Williams

Open Enrollment for 2020

October 2019

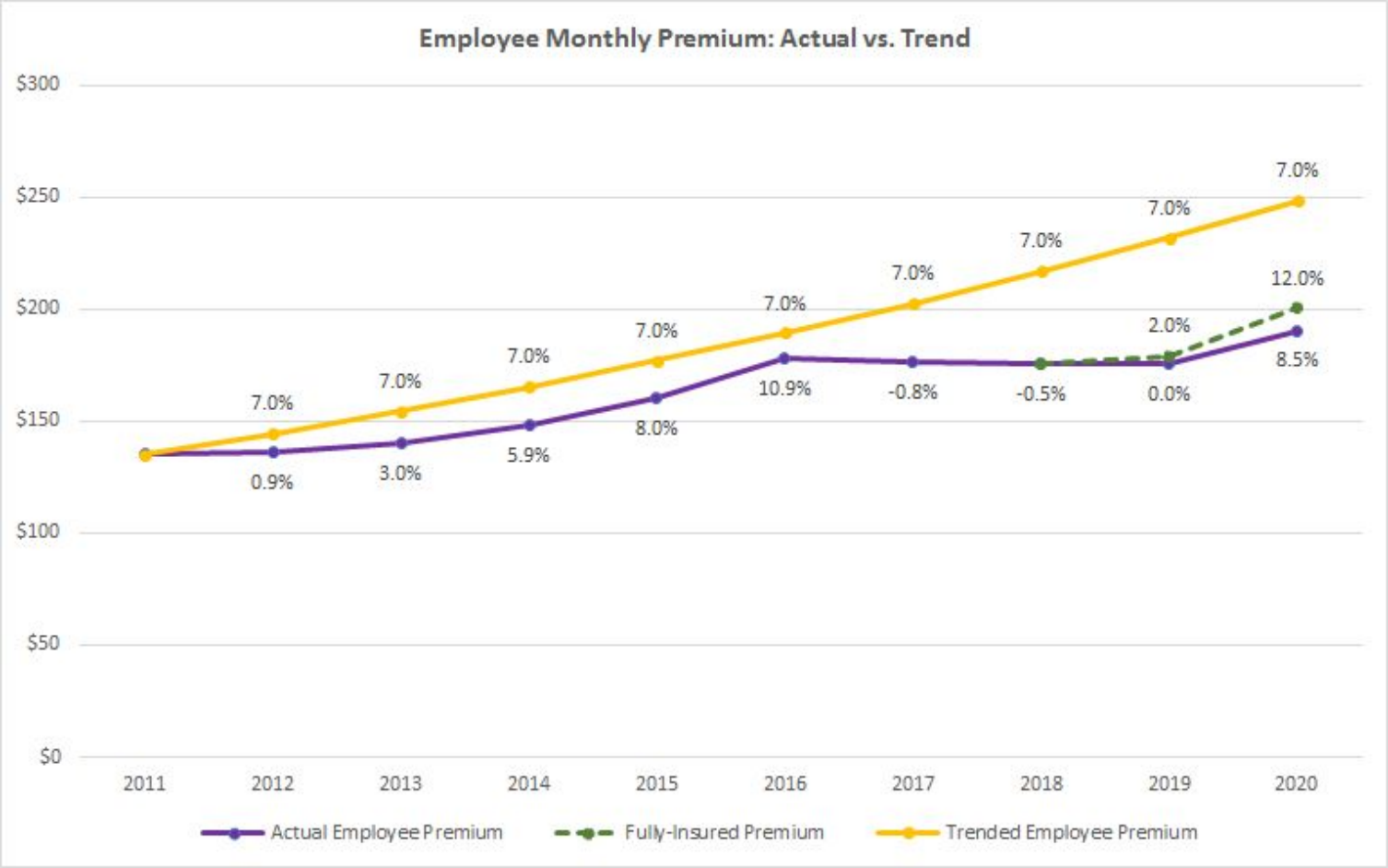
Agenda

- Medical Plans Rates and Changes
- Dental Plan Rates and Changes
- Flexible Spending and Health Savings Accounts
- Charitable Donations
- Paid Family Medical Leave (*effective 2021*)
- What to Do Next
- Help Available

Medical Plans

- 8.5% increase in medical premiums
  - *After the Wellness Incentive contribution amount is applied, the impact on your premium is 7.3% - 8.1% depending on the plan/coverage tier*
- New coverage for Acupuncture - up to 12 visits per year, specialist copay will apply
- **You must log in to bswift to complete your enrollment each year.**

