL



Dental Service Type	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Dentists ³
Annual Deductible*			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Preventive Services	100%	100%	80%
Basic Services	80%	80%	70%
Major Services	50%	50%	40%
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000
Office Visit Copay	N/A	N/A	N/A
Orthodontic Services**	50%	50%	50%
Orthodontic Deductible	None	None	None
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000

*The deductible applies to: Basic & Major services only

**Orthodontia is covered only for children (appliance must be placed prior to age 19).

Preventive

Oral examinations (a)	100%	100%	80%
Cleanings (a) Adult/Child	100%	100%	80%
Fluoride (a)	100%	100%	80%
Sealants (permanent molars only) (a)	100%	100%	80%
Bitewing Images (a)	100%	100%	80%
Full mouth series Images (a)	100%	100%	80%

Basic

Composite fillings	80%	80%	70%
Recementation (inlays, crowns, and bridges) (a)	80%	80%	70%
Periodontics	80%	80%	70%
Endodontics (a)	80%	80%	70%
Tooth extraction (a)	80%	80%	70%
General anesthesia	80%	80%	70%

Major

Bridges	50%	50%	40%
Crowns	50%	50%	40%
Full & partial dentures	50%	50%	40%

Dental Rewards If you have calendar year claims between \$1-\$300, you will receive \$250 in rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.

¹**Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

²**Blue Dental Choice Providers:** The additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

³**Non-Participating Providers:** Seeing a non-participating dentist results in the Highest out-of-pocket costs for covered services. Members may be responsible for filling claims and may be balance billed by the non-participating provider.

Exam and Materials - Employee Pays 100%

Vision Care Services	Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary	\$10 Copay	\$30
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail	N/A
Frames		
Any available frame at provider location	\$0 Copay \$130 Allowance, 20% off balance over \$130	\$65
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$60
Lenticular	\$25 Copay	\$60
Standard Progressive Lens**	\$90	\$40
Premium Progressive Lens**	\$90, 80% of Charge less \$120 Allowance	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid in Full	\$200
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

VISION



Materials Only - Employee Pays 100%

Vision Care Services	Member Cost	Out-of-Network Allowance
Frames: Any available frame at provider location	\$0 Copay \$130 Allowance, 20% off balance over \$130	\$65
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$63
Lenticular	\$0 Copay	\$63
Standard Progressive Lens**	\$65	\$40
Premium Progressive Lens**	\$65, 80% of Charge less \$120 Allowance	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid in Full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service. Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

FLEXIBLE SPENDING ACCOUNT

An FSA is an account where you can set aside your pre-tax earnings to pay for eligible health care or dependent care expenses not covered by insurance.

Health FSA

- Eligible medical, dental, orthodontia and vision care.
- \$2,700 IRS annual maximum

Dependent Care FSA

- Eligible child care, elder care, or care for a disabled dependent.
- \$5,000 annual maximum

Premium Only Plan

Your cost of eligible benefit premiums can be withheld pre-tax, such as group health, dental, vision and certain voluntary insurance premiums. You'll immediately benefit by having more take home pay due to lower taxable wages.



LIFE AND AD&D



Group Life and AD&D

This is a **100% Employer Paid** benefit for all full-time employees and all regular part-time employees and adjunct faculty who are eligible and enrolled in a William Jewell medical plan.

Life Benefit	Employee	Spouse and Dependent
Amount	1 times Basic Annual Earnings, rounded to the next higher \$1,000	Spouse - \$2,000 Child - Birth to 14 days: \$500 15 days - 6 months: \$1,000 6 months - 26 years: \$1,000
Minimum Amount	\$50,000	
Maximum Amount	\$150,000	
Guarantee Issue	\$150,000	
AD&D Benefit	Employee	
Amount	\$25,000	
Guarantee Issue	\$25,000	
Benefit Reduction	Employee	Spouse
Benefits will reduce	35% at age 65 An additional 20% of original amount at age 70; An additional 15% of original amount at age 75; An additional 10% of original amount at age 80 Benefits terminate at retirement	Benefits terminate at Spouse age 70

Additional Benefits

Accelerated Death Benefit; Seat Belt, Airbag, and Common Carrier; Conversion; Continuation of Coverage; Accident Plus : See Definitions Page

Eligibility	Employee	Spouse
	All full-time employees working 30 or more hours and all regular part-time employees working 20 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity on the day coverage takes effect.

