



2018 Benefits Discussion

November 2017

Topics to be covered:

- ❖ Benefits Packet
- ❖ Changes for 2018
- ❖ Self-Funding Approach
- ❖ Medical Insurance/Magna Care/First Health Network
- ❖ 2018 Insurance Rates
- ❖ 5 Ways to Reduce Costs/Save
- ❖ Other Changes
- ❖ Questions and Answers

Challenge Question #1

- What is this year's deadline for turning in your 2018 benefit plan forms?

Benefits Packet

- Did you get it?
 - Go to HR website www.union.edu/hr
or to www.union.edu/2018benefits
- Do you understand it?
- Do you know what you have to do now?

Questions????

Insurance Rate Changes

- CDPHP medical: Working rates increasing by 12.2%; employee cost share will increase from 22% -25%.
 - Employee cost-share across all tiers increased by 1.25%.
 - Employee cost-share for spouse/partner tiers increased by an additional 1.7%.
- Delta dental: Employee cost share increasing from 47% to 66%.
- Eye Med vision: No change

Challenge Question #2

- Who is Union's new prescription drug provider?

Insurance Coverage Changes

- Medical Plan Design Changes:
 - Increasing Plan U outpatient copays from \$100 to \$150.
 - Increasing Plan U inpatient hospital copays from \$150 to \$250.
 - Changing both Plan U and Plan C high tech imaging copays from \$20 to \$100 for imaging conducted at a hospital facility. A \$0 copay will apply for high tech imaging conducted at *freestanding*, CDPHP preferred facilities.
- Prescription Plan Design Changes:
 - Carve-out pharmacy benefit management from CDPHP/CVS/Caremark to OptumRx through the Preferred University Rx Purchasing Coalition (PURPC)
 - Increase in prescription drug copays for Plan U and Plan C from \$10/\$25/\$40 to \$10/\$30/\$50 for a 30-day supply and \$20/\$50/\$80 to \$20/\$60/\$100 for a 90-day supply.

Other Changes

- Medical Insurance Opt. Out:
 - Decreasing from \$665 to \$500.
- NYS Paid Family Leave:
 - Regularly employed Administrators and Hourly Staff will be eligible for up to 8 weeks of paid leave for birth, adoption, or serious health condition of a family member, or qualifying military service exigency.
 - The paid leave is at 50% of an employee's average weekly wage to a maximum of 50% of the NYS Average Weekly Wage.
 - Cost is fully paid by the employee through payroll deduction.

Self-Funding of Medical, Dental, and Vision Insurances

What is Self-Funding? Self-funding is where an employer provides insurance to its employees using its own funds and through the help of a third-party administrator (TPA). This is different from fully insured plans where the employer contracts with an insurance company to cover the employees and dependents.

- **Union and you are the insurance company**
- **Everyone shares in the risk of claim fluctuations**
- **Everyone can impact the total cost of insurance**
- **Better health and appropriate use of the plan will help control costs and limit annual premium increases**

Medical Insurance - Preferred Provider Organization (PPO) Plans

- PPO Plan U (Higher Premium/Lower Out-of Pocket)
“**U**nion”
- PPO Plan C (Lower Premium/Higher Out-of-Pocket)
“**C**ollege”

PPO Terminology

Copay: This is the fixed dollar amount that a participant is required to pay for the service rendered based on the schedule of benefits. Copays do NOT count toward the deductible but they do count towards the Out-of-Pocket Maximum.

Deductible: This is the first dollar payment that a participant is required to pay before the plan begins sharing the cost of a covered expense. Copays do NOT count toward the deductible but they do count towards the Out-of-Pocket Maximum.

Co-Insurance: This is the percentage of the cost of medical services shared by the participant and the plan as indicated on the schedule of benefits. The participant must first meet the deductible before the cost is shared by the plan. For example, if 10% is indicated, and the provider is in-network, then the plan (in our case Union College as a self-insured employer) pays 90% of the cost and the participant (you) are responsible for 10% of the cost.