Historical Premium Trends



Premium Example for HMO Blue New England / Employee Only
10 Years of History

2020 Medical Premiums

	HMO	HMO Deductible	PPO Deductible	PPO Saver Deductible
Employee Monthly Contribution				
Employee	$211.31	$164.02	$187.43	$169.48
Employee + One	$497.03	$378.80	$437.34	$392.45
Family	$514.95	$392.27	$474.39	$427.30
Employer Monthly Contribution				
Employee	$603.18	$572.76	$572.76	$572.76
Employee + One	$1,031.78	$1,002.33	$988.27	$999.05
Family	$1,974.12	$1,715.57	$1,809.32	$1,630.66
Employee Monthly Increases				
Employee	$14.92	$11.22	$13.05	$11.65
Employee + One	$37.31	$28.04	$32.63	$29.11
Family	$38.71	$29.10	$35.53	$31.84

Cost Saving Option: Change Plans HMO to HMO Deductible plan

	Premium Savings	Maximum Deductible *	Net Savings if Deductible Met
Employee	-$567	$500	-$67
Employee + One	-$1,419	$1,000	-$419
Family	-$1,472	$1,000	-$472

**** You can use a Flexible Spending Account to cover potential deductible costs.***

Additional Cost Savings:

- *HMO: $250/outpatient surgery, $500/inpatient admission (including childbirth), up to out-of-pocket max ($2,000/member)*
- *HMO Deductible: only pay for outpatient and inpatient to the maximum deductible per year ($500/member or $1,000/family)*