Voluntary Life and AD&D

Employees may buy supplemental Voluntary Life coverage available up to five times annual salary (not to exceed \$500,000 for employee). Coverage available for spouse and children. Rates are listed in the CBIZ EMS system.

Employees may buy supplemental AD&D coverage in an amount up to ten times annual salary (not to exceed \$500,000 for employee). Coverage is also available for spouse and children.

DISABILITY

Long-Term Disability



This is a **100% Employer Paid** benefit for all full-time employees and all regular part-time employees and adjunct faculty who are eligible and enrolled in a William Jewell medical plan.

LTD Benefit	Employee
Amount	60% of current salary after 120 days off

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Voluntary Short-Term Disability



For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Benefit	Description
Monthly Benefit Payment	\$500 to \$6,000 (subject to income requirements)
Total Disability Benefit Periods	3, 6 or 12 months
Partial Disability Benefit Period	3 months
Elimination Periods (Injury/Sickness)	0/7, 0/14, 7/7, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
Waiver of Premium	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule. Not available with a 3-month total disability period.
Optional Riders	
Aflac Value Rider	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
Disability Benefit for On-The-Job Injury Rider	Provides benefits if a disability is caused by covered on-the-job injury while coverage is in force. Available even with Worker's Compensation. *Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
Additional Units of Disability Benefit Rider	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

*NOTE: All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.
Subject to certain conditions/maximum.

RETIREMENT PLAN

Saving for the future is easy by participating in the 403(b) retirement plan! All employees, except student workers, are eligible to participate in the plan. These plans allow employees to defer some of their salary into individual accounts by way of payroll deduction. Employees may elect to save on a tax-deferred basis or after-tax (Roth).

Each year the IRS sets the elective deferral limit. For 2019, the deferral limit is \$19,000 and projected to increase \$500 to \$19,500. If age 50 or over, the 2019 catch-up contribution limit is \$6,000 projected to increase to \$6,500. Based on your election, employees are eligible for a dollar for dollar match up to 5% of base salary after one year of eligible service at William Jewell College or prior service with another institute of higher education. Funds are vested at 100% immediately.

Available providers include:

1. **Guidestone Financial Resources**
2. **TIAA**
3. **American Century**

DOOLEY PLAZA

The Board of Trustees of William Jewell College, 1892-1893, authorized the construction of a building to be known as Dooley Plaza, which was completed in 1902. The building was named in honor of the late Dr. John Dooley, who had been the president of the college from 1893 to 1898. The building was the first of a series of buildings which were constructed on the campus of William Jewell College during the early years of the twentieth century. The building was designed by the architect, John C. Dooley, who was also the president of the college from 1902 to 1908. The building was the first of a series of buildings which were constructed on the campus of William Jewell College during the early years of the twentieth century. The building was designed by the architect, John C. Dooley, who was also the president of the college from 1902 to 1908.

TIME OFF AND HOLIDAYS

Time Off

Sick Leave

Eligible employees accrue sick leave on the basis of one working day per month of service to a maximum of 60 days (480 hours). Sick leave accumulates on a proportional basis for regular staff working less than full-time. See the Policy Library for complete policy information.

Vacation Time

Vacations with pay are granted to exempt and non-exempt staff. Vacation time taken is computed on the basis of the staff member's workweek. When a holiday occurs during a vacation, the holiday is not considered a day of vacation time. Bereavement leave occurring during vacation is not considered a day of vacation.