Out-of-Pocket Maximum (OOP): This is the maximum annual dollar amount that a participant would be responsible for paying for medical services or prescriptions. All charges, including the deductible, coinsurance, and copays are applied toward the OOP. These charges are in addition to the normal premiums that are deducted from your paycheck.

Main Differences Between the Two Plans

PPO Plan U (Higher Premium/Lower Out-of-Pocket)

- Comprehensive coverage with limited financial out-of-pocket exposure, especially when using the in-network option.
- No in-network deductible, so financial out-of-pocket exposure is primarily limited to the stated copays.
- Financial out-of-pocket exposure is further limited, under the in-network option, by individual and family out-of-pocket maximums for inpatient care and outpatient ambulatory surgery.
- Out-of-network option has financial out-of-pocket exposure, with the inclusion of deductibles and co-insurance.
- Lower individual and family cumulative out-of-pocket maximums.
- Higher premiums due to comprehensiveness of coverage and limited financial out-of-pocket exposure.

Main Differences Between the Two Plans (Continued)

PPO Plan C (Lower Premium/Higher Out-of-Pocket)

- Comprehensive coverage with potential for increased financial exposure but also potential for savings.
- Both an in-network and an out-of-network deductible.
- Both In and Out-of-network option has financial out-of-pocket exposure, with the inclusion of deductibles and co-insurance.
- Considerably more things covered on a coinsurance basis.
- Financial out-of-pocket exposure, up to the stated out-of-pocket maximum amounts.
- Lower premiums due to higher deductibles, more coinsurance versus copays, and higher out-of-pocket limits.

CDPHP Magna Care/First Health Network

- No referrals needed
- In-network doctors outside of area
- Over 725,000 providers
- Providers in all 50 states plus Puerto Rico
- Worldwide emergency care

USE CDPHP'S FIND-A-DOC PROGRAM TO
LOCATE A PARTICIPATING PROVIDER

Selecting the Plan That is Right for You – PPO Selection Tool

When you open the excel file, you will see a security warning that says “Macros have been disabled”. You need to click “Enable Content” for the model to work.

Step 1: Enter Coverage Tier →

EE Only

Step 2: Enter Total 2016 Household Income →

\$50,000

Step 3: Wellness Incentive →

Yes



	Plan U	Plan C
Total Estimated Out-of-Pocket Costs	\$610	\$2,000
Annual Payroll Contribution	\$1,354	\$996
Annual Health Care Rebate	\$791	\$791
Total Estimated Employee Cost	\$2,755	\$3,787
Lower Cost Plan	Plan U	
Annual Cost Difference	\$1,031	

Step 4: Enter the number of services used annually below ↓

	Employee
Inpatient Services	
Inpatient Hospital Stays	1
Mental/Behavioral Health Hospital	0
Skilled Nursing Facility	0
Outpatient Services	
Emergency Room Visits	1
Urgent Care Facility	0
Outpatient Surgery in a hospital	0
X-rays/Lab Services	0
Advanced Radiology (MRI/PET Scan/etc.)	0
Primary Care Visits (excluding preventive visits which are \$0)	4
Specialist Visits (e.g. dermatologist, oncologist, etc.)	2

Selecting the Plan That is Right for You – PPO Selection Tool (Details)



Coverage Tier
Total 2016 Household Income
Wellness Incentive

EE Only
\$50,000
Yes

	Plan U	Plan C
Total Estimated Out-of-Pocket Costs	\$610	\$2,000
Annual Payroll Contribution	\$1,354	\$996
Annual Health Care Rebate	\$791	\$791
Total Estimated Employee Cost	\$2,755	\$3,787
Lower Cost Plan	Plan U	
Annual Cost Difference	\$1,031	

