

2021 Employee Benefits



Agenda

- What's new for 2021
- Enrollment Overview
- Medical Coverage – BCBS of MA
 - New England Blue HMO
 - Preferred Blue PPO Saver HSA
 - Health Savings Account
 - Additional benefits & tools
- Flexible Spending Accounts – Benefit Strategies
- Dental Coverage – BCBS of MA
- Vision Coverage – Davis Vision
- Employee Assistance Program – e4Health
- Employer-Paid and Voluntary Life/AD&D – Prudential
- Long-Term Disability (LTD) – Prudential

What's new for 2021

- **Medical plan rates are increasing, and there will be some plan design changes**
 - **New under BCBS**
 - Fitness and Weight-Loss Reimbursements— New Virtual Fitness*
 - Virtual fitness - enhancing the fitness benefit to include virtual fitness. This will now include virtual / online fitness memberships, subscriptions, programs or classes that provide cardiovascular and strength training using a digital platform.
 - Up to \$150 back per calendar year, per family for qualified expenses, instead of being limited to getting fee reimbursement for three months of membership or for 10 classes
- **Dental plan rates are decreasing**
- **No changes to all other plans**

Open Enrollment is November 2 - 25, 2020

Enrollment Overview

- The elections that you make now will remain in effect through 2021 unless you experience a Qualifying Event.
- Qualifying Events include, but are not limited to:
 - Birth, legal adoption or placement for adoption.
 - Marriage, divorce or legal separation.
 - Dependent child reaches age 26 (end of the 26th birthday month)
 - Spouse gains or loses employment or eligibility with current employer.
 - Death of spouse or dependent child.
 - Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
 - Change in residence that changes coverage eligibility.
 - Court-ordered change.
- You are required to contact Human Resources within 31 days of the Qualified Event if you wish to make any changes to your coverage.
- Your next opportunity to enroll in benefits will be during open enrollment.

2021 Employee Payroll Contributions

Bi-weekly (24 pay periods) Contributions

Non-Exempt	HMO Blue New England	Preferred Blue PPO Saver HSA
Employee	\$98.09	\$73.24
Employee + One	\$263.65	\$188.27
Family	\$395.47	\$282.40

Monthly Contributions

Exempt	HMO Blue New England	Preferred Blue PPO Saver HSA
Employee	\$196.18	\$146.47
Employee + One	\$527.30	\$376.54
Family	\$790.93	\$564.79



BCBS Medical and Rx Coverage

HMO and PPO Provider Network Comparison

HMO Health Maintenance Organization	PPO Preferred Provider Organization
HMO Blue NE Network (MA, NH, ME, VT, CT, RI)	National BCBS PPO Network
PCP (primary care physician) required – change anytime	No PCP (primary care physician) required
PCP refers you to see network specialists	No referrals required. Choose any doctor or hospital. In-Network and pay less or Out-of- Network* and pay more.
Worldwide coverage for Emergency and Urgent Care (responsible for copayment)	Worldwide coverage for Emergency and Urgent Care (for In-Network benefits use a BCBS PPO provider or any emergency room)

**PPO Out-of-Network: The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference*

Basics of a High Deductible Plan (HDHP)

	Traditional	HDHP
Overview	<ul style="list-style-type: none"> Copays for office visits and Rx drugs Once the deductible is met, co-pays applies Copays and deductible apply toward out-of-pocket maximum Embedded deductible – family deductible does not have to be met for coinsurance to apply. 	<ul style="list-style-type: none"> Pay negotiated provide costs for all medical services and Rx until deductible is met Once the deductible is met, co-insurance will apply (copays apply to pharmacy) Deductible, co-insurance and copays apply toward out-of-pocket maximum.
FSA Compatible	Yes	Yes, but only the Limited Purpose FSA
HSA Compatible?	No	Yes
Office Visit Payment	Copay is paid at the time of service	<ul style="list-style-type: none"> No payment due at time of service Provider sends claim to carrier An Explanation of Benefits (EOB) is mailed or sent electronically to patient following the visit Patient pays provider with HSA funds or out of pocket dollars
Payment for Rx	Copay is paid at the time of service	<ul style="list-style-type: none"> Pay discounted cost of prescription drug at time of service Certain preventive maintenance drugs are covered at no cost and are not subject to the deductible Once deductible is met, copays apply
Preventive Care	Covered at 100% (in-network)	Covered at 100% (in-network)