Vacations with pay are earned on the basis of continuous service from the date of employment (adjusted for temporary service, if applicable). The date of employment will be considered the staff member's anniversary date. Vacation accrual is based on the following schedule:

Years of Service	Vacation Time Accrued
Less than 5 years	6.67 hours per month / 2 weeks annually
After completion of 5 years	10.00 hours per month / 3 weeks annually
After completion of 15 years	13.33 hours per month / 4 weeks annually

Vacation leave accumulates on a proportional basis for regular staff working less than full time. Vacation accruals begin the first full month of employment. See the Policy Library for complete policy information.

Holiday Schedule 2020-2021

Holiday	Dates	Holiday Hours (Full-Time)*
Thanksgiving	Wednesday, 11/27/19 through Sunday, 12/1/19	3 days: 24 hours
Christmas and New Year's	Saturday, 12/21/19 through Wednesday, 1/1/20	8 days: 64 hours
Good Friday	Friday, 4/10/20	1 day: 8 hours
Memorial Day	Monday, 5/25/20	1 day: 8 hours
Independence Day	Friday, 7/3/20	1 day: 8 hours
Floating Day	Monday, 7/6/20	1 day: 8 hours
Labor Day	Monday, 9/2/19	1 day: 8 hours
Thanksgiving	Wednesday, 11/25/20 through Sunday, 11/27/20	3 days: 24 hours
Christmas and New Year's	Thursday, 12/24/20 through Sunday, 1/3/21	7 days: 56 hours

*Residence Life and Facilities Management staff schedules may vary in accordance with departmental guidelines.

With preapproval, an employee scheduled to work on an observed holiday may elect to take an alternate day off in lieu of their regular holiday pay if it is within the same pay period as the observed holiday. Employee would still receive time and a half for working on an observed holiday.

In case of an emergency during any of the holiday periods, you may contact Campus Safety by dialing 1411 when on campus or 816-365-0709.

ADDITIONAL BENEFITS

Voluntary Long-Term Care

Long Term Care provided by Unum. Optional coverage with guarantee issue of coverage for the employee during the initial 30 day enrollment period when first eligible for benefits.

For more information, visit unum.info.com/williamjewellcollege.

Benefit Duration	3 Years, 6 Years, or Unlimited Duration
Facility Benefit Amount in \$1,000 Increments	\$1,000 to \$6,000
Assisted Living Facility %	60%
Professional Home Care	50%
Total Home Care - Option	50%
Inflation Protection - Option	Simple Capped
Elimination Period	90 Days
Guaranteed Issue - New Employees	Up to \$4,000

Employee Assistance Program

EAP provided by New Directions. Benefit eligible employees of William Jewell and their immediate family members (spouse and dependent children) are eligible for up to six counseling sessions. Services are free and confidential 24/7. Professionals can provide assistance with:

- Grief
- Stress
- Relationships
- Parenting
- Substance abuse

Legal and financial advisors are available as well as online resources to create a will and health directives. For assistance, call 800.624.5544 or go to ndbh.com with passcode WJC.

Home and Auto

MetLife Auto and Home provides insurance coverage you need for your valuable home and automobile. To learn more, visit www.metlife.com.

- Automobile
- Renters
- Personal Excess Liability
- Landlord's Rental Dwelling
- Motorcycle
- Moterhome
- Homeowners
- Condominium
- Boat
- Scheduled Personal Property
- Snowmobile

PERKS

Bookstore

Jewell employees are entitled to a 10% discount on all clothes and gift items at the campus bookstore in Yates Union.

COBRA Insurance

If a participating employee or dependent becomes ineligible for medical, dental or vision insurances, continuation of benefits is available through the COBRA plan for 18 (employee)-36 (dependents) months.

Commerce Bank

Banking services and programs offered to all employees.

Community America Credit Union

Savings and loan program offered through payroll withholding.

Community Education

The Continuing Education Division offers a limited number of non-credit swim classes for adults. Benefit-eligible staff who enroll in the classes will receive a 10% discount.