In-Network Costs Shown Below↓	Plan U	Plan C
	Employee	Employee
Inpatient Services	Out-of-Pocket Cost	Out-of-Pocket Cost
Inpatient Hospital Stays	\$250	\$2,000
Mental/Behavioral Health Hospital		
Skilled Nursing Facility		
Outpatient Services	Out-of-Pocket Cost	Out-of-Pocket Cost
Emergency Room Visits	\$100	\$0
Urgent Care Facility		
Outpatient Surgery in a hospital		
X-rays/Lab Services		
Advanced Radiology (MRI/PET Scan/etc.)		
Primary Care Visits (excluding preventive visits which are \$0)	\$80	\$0
Specialist Visits (e.g. dermatologist, oncologist, etc.)	\$60	\$0

Cost of Medical Plans

2018 FLEXIBLE BENEFITS - COST SHARING

Coverage	2018	2018	2018	2018
	Total Annual Cost	Annual Benefit Dollars	Employee Annual Cost	Employee Cost Per Pay Period *(24 Pay Periods)
MEDICAL INSURANCE (Plans U/C - Union College)				
PPO Plan U (Higher Premium/Lower Out-of-Pocket) with Wellness Incentive	Individual	\$8,511	\$7,169	\$1,342
	EE+Child(ren)	\$13,193	\$10,004	\$3,189
	EE+Spouse	\$18,725	\$13,926	\$4,799
	Family	\$25,024	\$18,611	\$6,413
PPO Plan U (Higher Premium/Lower Out-of-Pocket) without Wellness Incentive	Individual	\$8,511	\$7,020	\$1,491
	EE+Child(ren)	\$13,193	\$9,650	\$3,543
	EE+Spouse	\$18,725	\$13,393	\$5,332
	Family	\$25,024	\$17,899	\$7,125
PPO Plan C (Lower Premium/Higher Out-of-Pocket) with Wellness Incentive	Individual	\$8,113	\$7,129	\$984
	EE+Child(ren)	\$12,575	\$9,942	\$2,633
	EE+Spouse	\$17,848	\$13,839	\$4,009
	Family	\$23,851	\$18,494	\$5,357
PPO Plan C (Lower Premium/Higher Out-of-Pocket) without Wellness Incentive	Individual	\$8,113	\$7,020	\$1,093
	EE+Child(ren)	\$12,575	\$9,650	\$2,925
	EE+Spouse	\$17,848	\$13,393	\$4,455
	Family	\$23,851	\$17,899	\$5,952
OPT. OUT (Waive Coverage)	Opt. Out	\$0	\$500	-\$500

Note: Dollar amounts shown are for full time employees. Part-time employees receive one-half of the annual benefit dollar amount. Spousal pairs receive twice the annual benefit dollar amount (Medical and Dental) to a maximum of the actual annual cost.

Cost of Dental/Vision Plans

2018 FLEXIBLE BENEFITS - COST SHARING

Coverage	2018	2018	2018	2018	
	Total Annual Cost	Annual Benefit Dollars	Employee Annual Cost	Employee Cost Per Pay Period *(24 Pay Periods)	
DENTAL INSURANCE					
DENTAL PLUS	Individual	\$469	\$177	\$292	\$12.17
	EE+Child(ren)	\$774	\$270	\$504	\$21.00
	EE+Spouse	\$1,033	\$360	\$673	\$28.04
	Family	\$1,689	\$441	\$1,248	\$52.00
DENTAL BASIC	Individual	\$272	\$177	\$95	\$3.96
	EE+Child(ren)	\$450	\$270	\$180	\$7.50
	EE+Spouse	\$600	\$360	\$240	\$10.00
	Family	\$981	\$441	\$540	\$22.50
VISION INSURANCE					
EYE MED VISION CARE	Individual	\$105	\$0	\$105	\$4.38
	EE+Child(ren)	\$162	\$0	\$162	\$6.75
	EE+Spouse	\$230	\$0	\$230	\$9.58
	Family	\$307	\$0	\$307	\$12.79

Note: Dollar amounts shown are for full time employees. Part-time employees receive one-half of the annual benefit dollar amount. Spousal pairs receive twice the annual benefit dollar amount (Medical and Dental) to a maximum of the actual annual cost.

