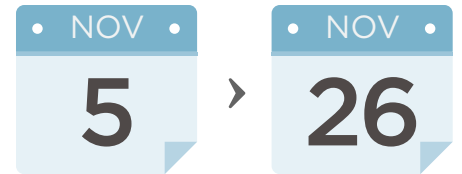


2019

 Hampshire College



OPEN ENROLLMENT IS

This will be an active enrollment for all benefits.

All benefit eligible employees must complete an enrollment form or opt out. Not completing open enrollment forms will result in loss of benefits for 2019. Your current benefit elections will not automatically re-enroll in 2019. Please note: If you do not complete open enrollment forms by the due date, you will be defaulted into no coverage for 2019.

Open Enrollment Meetings/Education Sessions – Red Barn

60 minute sessions with representatives from the insurance carrier and insurance broker to present and answer questions.

Tuesday November 6

- Session 1: 9:00am
- Session 2: 12:00pm
- Session 3: 3:00pm

Tuesday November 13

- Session 1: 9:00am
- Session 2: 12:00pm
- Session 3: 3:00pm

Walk in Office Hours with insurance broker and insurance carrier representatives

THURSDAY NOVEMBER 15: 10am-1pm in HR Conference Room Blair Hall

Insurance carrier access to Member Service Line during Open enrollment

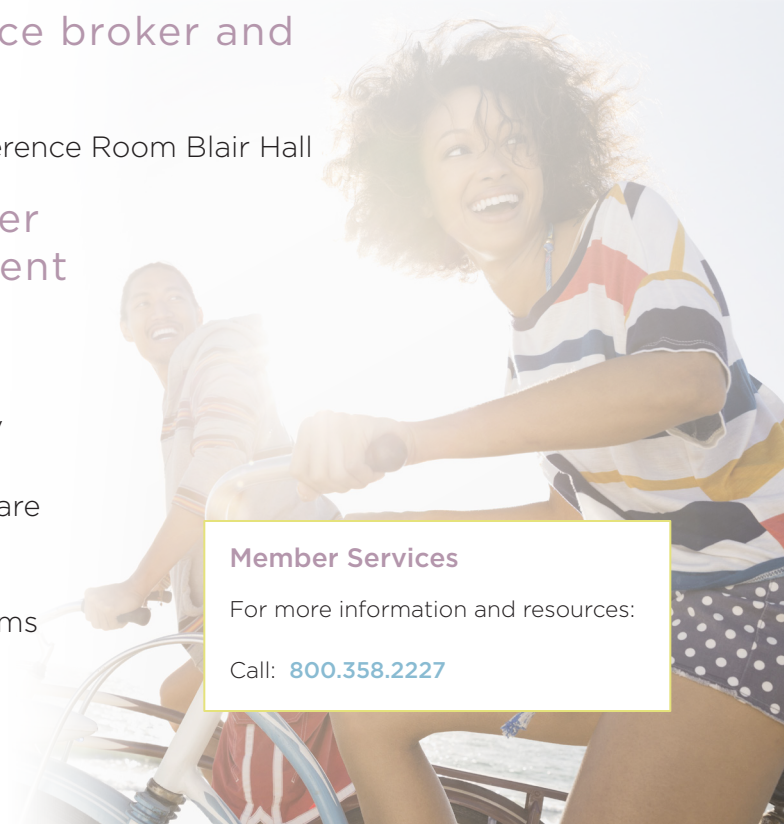
During the open enrollment period, Hampshire employees will be able to call the Blue Cross Blue Shield member service number. Employees will say they are calling from Hampshire College and the Customer Service Rep will pull up the benefits we are offering to answer any questions.

NOVEMBER 26: Deadline to submit enrollment forms to Human Resource

Member Services

For more information and resources:

Call: [800.358.2227](tel:800.358.2227)





What's New?

Medical

Hampshire College is very excited to announce that we will be partnering with Blue Cross Blue Shield of Massachusetts for our 2019 medical plans. This coming year we will be offering an HMO plan and are happy to introduce an HSA plan with a PPO network. This plan will offer you all of the tax and plan benefits of a qualified HSA plan with access to a national network of providers and facilities and the BCBS HMO will have an expanded network access to all of New England.

We will continue to offer the Healthcare FSA for those employees that elect the HMO plan and a Health Savings Account and limited purpose FSA for those that elect the HSA plan.

Please see the summary of benefits for more information regarding these two plan offerings. We explain the Health Savings Account in more detail on the next few pages.

The other great news is that by making these changes to our offering and carrier partner we can keep the same payroll contributions as this year. So, all employees can find a plan that either has the same or a lesser payroll deduction as the current year.

Dental

We will also be partnering with BCBS of MA for our dental coverage. Blue Cross will offer the same dental plan with no increase to the cost of the plan.

Other Benefits

There will be no changes to the Vision, Healthcare or Dependent Care FSA, Life or Disability plans or rates.