Dining Services

William Jewell College employees are eligible for discounted meals by showing Jewell ID.

Harriman-Jewell Series

Reduced admission to Harriman-Jewell Series. Employee is eligible for two tickets per event at the Jewell rate. Order forms may be obtained from Human Resources or the Harriman-Jewell Series.

Mabee Center

Employee, spouse, and children under the age of 19 if living at home (under age 23 if a full-time student) receive free membership to the Mabee

Center (including pool, racquetball courts, tennis courts, tracks, etc.) during scheduled open hours. Employee uses Jewell ID to access the facility. A family membership application must be submitted to Human Resources to confirm eligibility and to receive ID cards for spouse and eligible children age 16 and over.

MOST – Missouri’s 529 College Savings Plan

Employees are eligible to make payroll contributions into the state-sponsored plan that helps you save for college tuition, room and board, books, supplies and other qualified higher education expenses.

Parking

Free parking for all Jewell employees. All employees are required to register vehicles through My Jewell, and obtain the parking sticker from Cardinal Services. Employees must observe and respect campus regulations by only parking in appropriately designated spaces/lots. Vehicles found to be in noncompliance with campus parking standards may be ticketed, “booted” (i.e., restricted from movement) or towed at the discretion of the College and/or subject to fines.

Retirement

Employees are eligible for retirement from Jewell after a minimum of 10 years of full-time continuous service at age 55 or older. An employee may elect to retire before the age of 55 if the combination of an employee’s age and years of service totals 70 or more. Retirees are eligible for medical and life insurance and other retiree benefits.

Tuition Assistance

The tuition assistance plan supports employees employed by the College in approved work-related advanced study programs. Its purpose is

PERKS

to encourage employees to develop increased competence in the field related to their responsibilities and career at William Jewell College. To be eligible for up to \$1,200 per term, the employees must have completed one year of service with at least 75% status at Jewell and receive advance approval from their respective Cabinet member. See policy and application form for complete details.

Tuition Exchange

William Jewell College participates in The Tuition Exchange, Inc. and Council of Independent Colleges (CIC) tuition exchange programs. Over 600 colleges provide tuition exchange scholarships to eligible students. Applications must be submitted through Human Resources each year by mid-October. See policy for complete benefits, waiting period and eligibility requirements.

Tuition Remission

Benefit eligible employees are eligible for tuition remission at Jewell after satisfying the appropriate waiting period. Class load eligibility varies due to length of service and classification. Spouses may take one class per term immediately and unlimited classes after a two year waiting period. Dependent children are eligible for 10 terms of tuition remission after a two year waiting period. A tuition remission application form must be submitted to Human Resources by the following deadlines to receive remission for that semester: for Fall classes – May 1; for Spring classes – December 1; for Summer classes – March 1. Class fees are the responsibility of the student and include fees assessed for laboratory work, field experience, private or group musical instruction. There is a \$25 per credit hour administration fee for on-campus classes taken during the summer term. All students are also

responsible for parking, Health and Wellness, student activities, and technology fees. There is a \$500 per semester fee for full-time, degree-seeking dependent children. Tuition remission recipients are subject to all admission criteria and student life policies, including residency requirements. See the tuition remission application form for complete benefit details and waiting periods. Tuition remission benefits do not apply to overseas study, graduate programs, online courses or the AT Nursing program.

Wellness Center

Employees, their spouse and dependent children under the age of 19 living at home (under age 23 if a full-time student) have free access to the Wellness Center during scheduled open hours. The Wellness Center, located on the southwest corner of Mathes Hall, is a state of the art facility offering a wide array of fitness and weight machines. Faculty and Staff must accompany and remain present while family members under the age of 16 to use the Wellness Center.

LEGAL NOTICES

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Notice of Patient Protections

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you can designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than eight hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy

Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.