Medical Plan - New plan design for 2021

Summary of Coverage	HMO Blue New England In-Network	Preferred Blue PPO Saver HSA In-Network ¹
Medical Deductible <i>Employee Only</i> <i>Family coverage</i>	\$1,500 \$3,000	\$2,000 \$4,000
Out of Pocket Maximum (includes deductible) <i>Employee only</i> <i>Family coverage</i>	\$2,000 \$4,000	\$4,500 \$9,000
Physician Office Services <i>Preventive care</i> <i>Office visit – Primary Care Physician²</i> <i>Office visit – Specialist³</i> <i>Urgent Care</i>	No Charge \$30 copay \$40 copay \$40 copay	No Charge 10%, after deductible 10%, after deductible 10% , after deductible
Hospital Services <i>Inpatient</i> <i>Outpatient/Ambulatory Surgery</i> <i>Emergency Room</i>	\$0 after deductible \$0 after deductible \$200 copay	10%, after deductible 10%, after deductible 10%, after deductible
Lab/X-Ray <i>Diagnostic Lab & X-Ray- Outpatient</i> <i>High Tech Services (MRI, CT scans, etc.)</i>	\$0 after deductible \$0 after deductible	10%, after deductible 10%, after deductible

¹Out-of-Network coverage is available under the PPO; please refer to your SBC for additional plan details.

²PCP is required under the HMO plan.

³Referral is required to see a specialist under the HMO plan.

Prescription Drugs

Summary of Coverage	HMO Blue New England	Preferred Blue PPO Saver HSA
Pharmacy Deductible <i>Employee Only</i> <i>Family Coverage</i>	\$250 \$500	\$1,500 (Combined with Medical Deductible) \$3,000 (Combined with Medical Deductible)
Retail Prescription Drugs Tier 1 – 30 days Tier 2 – 30 days Tier 3 – 30 days	\$10 copay after deductible \$35 copay after deductible \$60 copay after deductible	\$10 copay after deductible \$25 copay after deductible \$45 copay after deductible

Comparing Total Plan Expense

When comparing plans it is important to take both payroll contributions and out-of-pocket liability into account.

HMO vs. PPO Saver HSA: Annualized payroll contributions

	HMO Blue New England	Preferred Blue PPO Saver HSA	Annual Difference
Employee	\$2,354	\$1,758	\$596
Employee + One	\$6,328	\$4,518	\$1,810
Family	\$9,491	\$6,777	\$2,714

HMO vs. PPO Saver HSA: Total annual deductible liability

	HMO Blue New England	Preferred Blue PPO Saver HSA	Annual Difference
Medical & Rx Deductibles		Combined (Medical & RX)	
<i>Employee Only</i>	\$1,500 (medical) & \$250 (Rx) = \$1,750	\$2,000	\$250
<i>Employee + One</i>	\$3,000 (medical) & \$500 (Rx) = \$3,500*	\$4,000**	\$500
<i>Family coverage</i>	\$3,000 (medical) & \$500 (Rx) = \$3,500*	\$4,000**	\$500

*HMO: Each individual in the EE+1 and Family tier is capped at \$1,000 medical and \$250 RX deductible.

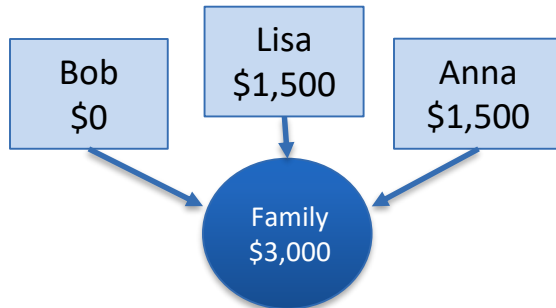
**PPO: There is no individual deductible cap. The full \$3,000 could be met by 1 individual.