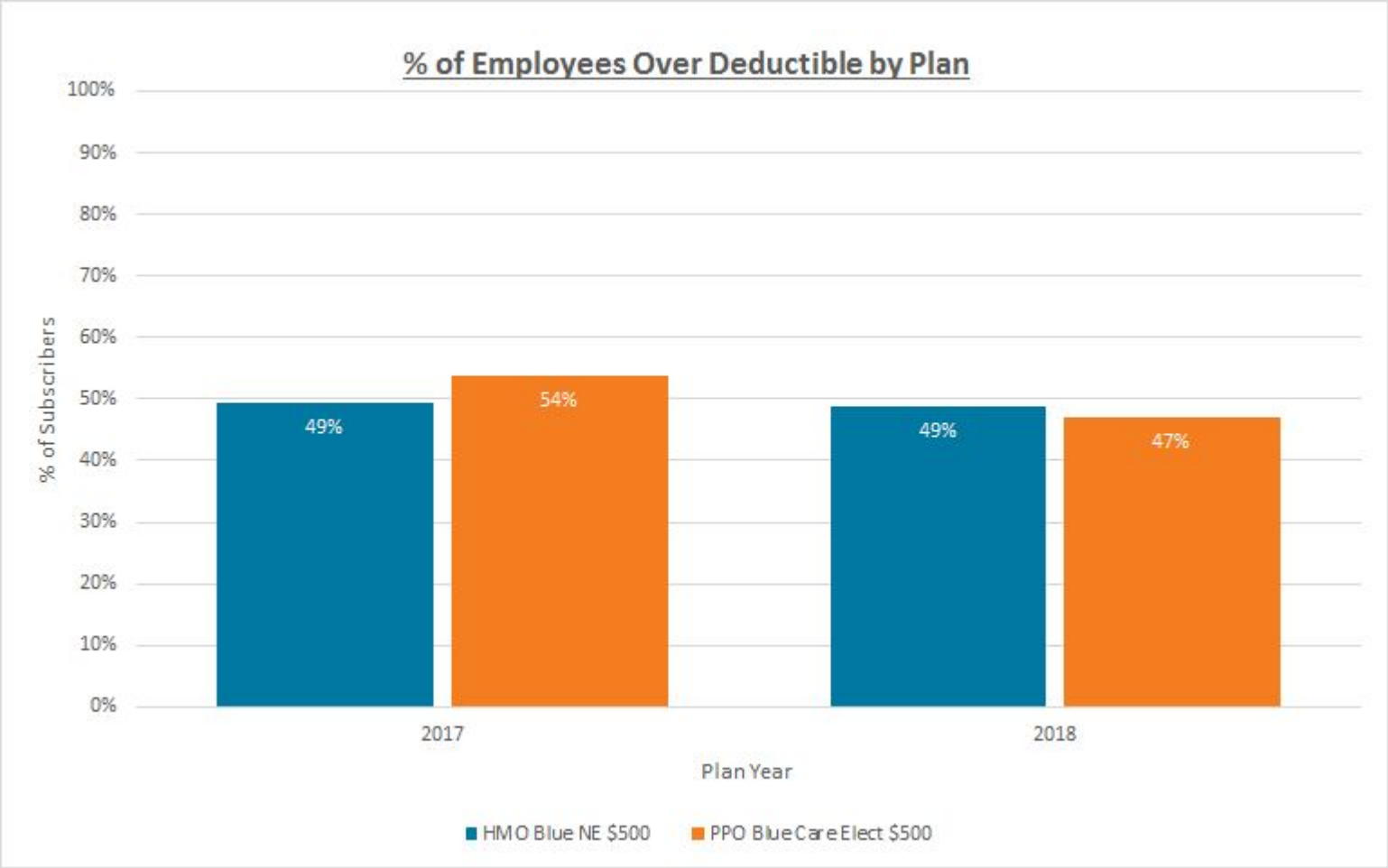
Medical Plan Comparison

	HMO	HMO Deductible	PPO Deductible	PPO Saver Deductible
Annual Plan Year Deductible (In-Network)				
Employee	$0	$500	$500	$1,500
Employee + One / Family	$0	$1,000 *($500 per member)*	$1,000 *($500 per member)*	$3,000
Annual Out-of-Pocket Maximum (In-Network)				
Employee	$2,000 Medical $1,000 Rx	$1,500 Medical $1,000 Rx	$1,500 Medical $1,000 Rx	$3,000 Combined Medical and Rx
Employee + One / Family	$4,000 Medical $2,000 Rx	$3,000 Medical $2,000 Rx	$3,000 Medical $2,000 Rx	$6,000 Combined Medical and Rx

Medical Plan Comparison

In-Network Costs	HMO	HMO Deductible
Preventive Care, Screening, Prenatal Annual Eye Exam	No Charge	No Charge
Primary Care Visit Outpatient Mental Health	$20	$20
Specialist Visit (Chiropractor, Acupuncture), Physical Therapy	$30	$30
Emergency Room (waived if admitted)	$100	$100
Diagnostic Tests, Imaging	No Charge	Pay Until $500 Deductible Met, then No Charge
Outpatient Surgery	$250	
Inpatient Hospitalization (including Mental Health, Substance Abuse Svcs)	$500	

Historical Deductible Trend



Employee Cost Scenarios

- Maternity Care
- Diabetes Care
- Minor Medical Emergency (Fracture)

- Use the *Ask Emma* feature in bswift for a <u>customized</u> cost estimate, including Primary Care and Specialist Visits, Prescriptions, Surgeries, and Diagnostic Tests.

Maternity Care Example

	HMO Copay	HMO Deductible
Sample Employee Costs		
Prenatal/Postpartum Office Visits	$0	$0
Preventative Tests (bloodwork)	$0	$0
Imaging (ultrasound)	$0	$0
1 Inpatient Hospitalization	$500	$500*
1 Prescription (Generic)	$16	$16
Total Out-of-Pocket	$516	$516
Total Annual Premium (Family)	$6,179	$4,707
Total Out-of-Pocket + Premium	***$6,695***	***$5,223*** ***(-$1,472)***

Deductible Met - responsible for only Copays for remainder of the year

Diabetes Care Example

	HMO Copay	HMO Deductible
Sample Employee Costs		
2 Primary Care Office Visits	$0*	$0*
4 Specialist Office Visits	$120	$120
Diagnostic Tests (bloodwork)	$0	$500
4 Monthly Prescriptions (90 days mail)	$1,000	$1,000
Total Out-of-Pocket	$1,120	$1,620
Total Annual Premium (Employee+1)	$5,964	$4,546
Total Out-of-Pocket + Premium	***$7,084***	***$6,166*** ***(-$918)***

****Copay waived for first two diabetic PCP/Patient Educator and/or Specialists visits***

Minor Medical Emergency (fracture)

	HMO Copay	HMO Deductible
Sample Employee Costs		
1 Emergency Room (admitted - no fee)	$0	$0
2 Diagnostic Tests (bloodwork/x-ray)	$0	$500*
1 Imaging (CT/PET scans, MRIs)	$0	$0
1 Inpatient Hospitalization	$500	$0
1 Outpatient Surgery	$250	$0
1 Monthly Prescription - Tier II	$300	$300
Total Out-of-Pocket	$1,050	$800
Total Annual Premium (Employee)	$2,536	$1,968
Total Out-of-Pocket + Premium	***$3,586***	***$2,768*** ***(-$818)***

Deductible Met - responsible for only Copays for remainder of the year

Telemedicine

- Licensed Medical and Behavioral Health providers are available 24/7 to treat you for minor medical issues or provide behavioral health care.
- Use the Well Connection app on a mobile device or visit wellconnection.com.
- Simply log in, choose the type of care you want, and pick a provider. You pay the same cost as for an office visit.