LEGAL NOTICES

Notice Regarding Grandfathered Status of Plan

William Jewell believes the Blue Care HMO and Preferred-Care Blue PPO plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (ACA). As permitted under the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans – for example, the requirement to provide certain preventive health care services without any cost sharing. However, grandfathered plans must comply with certain other consumer protections in the ACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator: Julie Dubinsky, Director of Human Resources at William Jewell. You may also contact the Employee Benefits Security Administration, U. S. Department of Labor at 1-866-444-3272, or visit www.dol.gov/ebsa/healthreform, which has a table summarizing the protections that do and do not apply to grandfathered plans.

Equal Employment Opportunity Statement & Title IX Compliance

William Jewell College pursues a nondiscriminatory policy with regard to employment and educational programs, and endeavors to comply with Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, and with other legislation applicable to private, four-year undergraduate colleges. The College is committed to providing equal employment opportunity for all persons regardless of age, disability, gender, genetic information, national origin, race/color, religion, sex, sexual orientation, or veteran status. Equal opportunity extends to all aspects of the employment relationship, including hiring, promotion, terminations, compensation, benefits and other terms and conditions of employment. The College complies with federal, state and local equal opportunity laws and strives to keep the workplace free from forms of illegal discrimination and harassment.

Inquiries with regard to compliance with Title IX should be directed to Julie Dubinsky, Director of Human Resources, 500 College Hill Box 1017, Liberty, MO 64068; phone number 816-415-5085; email: dubinskyj@william.jewell.edu; office location: Curry Hall, 1st floor. Policies and grievance procedures can be found on the WJC website, Policy Library and Student Handbook.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA - Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA - Medicaid

Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY - Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA - Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE - Medicaid

Website: www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid AND CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

LEGAL NOTICES

NEBRASKA - Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid

Medicaid Website: <https://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON - Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND - Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT - Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON - Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

LEGAL NOTICES

Important Notice from William Jewell College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with William Jewell College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. William Jewell College has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Kansas City Blue Care (HMO), Preferred-Care Blue (PPO), and Spira Care (EPO) plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current William Jewell College coverage will not be affected.

Your current coverage through BlueCross BlueShield of Kansas City pays for other health expenses in addition to prescription drug coverage. Prescription drug coverage is not a separate benefit and cannot be dropped without dropping your entire medical coverage.

If you do decide to join a Medicare drug plan and drop your current William Jewell College coverage, you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with William Jewell College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

LEGAL NOTICES

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through William Jewell College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	William Jewell College
Contact--Position/Office:	Julie Dubinsky, Director of Human Resources
Address:	500 College Hill Box 1017, Liberty, MO 64068
Phone Number:	(816) 415-5085

CONTACTS

Medical

Blue Cross Blue Shield
(816) 395-2270
www.bluekc.com

Dental

Blue Cross Blue Shield
(816) 395-2270
www.bluekc.com

Life/AD&D, Voluntary Life and AD&D, and LTD

Cigna
(800) 362-4462
www.cigna.com

Vision

EyeMed
(866) 723-0513

Flex Administration

Phillips Resource Network
(913) 261-0237

Group Auto/Home

Metlife
(800) 438-6388

Group Long Term Care Insurance

Unum Claims
(800) 693-4988

Voluntary Short-Term Disability Insurance

Aflac, Claims and Coverage
Mindy Skidmore
mindy_skidmore@us.aflac.com
(816) 343-2220

William Jewell Contact Information

Mailing Address:
Office of Human Resources
500 College Hill Campus Box 1017
Liberty, MO 64068

Location:
Curry Hall, 1st floor

Office of Human Resources Staff:

Julie Dubinsky
Director of Human Resources
(816) 415-5085
dubinskyj@william.jewell.edu

Dawn White
Assistant Director of Human Resources
(816) 415-6904
whited@william.jewell.edu

Kathy LeBlanc
Payroll and Human Resources Specialist
(816) 415-5988
leblanck@william.jewell.edu

PLANS ARRANGED BY:

The Miller Group
www.millercares.com
(816) 333-3000

View your benefits at:
williamjewell.millercares.com