Medical Deductible Example

- **Smith Family:**
- Deductible expenses this year
- Anna: \$3,500
- Lisa: \$1,500
- Bob: \$1,500

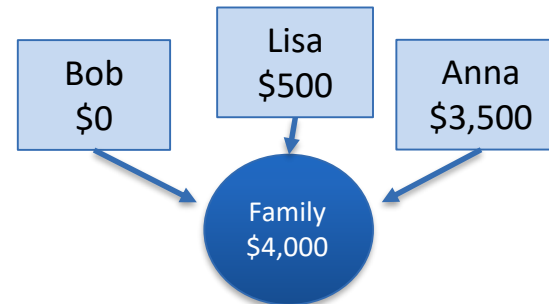


HMO Blue New England Embedded deductible



Each family member tracks toward the family deductible but are capped at the individual deductible

PPO Saver HSA Non-embedded deductible



Each family member tracks toward the family deductible but are **NOT** capped at the individual deductible

Health Savings Account

What is a Health Savings Account (HSA)?

- ❑ A type of savings account where you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses, you can lower your overall health care costs.
- ❑ An HSA can be used only if you elect a High Deductible Health Plan (HDHP)
- ❑ HSA funds roll over year to year if you don't spend them. An HSA may earn interest, which is not taxable.
- ❑ HSA funds are available for use after they have been funded from your payroll deduction.



CONTRIBUTIONS
Contributions are **TAX DEDUCTIBLE**



GROWTH
Earnings and interest invested in mutual funds grow **TAX-FREE**



HEALTH
Withdrawals for eligible medical expenses are **TAX-FREE**

HSA Contribution Limit	2021
Single	\$3,600
Family	\$7,200
Catch-up (55+)	\$1,000

Health Savings Account

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 BCBS PPO HSA Saver Plan and a Health Savings account with Health Equity will be opened for you.



2

You will have the opportunity to make pre-tax payroll contributions into your HSA account.















3

You will be provided with a Health Equity Bank Debit Card to use when you have medical, dental or vision expenses.

Health Savings Account

Every little bit counts, and adds up quickly

If you save:	In 5 years	In 10 Years	In 15 years
 \$50 per month	 \$3,000	 \$6,000	 \$9,000
 \$100 per month	 \$6,000	 \$12,000	 \$18,000
 \$250 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
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\$100 with an HSA

\$100 in your pocket	
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Health Savings Account

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation. To be eligible, you:

- Must be enrolled in an IRS-qualified high deductible health plan
- Cannot have any other health coverage
- Not covered by spouse's medical or pharmacy plan
- Not covered through Medicare Part A or Part B
- Not covered through a general-purpose Flexible Spending Account (FSA) plan (either employer's or spouse's)
- Cannot be claimed as a dependent on another person's tax return
- Cannot have 2020 Health FSA dollars rolled into 2021. **Any healthcare FSA funds need to be spent by 12/31/20 or rolled over to a Limited Purpose FSA to be eligible to contribute to an HSA on January 1st.**

Health Equity HSA Member Portal

HealthEquity Building Health Savings™ John Doe (22456) Sign Out

My Account Claims & Payments Docs & Forms Resources Help Contact

Account Balances

HSA Available to Spend	\$98.75
HSA Contributions YTD	\$0.00
HSA Distributions YTD	(\$3.36)

Quick Links

- Pay Doctor/Provider
- Request Reimbursement
- Make Contribution
- Transaction History
- Investments

To Do

- Unresolved Claims: 5
- Unlinked Receipts/Docs: 1
- Unread Messages: 0

REACH YOUR POTENTIAL

Once your HSA balance reaches \$2,000.00, you can start investing

LEARN MORE

EMPOWERING AMERICANS to build health savings maximize your savings www.HealthEquity.com/learn

Resources

- Prescription Discounts
- Live Doctor - Visit NOW
- Shop HSAstore.com
- Finance health care expenses
- Qualified Medical Expenses
- Medical Journal

46% John Doe Overall Account Optimization Optimize Your HSA

Use your HealthEquity member portal to:

www.myhealthequity.com

- Check your balance
- Review claims & transactions
- Submit claims or documents
- Pay your providers
- Reimburse yourself
- Access tax documents

Use your HealthEquity mobile app to:

- Get on-the-go access
- Take a photo of documentation and link to claims
- Send payments and reimbursements from HSA
- View claims status



TIP!