Wellness Program 2020

- Wellness Program will continue unchanged for 2020
- $500 (subscribers) / $100 (enrolled spouses) incentive for completing:
    - Biometrics
    - Health Assessment
    - Preventive Exam or Activity
- $100 incentive for an Activity Challenge
- $150 Fitness Reimbursement (Fitness Classes onsite & local); $150 Weight Loss Benefits

Dental Plan Rates

	2020
Employee Monthly Contribution	
Employee	$9.39
Employee + One	$23.47
Family	$30.98
Employer Monthly Contribution	
Employee	$35.73
Employee + One	$57.56
Family	$117.91
Employee Monthly Increases	
Employee	$0.85
Employee + One	$2.13
Family	$2.82

Dental Plan Enhancements

- Adult orthodontia ($1,500 lifetime benefit)
- Night mouth guards (Tier 3 coverage at 50%)
- The cost of preventative benefits (bi-annual exam/cleaning and associated X-rays) will no longer count against your calendar year maximum benefit (currently $2,000), leaving the full amount available for other covered services
- **You must log in to bswift to complete your enrollment each year.**

2020 Flexible Spending and HSA Contribution Limits

Flexible Spending Accounts Limits	2020	2019
Healthcare FSA	$2,700*	$2,650*
Dependent Care FSA	$5,000	$5,000

HSA Limits (Employer + Employee)**	2020	2019
Employee	$3,050 + $500	$3,000 + $500
Employee + One / Family	$6,100 + $1,000	$6,000 + $1,000
HSA Catch-up Contribution	$1,000**	$1,000**

**** Healthcare FSA allows $500 carry-over to next calendar year.***
*****Available to those who are over the age 55***

You must log in to bswift to complete your annual elections.

Charitable Donations

- The college will contribute $1 for every $2 of your personal contributions to the following charities:
  - Bennington United Way
  - Berkshire United Way
  - Northern Berkshire United Way
  - Williamstown Community Chest
- Contribution spread over 24 pay periods
- **You must log in to bswift to complete your annual election.**

Mass Paid Family & Medical Leave

- New policies and benefits will go into effect on ***January 1, 2021*** when the law goes into effect.
- The new paid Family Leave policy will allow employees to care for an ailing relative for up to 12 weeks per benefit year (or 26 weeks for illness relating to a family member's military service).
- Parental Leave will be extended from 8 weeks to 12 weeks.
- Short Term Disability Leave, Parental Leave, and Family Leave will be paid at 100% of base earnings for all staff and faculty. This exceeds the state benefit of 80% of earnings capped at $850/week.
- All costs related to Paid Family and Medical Leave will be absorbed by the college and <u>not</u> passed on to employees.

What Next?

1. You received a 2019 Personalized Enrollment Statement by email on October 13, 2019. **Review this**!
2. ***Active Enrollment***: All employees must **log in to bswift** to complete Open Enrollment elections or make changes
3. Remember to make elections for **FSA Healthcare**, **FSA Dependent Care**, **HSA** and **Charitable Donations**

Open Enrollment Period

October 14, 2019 – November 11, 2019

- Find important plan details and general benefits information
- Use the enhanced Ask Emma feature and view informational videos
- Compare plans with the online calculator
- Elect or make changes to your benefits

https://bswift.williams.edu

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Enrollment Support

Come to Jesup Computer Lab 203 and complete your online enrollment with assistance from HR staff.

Day	Time
Tuesday, October 29th	2:00 pm - 4:30 pm
Thursday, October 31st	9:00 am - 11:30 am
Monday, November 4th	11:00 am - 1:00 pm
Thursday, November 7th	2:00 pm - 4:30 pm

Additional Help

- Use the *Ask Emma* feature in bswift
- Call BCBS Member Services at (800) 486-1136, Monday-Friday from 8:00am-6:00pm
- More information about your medical plan options can be found in this Medical Plan FAQ and the Medical/Dental Benefits on the HR benefits page.
- Call Megan x4355