Medical Premium Rebate Program

- The program supplements the cost of medical insurance coverage for employees with total household income below a specified threshold
- 2018 Threshold: 2016 Total Household Income less than \$75,444
- Full Rebate Amounts (available to those with total household income below \$50,294).

2018 Full Rebate Amount

Individual	\$ 791
EE+Child(ren)	\$ 1,927
EE+Spouse	\$ 2,736
Family	\$ 3,656

- If you miss the deadline you can enroll at any time and get credit for the remainder of the year.

Medical Premium Rebate Program (continued)

SAMPLE ADDITIONAL MEDICAL COST WITHOUT REBATE			
Employee Only		Employee + Spouse/Domestic Partner	
2016 Total Household Income	Difference	2016 Total Household Income	Difference
\$0 to \$50,294	\$791	\$0 to \$50,294	\$2,736
\$55,000	\$643	\$55,000	\$2,224
\$60,000	\$486	\$60,000	\$1,680
\$65,000	\$328	\$65,000	\$1,136
\$70,000	\$171	\$70,000	\$592
\$75,000	\$14	\$75,000	\$48
Employee + Child(ren)		Employee + Family	
2016 Total Household Income	Difference	2016 Total Household Income	Difference
\$0 to \$50,294	\$1,927	\$0 to \$50,294	\$3,656
\$55,000	\$1,566	\$55,000	\$2,972
\$60,000	\$1,183	\$60,000	\$2,245
\$65,000	\$800	\$65,000	\$1,518
\$70,000	\$417	\$70,000	\$791
\$75,000	\$34	\$75,000	\$65

Challenge Question #3

- Who is Union's new Flexible Spending Account (FSA) vendor?

Flex Spending Accounts

- The Flexible Spending Accounts will be administered through our new vendor, Sentinel, and features use of a debit card.
- Sentinel's website is <https://www.sentinelgroup.com>. Once activated, the website can be used to review your account balance, check on your claim status, download forms or submit a claim and upload receipts. (Instructions for use are in the Open Enrollment packet).

Flexible Spending Account (continued)

- The maximum employee pre-tax contribution limit is \$2,650 for the Healthcare Spending Account.
- The maximum employee pre-tax contribution limit is \$5,000 for the Dependent Care Spending Account.
- You must enroll for an FSA by the December 1st deadline.
- You can incur claims up until March 15, 2019 for the healthcare spending account and until December 31, 2018 for the dependent care spending account.
- You can submit claims for reimbursement up to March 30, 2019.

Flexible Spending Account (continued)

- 2017 Grace and Run-Out period will be handled by Sentinel.
- If you have funds remaining from 2017, you may submit expenses to Sentinel through March 31, 2018.
- Expenses must have been incurred between January 1, 2017 and March 15, 2018.
- Prior to the end of the 2017 plan year there will be a 'Blackout Period' beginning December 15, 2017, when the WageWorks cards will be de-activated in preparation for the transition to Sentinel.
- Starting January 1, 2018, all claims relating to your 2018 elections will be handled by Sentinel Benefits and your new Benny Cards will be activated.

Challenge Question #4

- Two part question:
 1. What do I need to do to get credit for the Wellness Incentive?and
 2. What percentage can I save on my medical insurance premiums?

Earning 365 Points is Easy!*

Here are just some of the ways you can earn Life Points®. For a full list, log in to www.cdphp.com and sign into the secure member website.

TAKE THE PERSONAL HEALTH ASSESSMENT

60 POINTS PER FAMILY MEMBER

Once you log in, take your web-based Personal Health Assessment (PHA). Points for taking this survey will automatically accumulate.

AUTOMATICALLY EARN POINTS

5-25 POINTS PER ACTIVITY

Many activities are automatically reported to your secure account within a few weeks by participating in activities through CaféWell.

- Getting your diagnostic tests
- Completing an annual physical exam

QUICKLY REPORT EMPLOYER WELLNESS PROGRAM PARTICIPATION

10 POINTS PER ACTIVITY

Submit the online form and your points will accumulate in the next 48 hours.