HealthEquity is GREEN!
Paper Statements: \$1.00
Checks: \$2.00

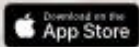
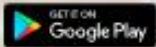
FREE! Direct Deposit
FREE! E-Statements

Well-Connection - Telemedicine

www.wellconnection.com

Getting Sick Isn't Convenient.
Well Connection Is.

See licensed doctors using live video visits on your favorite device.



Real Doctors. Real Doctor Visits.



4.8 out of 5

Doctor & provider rating from our members.**

Average of

15 Years

of Experience



Medical
24/7



Behavioral
Health
by appointment



Secure &
Confidential



Low
Cost

Finding the Care You Need Is Fast, Easy and Convenient

Using Well Connection, you'll be able to:

- Have live video visits using your **smartphone, tablet or computer**
- See licensed doctors and other providers anytime, anywhere
- Have medical and behavioral health visits that are secure and confidential

<i>Cold & flu</i>	<i>Strep throat</i>	<i>Bronchitis</i>
<i>Sinus & respiratory infections</i>	<i>Sore throat</i>	<i>Sleep disorders</i>
<i>Urinary tract infections</i>	<i>Pinkeye</i>	<i>Pneumonia</i>
<i>Gastro-intestinal distress</i>	<i>Hypertension</i>	<i>Migraines</i>
<i>Depression & anxiety</i>	<i>Bereavement</i>	<i>Gout</i>
<i>Substance use disorder</i>	<i>Trauma</i>	<i>Stress</i>
<i>Couples therapy</i>	<i>Child behavior</i>	

Same cost as any in-network doctor office visit!



Fitness Reimbursement

Your reward for health

of one individual or family membership

- Up to \$150 reimbursement for membership fees
- OR fitness classes



What Qualifies?

- **Full Service Health Club** with cardiovascular & strength-training equipment like treadmills, bikes, weight machines, & free weights
- **Fitness Studios** Starting when your plan renews in 2021, instructor-led group classes such as **yoga, Pilates, Zumba®**, **kickboxing, indoor cycling/spinning**, etc.
- **New Virtual Fitness** include virtual / online fitness memberships, subscriptions, programs or classes that provide cardiovascular and strength training using a digital platform.

Weight-Loss Reimbursement

Your reward for health

of one individual or family membership

- Up to \$150 reimbursement of membership fees

What Qualifies?

- **Hospital Based Programs**
- **Weight Watchers®** in person or online
- **Non-Hospital Programs** that combine healthy eating, exercise, & coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists (in person or online)

Websites

bluecrossma.com
blue365deals.com

ahealthyme.com
livinghealthybabies.com

Support by Phone

- 1-888-247-BLUE (2583) **Blue Care® Line** at no cost to you
- Message Wire text **bluecrossma** to 73529
- Text4Baby text **BABY** to 511411

Mobile Services



Meet the MYBLUE Member App

The simple, secure, and convenient way to manage your health care.

Look up your personal health care information quickly and easily from the convenience of your mobile device. Just download the app, and register your account using your member ID card.

Use the app to:

- Access an interactive ID card, and email a copy to your doctor
- Direct dial important phone numbers, like Member Service
- Review recent claims, doctor visits, and prescriptions
- Find nearby doctors, dentists, and hospitals
- View information for dependents under 18



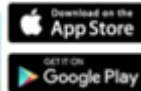
GoalGetter

Track your exercising activity so you can reach your fitness goals.



EatBetter GoalGetter

Learn about the calories you eat, and the ones you burn off



Express RX

Order prescription refills, set reminders, find pharmacies, more.



Ovia Fertility

The #1 most accurate fertility app helping users conceive up to 3x faster than the national average.



Well Connection

Connects you with your provider for a convenient video visit right on your phone or tablet.



Ovia Pregnancy

Expecting? Get immediate feedback on your progress as you track weight, sleep, symptoms and more!



Online Account



An easier way to access your health care plan and claims information.



View detailed plan information (benefits, deductible).



Find a Doctor. Get cost estimates for over 1,600 medical procedures.



Access claims and review history in one convenient spot.



Receive information you may need and are interested in.

Simplified Experience

Everything you need to access is easy to find with simplified navigation.

Register, or log in now at www.bluecrossma.com/myblue.



