



**2016 Annual Open Enrollment Period:
Monday, November 2 – Friday, December 4, 2015
Benefits Fair: Thursday, November 5th**

November 2, 2015

Dear Colleagues,

I hope you will find the information in this 2016 Open Enrollment letter helpful as you consider your benefit change options. The good news is that our medical, dental and vision deductions are not changing in 2016. You will see some small plan design changes which were made to keep our employee contributions at their current level.

Please be certain not to miss the Open Enrollment deadline, Friday, December 4th, for submitting any changes as we must comply with that deadline to keep our tax-deferred status. The checklist at the end of this letter provides additional and often requested information and notes various ways to get help making your decision including the [Benefits Fair](#) and on-campus benefit assistance with Donna Turban, Payroll and Benefits Manager.

See you at the [Benefits Fair, Thursday, November 5th!](#)

Shelly Ruocco

What is Open Enrollment?

Open enrollment 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. Outside of open enrollment you cannot make changes unless you experience a qualifying event (e.g. marriage, divorce, birth of a child, move).

All election changes for 2016 must be received in the Human Resources office by 4:30 p.m., Friday, December 4th.

What is changing for 2016?

What **isn’t** changing are health, dental and vision deductions. We are heading into our fourth year of no increase in deductions for HMO coverage.

We will be making minor changes to the medical plans for 2016. These small copay changes (outlined below in red) will allow us to keep current employee contributions flat for 2016.

| Benefit | HMO | Low Cost HMO | PPO | |
|-----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | | | In-Network | Out-of-Network |
| Annual Deductible | None | \$500 Individual \$1,000 Family | \$250 Individual \$500 Family | \$250 Individual \$500 Family |
| Out-of-Pocket Maximum | \$1,000 Individual \$2,000 Family | \$1,500 Individual \$3,000 Family | \$1,000 Individual \$2,000 Family | \$1,500 Individual \$3,000 Family |
| Hospital Inpatient | \$250 copay per admin | 100% after deductible | Covered in full after deductible | 80% after deductible |
| Hospital Outpatient | \$150 surgery copay | 100% after deductible | Covered in full after deductible | 80% after deductible |

| | | | | |
|-------------------------------|---|---|---|----------------------|
| High Tech Imaging | Covered in Full | 100% after deductible | Covered in full after deductible | 80% after deductible |
| Emergency Room | 100% after \$75 copay | 100% after \$100 copay | 100% after \$100 copay | |
| PCP Office Visits | 100% after \$20 copay | 100% after \$25 copay | 100% after \$25 copay | 80% after deductible |
| Specialist Office Visits | 100% after \$30 copay | 100% after \$35 copay | 100% after \$25 copay | 80% after deductible |
| Retail Prescription Drugs | \$100/\$200 deductible then, \$10/ \$30/\$50 | \$100/\$200 deductible then, \$10/ \$30/\$50 | \$100/\$200 deductible then, \$10/ \$30/\$50 | |
| Mail Order Prescription Drugs | \$20/\$60/\$100 | \$20/\$60/\$100 | \$20/\$60/\$100 | |

Note: The Family Deductible and Out-of-pocket maximums also apply to the Employee + 1 tier. “Out of Pocket Maximum” (OOP) is the most someone can pay in out of pocket expenses in one calendar year. All copays, deductibles and coinsurance (medical and RX) count towards this. Once a member reaches their OOP maximum, the plan pays 100% for the remainder of the plan year. You can find the Health Insurance [Enrollment and Change form here](#).

What are the 2016 employee contribution rates?

As noted above, the medical employee contributions **will not be increasing** for 2016. 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 |

There are also **no changes to the dental or vision rates** for 2016. As a reminder, these plans are 100% employee paid.

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

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

Where can I find more information on all of Hampshire's benefit offerings?

Hampshire College offers a wide range of benefits for employees. This letter is only a high level summary of the benefits and the actions you need to take at open enrollment. A comprehensive set of benefit materials, including detailed information on the Flexible Spending Accounts (FSAs) and the medical plan Summary of Benefits and Coverage (SBCs), is available on the Human Resources website dedicated to [Open Enrollment](http://openenrollment.hampshire.edu) information:

<http://openenrollment.hampshire.edu>

What do I need to do?

Please use the checklist below to make sure you have completed all of the necessary steps for open enrollment.

