Hampshire College

2021 Benefit Enrollment Form

Employee Name: _____ **SSN:** _____ **Gender:** _____

Date of Birth: _____ **Date of Hire:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Medical Premiums – Blue Cross Blue Shield of MA

	HMO Blue New England Bi-Weekly (24)	HMO Blue New England Monthly	Blue PPO Saver HSA* Bi-Weekly (24)	Blue PPO Saver HSA* Monthly
Employee Only	□ $ 98.09	□ $196.18	□ $ 73.24	□ $ 146.47
Employee + One	□ $263.65	□ $527.30	□ $188.27	□ $376.54
Employee + Family	□ $395.47	□ $790.93	□ $282.40	□ $564.79

□ **I decline medical coverage for myself and my dependents. If waiving, please enter a reason:** _____

If you elect the HMO Blue New England plan, you will have access to Blue Cross Blue Shield's HMO Blue New England network. If you elect the Blue PPO Saver HSA plan, you will have access to Blue Cross Blue Shield's PPO network. To locate a provider, please visit https://myblue.bluecrossma.com/health-plan/find-doctor-provider-dentist

* If you elect the Blue PPO Saver HSA plan, you will be eligible to make pre-tax contributions to a Health Savings Account (HSA) through Health Equity. Please refer to the Health Savings Account Section for additional information.

Dental Premiums (per pay period) – Blue Cross Blue Shield of MA

	PPO Bi-Weekly (24)	PPO Monthly
Employee Only	□ $ 23.35	□ $ 46.69
Employee + One	□ $ 50.59	□ $101.17
Employee + Family	□ $ 85.61	□ $171.21

□ **I decline dental coverage for myself and my dependents.**

Vision Premiums – Davis Vision

	Bi-Weekly (24)	Monthly
Employee Only	□ $ 2.80	□ $ 5.59
Employee + One	□ $ 5.04	□ $ 10.07
Employee + Family	□ $ 7.83	□ $ 15.66

□ **I decline vision coverage for myself and my dependents.**

Health Savings Account (HSA) – Health Equity

You are eligible to open and fund an HSA if you are:

- **Enrolled in the Blue PPO Saver HSA plan.**
- Not covered by any other health plan, including a Health Care Flexible Spending Account provided through your spouse's employer (a Limited Purpose Health Care Flexible Spending Account is allowed)
- Not enrolled in Medicare or TRICARE for Life
- Not claimed as a dependent on another individual's tax return
- You have not received Veteran's Administration Benefits in the past three months

The IRS contribution maximums for 2021 are as follows:

- $3,600 Individual
- $7,200 Family

Individuals age 55 and older may make an additional $1,000 catch-up contribution to their HSA in 2021.

□ **I have elected the Blue PPO Saver HSA plan and would like to make the following pre-tax contribution to my Health Savings Account (please list annualized amount): _____.**

FLEXIBLE SPENDING ACCOUNTS (FSA) – BENEFIT STRATEGIES

Hampshire College offers you a choice of two Health Care Reimbursement Account plans and a Dependent Care Account:

- Health Care Flexible Spending Account (HFSA) – **not available** to employees who participate in the HSA
- Limited Purpose Health Care Flexible Spending Account (LPFSA)* – HSA compatible
- Dependent Care Flexible Spending Account (DCFSA)

The IRS contribution maximums are as follows:

- HFSA and LPFSA: $2,750
- DCFSA: $2,500 if single or married filing a separate tax return or $5,000 if married and filing a joint tax return

*Limited Purpose Health Care Flexible Spending Accounts may not be used for medical expenses. These funds may be used to cover qualified dental and vision expenses only.

I would like to make the following pre-tax contribution to a Flexible Spending Account (please list annualized amount):

- □ **HFSA** (not HSA compatible)**: _____**
- □ **LPFSA** (HSA compatible)**: _____**
- □ **DCFSA: _____**

ELIGIBLE DEPENDENTS (MEDICAL, DENTAL, VISION)

Complete this section for any covered dependents. Check the boxes of the plans (medical, dental or vision) for each dependent to indicate the coverage elected for that dependent. **All information must be completed for each dependent.**

Name	SSN	Gender	Date of Birth	Relationship	Medical	Dental	Vision
_____	_____	_____	_____	_____	□	□	□
_____	_____	_____	_____	_____	□	□	□
_____	_____	_____	_____	_____	□	□	□
_____	_____	_____	_____	_____	□	□	□

CAN ELECTIONS BE CHANGED DURING THE PLAN YEAR?

You cannot change your annual medical, dental, vision or FSA elections unless a qualified status change occurs.

The IRS defines these changes. They include: marriage or divorce; death of a dependent; birth or adoption of a child; termination of employment; significant change in your spouse's health coverage due to employment; dependent no longer meets definition of an eligible dependent under your group plan; employee, spouse and/or dependent entitlement to Medicare. The requested change must be consistent with the event. **Note: you may make changes to your HSA contribution amount throughout the year without a qualifying event.**

WHEN CAN I JOIN?

You can join once per year during open enrollment.

Each year your participation will continue unless you notify us differently. If you waive participation at this time, you must wait until the next open enrollment unless there is a qualified status change. New hires can join mid-year once they are eligible for health coverage. If you have other questions throughout the year, refer to your Summary Plan Description.

□ **I ELECT AND AUTHORIZE** Hampshire College to make the necessary deductions/reductions, on a pre-tax basis, from my paycheck to cover the premium for the coverage(s) which I have elected under the Hampshire College Benefits Program and which require a personal contribution under the Section 125 Premium Only Plan (POP). ***I understand that I cannot change any of my elections during the plan year unless I have a qualifying change in family status, per Section 125 of the Internal Revenue Service Code.***

I certify that all information on this form is true and correct to the best of my knowledge and I agree to the contribution rates noted above.

Employee Signature: _____ Date: _____