Benefit Strategies - Flexible Spending Accounts

Flexible Spending Accounts

- Hampshire College offers **three** ways to have pre-tax money go toward your healthcare and dependent care expenses:
 - Health Care Flexible Spending Account and Limited Purpose Flexible Spending Account
 - Maximum contribution: \$2,750
 - Full election amount is available on the day that your election becomes effective.
 - Healthcare FSA is for qualified medical, dental and vision expenses (not compatible with HSA)
 - Limited Purpose FSA is for qualified medical, dental and vision expenses (pairs with HSA)
 - Dependent Care Flexible Spending Account
 - Maximum contribution: \$5,000
 - Your funds are available as they accumulate through payroll deductions.
- **Important FSA information**
 - If you do not use all the money in your dependent care FSA by December 31, 2020 you will lose it!
 - For the health care FSA, you may roll over up to \$550 unused funds to the next plan year.
 - If you rollover healthcare FSA dollars into 2021 and elect the PPO Saver HSA you will not be eligible to make contributions to the Health Savings Account. You can roll the money into a limited purpose FSA and still be HSA eligible.
 - All health care FSA claims incurred during the plan year must be submitted by March 31, 2021.

Flexible Spending Accounts

- Examples of eligible Health Care FSA expenses include:
 - Medical, dental* and vision* copays
 - Medical and dental* deductibles
 - Prescription drugs
 - Hearing exams & hearing aids*
 - Eyeglasses, contact lenses, LASIK or PRK*
- Examples of eligible Dependent Care FSA expenses include:
 - Day care facility fees
 - Before and after school care
 - Summer camp (exclusive of overnight expenses)
 - Pre-school

* Limited Purpose FSA eligible expense

HSA & FSA Comparison

	HSA <i>Health Savings Account</i>	FSA <i>Flexible Spending Account</i>
Advantages	<ul style="list-style-type: none"> • Unused account balances are carried forward • Accounts are portable • Accounts can be funded with employee • Can be used as a way to save for retiree medical expenses • Ability to change election at any point in the year without a qualifying event 	<ul style="list-style-type: none"> • Familiar to employees and employers • Well-developed marketplace • Account can be funded with employee and employer contributions
Disadvantages	<ul style="list-style-type: none"> • Accounts must be sufficiently funded to cover withdrawals • Employers cannot control/limit how funds are used by participants • HDHP requirements • Trust account requirement • HSA regulations and other rules are complex 	<ul style="list-style-type: none"> • Unused account balances are forfeited each year (can be reduced with adoption of \$550 rollover provision) • Accounts are not portable • \$2,750 limit for 2021 • Uniform Coverage rules • Only able to change election amount mid-year with a qualifying event

HSA, FSA & Limited FSA Comparison, continued

	HSA <i>Health Savings Account</i>	FSA <i>Flexible Spending Account</i>	LPFSA <i>Limited Purpose Flexible Spending Account</i>
Funding Source	Employee	Employee	Employee
Funding Limits	2021: \$3,600 individual/\$7,200 family. Catch-up contribution of \$1,000/year allowed if age 55 by end of tax year	Annual maximum is \$2,750	Annual maximum is \$2,750
Eligible Expenses	Healthcare copayments, deductibles and coinsurance, eligible dental and vision expenses, transportation to/from medical provider, orthodontic expenses and medical supplies and certain premiums	Healthcare copayments, deductibles and coinsurance, eligible dental and vision expenses, transportation to/from medical provider, orthodontic expenses and medical supplies	Eligible dental and vision expenses
Eligible Expenses	IRS Section 213(d) + premiums	IRS Section 213(d)	IRS Section 213(d)
Portability	Yes	No	No
Rollover	Yes	\$500 rollover	\$500 rollover
Ability to participate in an FSA	Limited Purpose FSA only **Assets in general purpose FSA, including rollover dollars, must be used entirely before an HSA is eligible to open	N/A	N/A
COBRA Eligible	No	Yes	Yes
Included in Cadillac Tax	Yes, both employer and employee contributions	Yes, both employer and employee contributions	Yes, both employer and employee contributions



BCBS Dental Coverage

Dental Coverage



No Changes!

