



H A M P S H I R E C O L L E G E

TO: All Benefits-Eligible Employees
FROM: Shelly Ruocco, Associate Vice President for Human Resources
DATE: November 3, 2014

SUBJECT: **2015 Annual Open Enrollment Period**
Monday, November 3, 2014 – Friday, December 5, 2014

Welcome to Open Enrollment 2015! This is your annual opportunity to review your current benefit elections and make changes based on your and your family's needs for the upcoming year. As Donna Turban mentioned in her October 9, 2014, email, we have lots of good news to share!

- **Health Plan – Good news for all!** Our Tufts Health Plan HMO rates will have **no increase for the HMO plans for a third year in a row** for Single coverage or Employee +1. The **Family Plan** will see a small **rate reduction**. The **PPO plan will be more affordable, too**, as we have made some minor plan design changes. *See details below.*
- **Vision premiums – no increase** to current Davis Vision rates.
- **Dental premiums – 2% increase** to current Delta Dental rates. *See new bi-weekly contributions below.*
- **Announcing Symetra - our new life and disability carrier** (replacing Lincoln) - We are changing our life and disability carrier effective January 1, 2015. This change will be seamless to employees and result in both savings to the College and better customer service at time of claim. There is **no change to the current life or disability plans**.
- **Supplemental Life Open Enrollment Opportunity** – Symetra is offering a one-time opportunity during open enrollment for you to either join the supplemental life plan for the first time at 1 times your earnings, or increase your current election by 1 times your earnings with no medical underwriting up to \$150,000. *See additional information below.*

Deadline for making changes: All enrollment forms must be received in Human Resources by the **Friday, December 5, 2014**, deadline. Any changes you make will be effective January 1, 2015, as will any applicable changes to your 2015 payroll deductions. Enrollment forms can be found on the Human Resources website, under Open Enrollment.

This letter is a high level summary of the benefits offered to you and the actions you need to take at open enrollment. More detailed information, including the medical plan Summary of Benefits and Coverage (SBC), is available on the Human Resources website dedicated to Open Enrollment information:

<http://openenrollment.hampshire.edu>

You can obtain more information at the **Thursday, November 6, 2014, Benefits Fair in the Red Barn** and at our **Benefits Info Session**, a meeting with our benefits broker where you can ask any benefits question, on **Friday, November 21, 2014**, in West Lecture Hall, FPH. More information on these will be shared via email and Daily Announcements. It will also be available on the Human Resources website, under Open Enrollment.

If you have questions, please contact Donna Turban at (413) 559-5495 or at dturban@hampshire.edu. As always, please feel free to stop by the Human Resources office, where you can obtain all enrollment forms.

2015 Renewal Highlights

Medical

- Tufts will be issuing **new ID cards** to all members regardless of whether you make changes to your current election.
- **Adjusted Family Rates for HMO plans** – As noted above, the College is making an adjustment to the Family tiers. Employees enrolled in the Low Cost HMO and HMO will see a monthly savings of \$13.41 and \$17.69, respectively.
 - **PPO Plan Changes** – the table below outlines the plan design changes for 2015. All other provisions remain the same. Please refer to the Summary of Benefits and Coverage (SBC) at <https://www.hampshire.edu/hr/open-enrollment> for the complete plan design including out-of-network benefits.

Benefit	Current PPO In-Network	2015 PPO In-Network
Annual Deductible	None	\$250 Individual \$500 Family
Hospital Inpatient	\$250 copay per admin	Deductible applies then covered 100%
Hospital Outpatient	\$150 surgery copay	Deductible applies then covered 100%
Emergency Room	100% after \$75 copay	100% after \$100 copay
PCP Office Visits	100% after \$15 copay	100% after \$25 copay
Specialist Office Visits	100% after \$15 copay	100% after \$25 copay

- **PPO Plan Changes** – these plan design changes result in payroll savings as outlined below. Depending on your actual utilization, it is very likely that the annual premium savings will be greater than the additional out-of-pocket costs for services.

Coverage Tier	Monthly Savings from 2014
Individual	-\$32.57
Employee + 1	-\$65.10
Family	-\$115.43

Health and Dependent Care Flexible Spending Accounts (FSA)

- We are continuing to partner with Benefit Strategies.
- Your 2014 elections do not carry forward – you must re-enroll.
- The annual maximum for the health care FSA has increased to \$2,550. The maximum for the dependent care FSA remains at \$5,000.
- The plan's rollover feature of \$500 will continue. This means employees are allowed to carry over unused amounts up to \$500 to use to reimburse qualified medical expenses in the next plan year. This rollover feature is only for the previous year. Any amounts from 2013 that were rolled over into 2014 and not used by December 31, 2014 cannot be rolled over to 2015.

