The Texas Employees Group Benefits Program (GBP) is administered by Employees Retirement System of Texas (ERS) on behalf of the State of Texas. More detailed information regarding the GBP can be found at [www.ers.state.tx.us](http://www.ers.state.tx.us). Employees can also contact ERS by calling 877-275-4377. Premiums listed are monthly premiums.

**HEALTH BENEFITS**

**MIDLAND COLLEGE WILL PAY 100% OF FULL TIME EMPLOYEE’S PREMIUM AND 50% OF PREMIUM FOR ELIGIBLE DEPENDENTS.**

<table>
<thead>
<tr>
<th>HEALTHSELECT OF TEXAS</th>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only*</td>
<td>$0.00</td>
<td>$537.66</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$307.88</td>
<td>$845.54</td>
</tr>
<tr>
<td>You + Children</td>
<td>$206.14</td>
<td>$743.80</td>
</tr>
<tr>
<td>You + Family</td>
<td>$514.02</td>
<td>$1051.68</td>
</tr>
</tbody>
</table>

* Includes premium for Basic Term Life & AD&D Insurance of $5,000

**UNDER STATE LAW, TOBACCO USERS WILL PAY HIGHER PREMIUMS FOR THEIR HEALTH INSURANCE COVERAGE.**

<table>
<thead>
<tr>
<th>TOBACCO USERS</th>
<th>EMPLOYEE PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>You or Spouse or Children* Only</td>
<td>$30.00</td>
</tr>
<tr>
<td>You + Spouse or You + Children* or Spouse + Children*</td>
<td>$60.00</td>
</tr>
<tr>
<td>Family (Member + Spouse + Children*)</td>
<td>$90.00</td>
</tr>
</tbody>
</table>

* The charge for a child is the same regardless of how many children in the household use tobacco.

**HEALTH AND PRESCRIPTION DRUG COVERAGE STARTS ON THE FIRST DAY OF THE MONTH FOLLOWING A 60-DAY WAITING PERIOD**

**HealthSelect of Texas**
UnitedHealthcare
866-336-9371

**In-Area Network Benefits:**
- No deductible
- $25 copayment for Primary Care Physician (PCP) office visits
- $40 copayment for office visit of a Specialty Physician with a referral
- Hospital services covered
- Plan pays 80% of allowable amount for covered services subject to coinsurance. Employee pays 20%. 
• Maximum coinsurance for the calendar year is $2,000

**In-Area Non-Network Benefits:**
• $500 Individual/ $1,500 family calendar year deductible
• Plan pay 60% of allowable amount. Employee pays 40%, plus amount over the allowable amount
• Hospital services covered
• Maximum coinsurance for the calendar year is $7,000 per person

**Out-of-Area Benefits (Outside of Texas):**
• $200 Individual/ $600 family calendar year deductible
• Plan pay 70% of allowable amount. Employee pays 30%, plus amount over the allowable amount
• Hospital services covered
• Maximum coinsurance for the calendar year is $3,000 per person

**Prescription Drug Benefits for Health Select-Caremark**
888-886-8490

$50 per individual, per plan year deductible. Copayments at participating pharmacies as follows:

Retail Non-Maintenance (Up to 30 day supply)
- $10 Tier 1
- $35 Tier 2 *
- $60 Tier 3 *

Retail Maintenance (Up to 30 day supply)
- $10 Tier 1
- $45 Tier 2 *
- $75 Tier 3 *

*If generic is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and the generic drug.

Extended Day Supply (EDS) and Mail Order Programs are also available.