- To find a network provider visit: www.bluecrossma.com

	In-network	Out-of-Network
Deductible		
Employee only		\$50
Family coverage		\$150
Is the deductible waived for preventive and diagnostic services?		Yes
Annual plan maximum (per member)		\$1,500
Diagnostic and preventive		
Oral exams, x-rays, cleanings, fluoride, space maintainers, sealants	100%	100%*
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	80%*
Major		
Crowns, jackets, dentures, bridge implants	50%	50% *
Orthodontia		
Dependent children (up to age 19)	100%	100%*
Lifetime orthodontia plan maximum (per individual)	\$1,000	\$1,000*

* Subject to maximum plan allowance. Plan participant may be balance billed for difference.

Dental 2021 Employee Payroll Contributions

Lower Rates!

Non-Exempt	Bi-Weekly (24 pay periods)
Employee	\$23.35
Employee + One	\$50.59
Family	\$85.61

Exempt	Monthly
Employee	\$46.69
Employee + One	\$101.17
Family	\$171.21



Davis Vision Coverage

Vision Coverage



- To find a network provider visit: www.davisvision.com

No Changes!

	In-network	Out-of-network
Eye exam with dilation as necessary (once per 12 months)	\$10 copay	Up to \$90 reimbursement
Frames (once per 24 month, in lieu of contact lenses)	Covered in Full Frames ¹ OR \$130 allowance + 20% discount on remaining balance	Up to \$104 reimbursement
Standard lenses (once per 12 months)		
Single vision	\$25 copay	Up to \$57 reimbursement
Bifocal	\$25 copay	Up to \$92 reimbursement
Trifocal	\$25 copay	Up to \$115 reimbursement
Lenticular	\$25 copay	Up to \$215 reimbursement
Contact lenses (once per 12 months, in lieu of eyeglasses)		
Medically necessary	Covered in full	Up to \$240 reimbursement
Elective	Covered in Full Contacts ² OR \$130 allowance + 15% discount on remaining balance	Up to \$105 reimbursement

¹ Any Fashion or Designer level from Davis Vision's Collection (retail value up to \$175)

² From Davis Vision's Collection, up to 2 boxes Planned Replacement or 8 boxes Disposable

Vision 2021 Employee Payroll Contributions

No Changes!

Non-Exempt	Bi-Weekly (24 pay periods)
Employee	\$2.80
Employee + One	\$5.04
Family	\$7.83

Exempt	Monthly
Employee	\$5.59
Employee + One	\$10.07
Family	\$15.66



New Directions – Employee Assistance Program

Employee Assistance Program



- **Confidential** 24/7 assistance and support
 - Counseling – 3 visits per occurrence
 - Legal resources
 - Financial resources
 - Family/caregiving resources and referrals
 - Health risk assessments
 - Convenience services
- Available to employees and family members at **no cost** to you!

Call: (800) 624.5544

Online: eap.ndbh.com



Prudential - Life and Disability

Employee Basic Life/AD&D

Employee & Dependent Supplemental Life/AD&D

- Hampshire College pays the entire cost of employee Basic Life and AD&D coverage equal to:
 - 2x annual salary up to a maximum of \$150,000
- Employees have the option to purchase Supplemental Life and AD&D coverage for yourself, your spouse and your dependent children. You must purchase coverage for yourself in order to purchase coverage for your dependents.
 - Employee Benefit:
 - 1-5x annual salary up to \$500,000
 - Guarantee Issue: \$150,000
 - Spouse Benefit:
 - \$10,000, \$30,000 or \$50,000, not to exceed 50% of the employee benefit amount
 - Guarantee Issue: \$30,000
 - Child(ren) Benefit:
 - \$10,000 (does not include AD&D)
 - Guarantee Issue: \$10,000

Newly eligible employees may elect up to the Guarantee Issue (GI) without submitting Evidence of Insurability (EOI). Any benefit amounts over the GI will require EOI.

Long-Term Disability

- Hampshire College pays the entire cost for Long-Term Disability coverage after one year of service. Long-Term Disability provides financial assistance in the event that you become disabled or unable to work.
 - Monthly benefit amount: 60% of your pre-disability earnings
 - Monthly benefit maximum: \$7,500
 - Benefits begin: 180 days
 - Benefits duration: Up to Social Security Normal Retirement Age (SSNRA) if you become disabled prior to age 65. If you are age 65+ and become disabled, benefits are payable based on an age-based schedule.
 - Pre-existing condition exclusion: 3/12



Questions?