Medical Comparison

Plan Type	New England Blue HMO	
	Plan 1 In-Network	Plan 2 In-Network
Benefit Attributes		
Embedded Deductible	Yes	No
Annual Deductible/Individual	\$1,000	\$1,500
Annual Deductible/Family	\$2,000	\$3,000
Coinsurance	100%	100%
Office Visit/Exam	\$25	100% after deductible
Outpatient Specialist Visit	\$35	100% after deductible
Annual Out-of-Pocket Limit/Individual	\$2,000	\$4,500
Annual Out-of-Pocket Limit/Family	\$4,000	\$9,000
Diagnostic X-Ray and Lab Tests	100% after deductible	100% after deductible
Inpatient Hospitalization	100% after deductible	100% after deductible
Outpatient Facility Charges	100% after deductible	100% after deductible
Emergency Room	\$200	100%after deductible
Urgent Care Facility	\$35	100% after deductible
Prescription Drug Deductible	\$250 ind. / \$500 fam.	
Generic	\$10 after deductible	\$10 after deductible
Brand (Formulary/Preferred)	\$35 after deductible	\$25 after deductible
Brand (Non-Formulary/Non-preferred)	\$60 after deductible	\$45 after deductible
Benefit Attributes	Plan 1 Out-of-Network	Plan 2 Out-of-Network
Annual Deductible/Individual	None	\$1,500
Annual Deductible/Family	None	\$3,000
Coinsurance	None	80%*
Annual Out-of-Pocket Limit/Individual	None	\$4,500 *
Annual Out-of-Pocket Limit/Family	None	\$9,000*
Deductible Included in Out-of-Pocket Limits	None	Yes

*These amounts only apply if you use a provider that is outside of the BCBS network for medical and/or pharmacy services.

Once the medical deductible is met on the HSA plan, in-network medical services will be covered at 100%, prescriptions will be charged at a copay and durable medical equipment will be covered at 80%. These items will track toward the out of pocket maximum.



Contributions

Blue Cross Blue Shield Medical Plan

Contributions	New England Blue HMO		PPO Saver HSA	
	Bi-weekly* - Non-Exempt	Monthly - Exempt	Bi-weekly* - Non-Exempt	Monthly - Exempt
Employee	\$67.39	\$134.78	\$34.42	\$68.83
Employee + One	\$246.60	\$493.21	\$180.68	\$361.37
Family	\$369.89	\$736.78	\$271.01	\$542.02

Blue Cross Blue Shield Dental Voluntary Dental Plan

Contribution	Bi-weekly* - Non-Exempt	Monthly - Exempt
Employee	\$24.40	\$48.79
Employee + one	\$52.86	\$105.72
Family	\$89.45	\$178.90

Davis Vision Voluntary Vision Plan

Contribution	Bi-weekly* - Non-Exempt	Monthly - Exempt
Employee	\$2.80	\$5.59
Employee + one	\$5.04	\$10.07
Family	\$7.83	\$15.66

*Bi-Weekly - 24 pay periods





What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) Plan is designed to give you more accountability for your healthcare decisions. HSA Plans allow you to:

- Control healthcare expenses
- Lower insurance costs
- Create healthcare savings for retirement
- Increase tax savings
- Carry it with you

How Does an HSA Work?



1

Enroll in the HSA Plan



2




You can also add and save money in your HSA. If not used, it remains in your HSA. Your contributions will be deducted per payroll and deposited into your HSA account.



3

You will receive a Health Equity bank debit card to pay for your eligible medical expenses.

Every little bit counts, and adds up quickly

If you save:	In 5 years	In 10 Years	In 15 years
 per month	\$3,000	\$6,000	\$9,000
 per month	\$6,000	\$12,000	\$18,000
 per month	\$15,000	\$30,000	\$45,000

Your contributions, earnings and withdrawals for qualified medical expenses are all tax-free. It's a triple tax-savings opportunity that can put more money in your pocket.

Save up to 30% on taxes

\$100 without an HSA

\$70 in
your
pocket



\$30
in
taxes

\$100 with an HSA

\$100 in
your
pocket



Who can use your HSA?

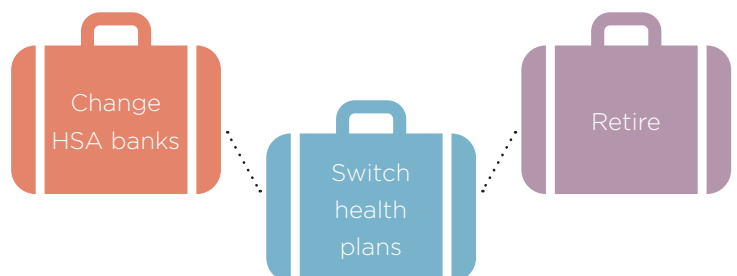


You, your spouse, and dependent children.

Even if they're not covered by your health plan.

You own your HSA

It goes where you go and carries over each year.





Your Quick and Easy Guide to How an HSA works



Your Basics Are Covered

There is **NO CHARGE** for in-network preventive care services! You pay no charge for keeping yourself healthy, \$0 for physicals, well visits, and preventive screenings expenses.*

Example - If bill is \$100	
You Pay: \$0	Plan Pays: \$100



Use Your HSA Funds to Pay for Services!

You will pay 100% of the cost of services when you get sick, are hospitalized or need prescription drugs until you meet your deductible.

Example - If bill is \$100	
You Pay: \$100	Plan Pays: \$0



Deductible - The amount of money you have to pay before the company will make any payments towards healthcare services. Your deductible amount varies based on the plan or level of coverage (Single vs Family) you select.

Help is On the Way

Once you have met your deductible the majority of your medical expenses will be paid at 100% by BCBS of MA. Your prescription medications will be reduced to a copay until you reach your out of pocket maximum.

Example - If bill is \$100	
You Pay: \$25	Plan Pays: \$80



You're Done! The Company Has it from Here!

Your out-of-pocket maximum has been reached! Your medical and prescription drug expenses are now paid 100% by the company.

Example - If bill is \$100	
You Pay: \$0	Plan Pays: \$100



Out-of-pocket maximum - An annual limit on the amount of money that you would have to pay out-of-pocket for healthcare services.

* Reminder: services must be provided by an in-network provider and hospital/facility. Also, the visit must be billed as preventive care.