- Participate in a Union College wellness program



Go to www.cdphp.com to learn more and register today!



A plan for life.

**All adults age 19 and older are eligible. Points worth up to \$365 are allowed per calendar year, per contract. Points must be redeemed by December 31 each year. One point equals \$1.*

Wellness Incentive Program

Intended to raise personal health awareness and accountability in the hope of positively impacting preventable medical expenses.

- 10% Wellness Incentive
- Covers Employee and Spouse/Domestic Partner
- Annual Biometric Screening/Physical
- Smoke/Tobacco Free Affirmation

Wellness Programs

Union College continues to pay for and/or supplement the cost for employees to pursue healthy activities and lifestyles:

- Fitness Center (Brezzaano at Alumni Gym - (hours vary) and CPH - (6 am - midnight, 7 days a week)
- LifePoints program
- Sunnyview Wellness Center discounts
- On-campus Weight Watchers at Work program
- Discounts for Athletic Department fitness classes
- Discounts for Arts Department dance classes
- Walking Programs
- Workforce Team Challenge

Take advantage of these programs/discounts and help yourself to attain a healthier lifestyle.

Urgent Care vs ER

- \$25 vs \$100 Copay
- Quicker
- Normally Available After Hours
- Convenient Parking
- Many Urgent Care Centers are open 365 days a year and no appointment is necessary.

For a current listing of Urgent Care Centers, go to the CDPHP website: www.cdphp.com and click on the “Find-A-Doc” box.

Urgent Care vs ER

Emergency vs. Non-Emergency - Urgent Care Centers welcome acute non-life threatening illnesses and injuries such as:

- Sprains, strains, and simple fractures
- Cuts, scrapes, and minor wounds
- Stomach pain, vomiting, or diarrhea
- Fever
- Rashes and burns
- Insect bites
- Routine gynecological problems
- Asthma treatments
- Antibiotic and therapeutic injections
- Muscle aches and pains
- Minor pediatric illnesses
- Ear aches
- Sore throats, colds, coughs, and wheezing
- Minor eye injuries, infections, or irritation
- Urinary tract infections
- Laceration repair and minor surgery
- Intravenous therapy

****Please note that if you think you're having a heart attack, stroke or other life-threatening condition, call 9-1-1 immediately or get to an emergency room.***

BONUS Question

- What other major benefit-related policy change was implemented at Union, effective January 1, 2018, for Union's Faculty and Staff?

Retiree Benefit Plan Changes

- Employees who retire on or after January 1, 2018 will receive a one-time, lump sum, inflation-adjusted subsidy payment of \$10,000 to be used for medical care expenses.
- Retirement Eligibility - Beginning January 1, 2025, the eligibility definition and minimum age for retirement will be 15 years of service after age 47 (effectively minimum age of 62). Between January 1, 2018 and the January 1, 2025 full implementation date, a “7-Year Transition Schedule” will apply.
- The spouse/domestic partner of a future retiree will receive a lump sum subsidy equal to 50% of the retiree amount.
- All future retirees and their spouse/domestic partner will be eligible for the lump sum subsidy. However, to utilize the subsidy the retiree/spouse/domestic partner must either be covered through the plans offered by Union for under age 65 retirees or, if age 65 or older, be receiving coverage through the Mercer Marketplace 365 arranged plans.
- Retirees under the age of 65 - subsidy can be used toward Union’s active plans, or waive coverage until Medicare eligible. For retirees under age 65, medical insurance will be the same as for active employees and administered and billed by Union College. Retirees under age 65 will not be permitted to exit and rejoin the active employee plans but may rejoin the program, after attaining age 65 and utilize the Mercer Marketplace 365 arranged plans.
- Retirees age 65 and older – subsidy can be used toward medical insurance will be facilitated by Union College through the Mercer Marketplace 365. Mercer Marketplace 365 provides significant choice in health plans, licensed and unbiased experts, opportunity for cost savings, and personal concierge service. The service will be available to all retirees regardless of whether they have been continuously enrolled.

QUESTIONS?