Life Insurance – Updated beneficiary information required!

- As a result of the change in carrier, all employees are asked to **complete a new beneficiary form** for their life insurance policy.
- The form will be available at the Benefits Fair or at <http://openenrollment.hampshire.edu>

One-time Open Enrollment for Supplemental Life Insurance

- You have a one-time opportunity during this open enrollment to either join the supplemental life plan for the first time at one times your annual salary, or increase your current election by one times your annual salary with no medical underwriting (up to the guarantee issue amount of \$150,000).
- There is no change to current Supplemental Life rates and your current coverage amount and will be transferred automatically.
- To obtain the monthly rates, contact Donna Turban at x5495 or dturban@hampshire.edu.
- You also have option to purchase Spouse and/or Child Life Insurance. Note: You may elect Spouse and/or Child Life Insurance only if you elect to purchase the voluntary Supplemental Life Insurance for yourself.

2015 Employee Payroll Contributions

Medical Plans

The rate chart below reflects the premiums for employees who work 75 percent time (.75 FTE) or more:

Plan	Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
LOW COST HMO	Individual	\$19.77	\$39.54
	Employee + One	\$149.81	\$299.61
	Family	\$217.95	\$435.90
HMO	Individual	\$43.53	\$87.06
	Employee + One	\$197.32	\$394.64
	Family	\$287.08	\$574.16
PPO	Individual	\$103.53	\$207.06
	Employee + One	\$317.33	\$634.65
	Family	\$467.16	\$934.32

We will continue the \$250 fitness reimbursement benefit for membership in a health/fitness club through your Tufts Health Plan membership. The Yoga or Pilates reimbursement rate will also continue at \$150.

Dental Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$24.40	\$48.79
Employee + One	\$52.86	\$105.72
Family	\$89.45	\$178.90

Note: The dental plan is 100% employee paid.

Vision Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$2.80	\$5.59
Employee + One	\$5.04	\$10.07
Family	\$7.83	\$15.66

Note: The vision plan is 100% employee paid.

Open Enrollment Checklist

- Review your current coverage and covered dependents.
 - If you do not want to make any changes to your current medical, dental and/or vision plans, you do not need to do anything. Your current coverage will automatically continue at 2015 rates.
 - If you want to change your election or add/drop a dependent, please complete the appropriate enrollment/change form.

- Make a Health Care or Dependent Care FSA election.
 - Remember, your 2014 elections will not continue without a new election form.

- Update and return your Life Insurance beneficiary form.

- Review your current Supplemental Life Insurance election.
 - Complete the Symetra application if you would like to apply for the additional one times your annual salary.

- Attend the annual **Benefit Fair Thursday, November 6th in the Red Barn** to ask vendors questions about benefits you have or would like to have, and to enter to win a host of raffle prizes!

- Mark your calendar for **the Friday, November 21, 2014, Benefits Info Session** in West Lecture Hall, FPH. Details to follow in the Daily Digest.

- Feel free to visit Donna Turban at the **Benefit Drop-In Sessions**, in the FPH Lounge on **Wednesday, November 19, 11:00 am -2:00 pm, Tuesday, December 2, 10:00 am – 2:00 pm and Wednesday, December 3 from 10:00 am – 2:00 pm**. She is happy to answer your benefits questions, assist with form completion and collect your completed forms.

- Contact Donna Turban at (413) 559-5495 or at dturban@hampshire.edu or stop by the Human Resources office with any questions.

IMPORTANT NOTICES

Plan sponsors are required to provide plan participants the following notices each year. Most employer groups provide these notices as part of their annual enrollment communications.

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

If you would like more information about WHCRA required coverage, you can contact Donna Turban at (413) 559-5495 or dturban@hampshire.edu.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office, or dial **1-877-KIDS NOW** or log on to **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

Patient Protection Disclosure

Hampshire College's HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Tufts Health Plan network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Tufts Health Plan at (800) 462-0224. For children, you may designate a pediatrician as the primary care provider.

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

Michelle's Law, which applies to group health plans for plan years beginning on or after October 9, 2009 (for calendar year plans, the law is effective beginning January 1, 2010), provides continued coverage under group health plans for dependent children who are covered under such plans as students but lose their student status because they take a medically necessary leave of absence from school.

As a result, if your child is no longer a student, as defined under one of Hampshire College's medical plans, because he/she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (which includes colleges and universities).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the plan.

The coverage provided to dependent children during any period of continued coverage:

1. Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child's treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.