⇒**DENTAL BENEFITS**
Midland College will pay the premium for a full time employee’s dental coverage. Both plans are administered by:
*HumanaDental*
877-377-0987

**State of Texas Dental Choice Plan**
• Choose any dentist. Network benefits available if network dentist used.
• Coinsurance and deductible dependent on service received
### STATE OF TEXAS DENTAL CHOICE PLAN

<table>
<thead>
<tr>
<th></th>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$0.00</td>
<td>$23.58</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$23.58</td>
<td>$23.58</td>
</tr>
<tr>
<td>You + Children</td>
<td>$33.02</td>
<td>$23.58</td>
</tr>
<tr>
<td>You + Family</td>
<td>$56.60</td>
<td>$23.58</td>
</tr>
</tbody>
</table>

### HumanaDental, DHMO
- Must use participating dentist from the Provider Directory
- Copayment dependent on service received

<table>
<thead>
<tr>
<th>HumanaDental DHMO Plan</th>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$0.00</td>
<td>$9.96</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$9.97</td>
<td>$9.96</td>
</tr>
<tr>
<td>You + Children</td>
<td>$13.95</td>
<td>$9.96</td>
</tr>
<tr>
<td>You + Family</td>
<td>$23.92</td>
<td>$9.96</td>
</tr>
</tbody>
</table>

### LIFE INSURANCE AND AD&D BENEFITS
Administered by: Minnesota Life Insurance Company
877-494-1716

#### Basic Life
- $5,000 basic term life insurance with $5,000 of Accidental Death & Dismemberment (AD&D) coverage for employee only
- Must be enrolled and effectively covered in a health insurance plan
- Cost included in health insurance premium

#### Optional Term Life
Midland College will pay the premium up to Election II for full time employees
- Election I = One time annual salary
- Election II = Two times annual salary
- Election III = Three times annual salary*
- Election IV = Four times annual salary*

*Requires approval through Evidence of Insurability

Premiums based on employee’s age and annual salary.

<table>
<thead>
<tr>
<th>OPTIONAL TERM LIFE</th>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Election I</td>
<td>$0.00</td>
<td>100%</td>
</tr>
<tr>
<td>Election II</td>
<td>$0.00</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Dependent Life**

- $5,000 basic term life insurance with $5,000 Accidental Death & Dismemberment (AD&D) coverage for eligible dependents
- $1.38 per month for coverage for all dependents

**Voluntary AD&D**

- Accidental Death and Dismemberment Coverage between $10,000 and $200,000
- Minimum and maximum coverage amounts vary for employees 70 and over.
- $.02/$1,000 of coverage for employee only
- $.04/$1,000 of coverage for employee & family

**TEXAS INCOME PROTECTION PLAN (TIPP)**

Midland College will pay the premium for short & long term disability coverage for full time employees. Both plans are administered by:

**Aon Hewitt**

855-604-6230

<table>
<thead>
<tr>
<th>TEXAS INCOME PROTECTION PLAN</th>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT-TERM DISABILITY</td>
<td>$0.00</td>
<td>$0.30 per $100 of employee's</td>
</tr>
<tr>
<td></td>
<td></td>
<td>monthly salary</td>
</tr>
<tr>
<td>LONG-TERM DISABILITY</td>
<td>$0.00</td>
<td>$0.63 per $100 of employee's</td>
</tr>
<tr>
<td></td>
<td></td>
<td>monthly salary</td>
</tr>
</tbody>
</table>

**Short Term Disability**

- Minimum waiting period of 30 consecutive days and exhaust all sick leave
- Benefit of up to 66% of insured monthly salary
- Maximum insurable monthly salary is $10,000
- Maximum benefit period is five months

**Long Term Disability**

- Minimum waiting period of 180 consecutive days and exhaust all available leave
- Benefit of up to 60% of insured monthly salary
- Maximum insurable monthly salary is $10,000
- Maximum benefit period is dependent upon age at disability
TEX FLEX REIMBURSEMENT ACCOUNTS
Administered by:
PayFlex
866-353-9839

Health Care Reimbursement Account (HCRA)
- Minimum monthly pledge amount is $15; maximum is $208
- $12 annual fee per account
- Monthly deduction is pre-tax
- Entire pledge amount can be used on eligible health care expenses incurred during plan year (September 1 through August 31 of the next year)
- PayFlex Debit Card available ($15 annual fee)

Dependent Care Reimbursement Account (DCRA)
- Minimum monthly pledge amount is $15; maximum is $416
- $12 annual fee per account which is deducted from annual pledge
- Monthly deduction is pre-tax
- Only monthly deduction amount can be reimbursed for eligible day care expenses incurred
- PayFlex Debit Card available ($15 annual fee; waived if HCRA is elected)

ADDITIONAL INSURANCE PLANS AVAILABLE
(NOT PART OF GBP)

VISION INSURANCE
Administered by:
OptumHealth
800-638-3120

Supplemental Vision insurance for employee and dependents for vision services such as frames, spectacle lenses or contact lenses.