- 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 2016 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 Flexible Spending Account (FSA) election. Remember, your 2015 elections will not continue without a new election form. 2016 limits: Medical = \$2,550.00 and Dependent Care = \$5,000.00. You can learn more about the benefits of enrolling in a Health or Dependent Care FSA and access the necessary forms on the [Open Enrollment website](#). Check your balance on the [Benefit Strategies website](#) or by calling the number on the back of your Flex card. You may be eligible to carry up to \$500 over into 2016. Consult with Benefit Strategies if you have questions.
- Review your Life Insurance beneficiary and make updates if necessary on the [Beneficiary Change form](#).
- Attend the **annual [Benefit Fair](#) in the Red Barn, Thursday, November 5th from 10 a.m. – 2 p.m.** to ask vendors questions about benefits you have or would like to have and enter to win a host of raffle prizes! Tufts Health Plan will also be hosting chair massages – first come, first served!
- Please review the supplemental materials in the [Open Enrollment Additional Information packet](#) on the Open Enrollment website. Included are various resources that relate directly to Open Enrollment or other often-requested information including:
 - HMO Service Area map – See the extensive HMO coverage area
 - FAQs to help you decide if the PPO is the right health plan for you

- Information about Tufts fitness center (\$250/yr) and yoga reimbursements (150/yr). You have **2 years** to claim your fitness/yoga reimbursement!
 - Urgent Care (PCP or Specialist co-pay) and Minute Clinic (PCP co-pay) options – less expensive options when an emergency room is not a necessity.
 - Detailed Flexible Spending Account information – how you can use taxed deferred money to pay for dependent care or medical/dental/vision expenses
 - Fliers noting Employee Assistance Program (EAP) services, from a general overview to parents and parenting, Elder care, and Identity Theft Protection and Recovery
- Review the important notices below in this email.
- Contact Human Resources if you need help to find or fill out a form. A PDF version of this letter and a wide selection of forms are located on the [Open Enrollment website](#).
- Contact Donna Turban at (413) 559-5495 or at dturban@hampshire.edu or stop by the Human Resources office with any questions. You should also feel free to **visit Donna in the FPH Lounge** where she can answer your benefits questions, assist you with form completion and collect your completed forms. Benefit assistance in the FPH Lounge with Donna will be:

Wednesday, November 18, 2015, 2:00pm – 4:00pm

Monday, November 30, 2015, 11:00am – 3:00pm

Thursday, December 3, 2015, 9:00am – 3:00pm (last chance before Open Enrollment ends!)

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
- Prostheses
- 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.

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, 2015. Contact your State for more information on eligibility –

| | |
|--|---|
| ALABAMA – Medicaid | GEORGIA – Medicaid |
| Website: www.myalhipp.com Phone: 1-855-692-5447 | Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ALASKA – Medicaid | INDIANA – Medicaid |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 | Website: http://www.in.gov/fssa Phone: 1-800-889-9949 |
| COLORADO – Medicaid | IOWA – Medicaid |
| Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943 | Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 |
| FLORIDA – Medicaid | KANSAS – Medicaid |
| Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268 | Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 |
| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 |
| LOUISIANA – Medicaid | NEW JERSEY – Medicaid and CHIP |

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| <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p> | <p>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</p> |
| MAINE – Medicaid | NEW YORK – Medicaid |
| <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741</p> | <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| MASSACHUSETTS – Medicaid and CHIP | NORTH CAROLINA – Medicaid |
| <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p> | <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p> |
| MINNESOTA – Medicaid | NORTH DAKOTA – Medicaid |
| <p>Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739</p> | <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604</p> |
| MISSOURI – Medicaid | OKLAHOMA – Medicaid and CHIP |
| <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> | <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> |
| MONTANA – Medicaid | OREGON – Medicaid |
| <p>Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084</p> | <p>Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075</p> |
| NEBRASKA – Medicaid | PENNSYLVANIA – Medicaid |
| <p>Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p> | <p>Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462</p> |
| NEVADA – Medicaid | RHODE ISLAND – Medicaid |
| <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p> | <p>Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300</p> |
| SOUTH CAROLINA – Medicaid | VIRGINIA – Medicaid and CHIP |
| <p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p> | <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website:</p> |

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| | http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 |
| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

OMB Control Number 1210-0137 (expires 10/31/2016)

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.