<table>
<thead>
<tr>
<th>OPTUM HEALTH VISION</th>
<th>EMPLOYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$8.38</td>
</tr>
<tr>
<td>You + 1</td>
<td>$14.51</td>
</tr>
<tr>
<td>You + 2 or more</td>
<td>$24.47</td>
</tr>
</tbody>
</table>

AFLAC
Representative:
Nick Halbert
432-570-4070
Supplemental insurance for coverage for illnesses such as Cancer, Specified Health Event, Intensive Care or Hospital Confinement. *Speak with representative for plan rates

**RETIEMENT BENEFITS**

⇒ **TEACHER RETIREMENT SYSTEM (TRS)**  
(Midland College does NOT pay Social Security)  
Customer Service  
800-223-8778

- Vesting period of 5 years  
- Contribution of 6.7% by the employee matched at a rate of 6.8% by the State or Midland College

⇒ **OPTIONAL RETIREMENT PROGRAM (ORP)**

- Vesting period of 1 year and 1 day  
- Contribution of 6.65% by the employee matched at a rate of 6.6% by the state or Midland College, and .2% by Midland College

⇒ **TAX DEFERRED ANNUITY (403b Plan)**  
(Provided to all full time employees who are not considered temporary)  
Administered by:  
[Jefferson National Insurance Company](#)  
800-788-8031

- 7% of the base salary is contributed by Midland College on the employee’s behalf  
- Contribution of 7% is made by Midland College regardless of any voluntary contributions  
- Voluntary contributions can be made at the employee’s discretion to Jefferson or to other eligible retirement plans

**MISCELLANEOUS BENEFITS AVAILABLE**  
(Work Hours/Leave Benefits &Paid Holidays)

⇒ **WORK HOURS** (because of business necessity, department may require an alternate schedule)

**Fall & Spring Semester (Full-Time Staff)**
- Monday – Friday, 8 hours per day  
- 8 a.m. – 5 p.m. with 1 hour lunch

**Summer Hours (Full-Time Staff)**
- Monday – Thursday, 10 hours per day  
- 7:30 a.m. – 5:30 p.m. with 1 hour lunch
LEAVE BENEFITS & PAID HOLIDAYS

Vacation Leave
- 40 hours awarded after six months of employment (12 month full time employee only)
- Annual benefit of 80 hours for first 10 years, 120 hours for 10 through 19 years & 160 hours for 20+
- Maximum accumulation of vacation is 1.5 times the annual benefit

Sick Leave
- 12 hours earned each month employed for the first 6 months (full time employees only)
- 8 hours earned each month employed after the 6th month
- Maximum accumulation of 720 sick hours

Personal Leave
- 16 hours maximum each calendar year (full time employee only)
- Personal leave deducted from sick leave so employee must have sick leave available

Paid Holidays
- Two weeks off during Christmas
- All major holidays (Labor Day, Thanksgiving including the following Friday, Christmas Day, New Years Day, Martin Luther King, Jr, Memorial Day, Easter, & Independence Day)
- One week off for Spring Break

EDUCATIONAL/ENRICHMENT OPPORTUNITIES
- Full-time employees and their dependents (spouse and dependent children) may enroll in credit courses at the College and tuition will be paid out of scholarship funds to a maximum of $175 per semester per individual
- Fees may be paid from departmental budgets for employees to take credit or non-credit courses which are related to their job and approved by their supervisor
- Access to the Learning Resource Center
- Access to College sponsored exhibits in the McCormick Gallery
- Access to the Fitness Center on campus