WHAT IS OPEN ENROLLMENT?

Annual time of the year to review benefit plans and changes for the next year.

October 16 – November 4

Active Enrollment requires that you **enroll** or **decline** coverage for 2020 for:

- Health
- Dental
- Vision
- Tax favored accounts (FSA, HSA, etc.)

**NO ACTION = NO COVERAGE**
Change Outside of Open Enrollment

**QUALIFYING LIFE EVENT**

Employees have 31 days to make the change in their benefit elections for life events such as marriage, divorce, birth/adoption, job change, etc.
**EMPLOYER COST**

74%

**EMPLOYEE COST**

26%

**MEDICAL PLAN ADMINISTRATION**

Self-Funded Plan

- University cost share
- University pays medical claims and administrative fee
- Premiums based on plan experience
Healthcare on the Rise

Cost Drivers

Catastrophic Claimants
Specialty Drug Cost
Inflation

Projected Claims Cost

<table>
<thead>
<tr>
<th>Year</th>
<th>Claims cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>10,422,808</td>
</tr>
<tr>
<td>2015-16</td>
<td>11,837,898</td>
</tr>
<tr>
<td>2017-18</td>
<td>13,044,743</td>
</tr>
<tr>
<td>2018-19</td>
<td>13,468,958</td>
</tr>
</tbody>
</table>
Save Health Care Dollars

- Utilize the Faculty & Staff clinic
  - No health claims are filed
- Utilize Urgent Care facilities or Telemedicine (Teladoc)
- Have your annual preventive care visit
  - Early detection of medical conditions saves costs in the long-term
- Follow your doctor’s orders/recommendations
- Join Charger Fit
ACTIVE ENROLLMENT
Employees must respond (medical, dental, vision, tax-favored accounts)

PLAN DESIGN CHANGES
Medical, Dental, Vision, Short-Term Disability, Health FSA

CHANGE IN PREMIUM STRUCTURES
PPO Medical, dental, and vision plans
PPO Plan Changes

Effective January 1, 2020

Specialist Copay
Increase from $50 to $55 per visit

Physical Therapy
Limit visits to 30 per year

Health Management Benefits
Livongo
Diabetes management
Naturally Slim
Weight management

Applied Behavior Analysis (ABA)
ABA Therapy added with annual dollar limits.
UAH must opt out of Mental Health Parity to put the following limits in place:

Annual Maximums per Child
Age 0 – 9 Years $20,000
Age 10 – 13 Years $15,000
Age 14 – 18 Years $10,000
**Out-of-Pocket Maximum Increase**

- Single coverage: $3,500
- Family coverage: $7,000

**Premiums**

Premium and HSA seed money remains the same

**Health Management Benefits**

- **Livongo**
  - Diabetes management
- **Naturally Slim**
  - Weight management

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**Applied Behavior Analysis (ABA)**

ABA Therapy added with annual dollar limits.
UAH must opt out of Mental Health Parity to put the following limits in place

<table>
<thead>
<tr>
<th>Age</th>
<th>Annual Maximums per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 – 9 Years</td>
<td>$20,000</td>
</tr>
<tr>
<td>Age 10 – 13 Years</td>
<td>$15,000</td>
</tr>
<tr>
<td>Age 14 – 18 Years</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

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**HDHP Plan Changes**

Effective January 1, 2020
Dental Plan Changes

Effective January 1, 2020

One Plan Design

Changed to one consolidated plan design

Waiting Period

12 month wait for new entrants for all services except fillings and simple extractions.

NOTE: Waived with proof of prior coverage (no more than 63 day break)

<table>
<thead>
<tr>
<th>Dental Summary of Benefits</th>
<th>New Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (no deductible)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50%</td>
</tr>
<tr>
<td>Calendar Yr. Max: In-network</td>
<td>$1,500</td>
</tr>
<tr>
<td>Calendar Yr. Max: Out-of-network</td>
<td>$1,000</td>
</tr>
<tr>
<td>Ortho. Lifetime Max.</td>
<td>$1,000 *</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 per member</td>
</tr>
<tr>
<td></td>
<td>$150 family max</td>
</tr>
</tbody>
</table>
Other Benefit Changes

Effective January 1, 2020

- **Short-Term Disability**
  New Vendor: The Standard Plan Options 1 and 2 remain the same

- **Enroll**
  Outside of OE, 60-day deadline to elect coverage
  Enrollment after 60 days requires longer elimination period

- **Premiums**
  Reduction of 6 - 10%
  View Summary for details

- **Dental & Vision Premiums**
  Add employee + dependent tier to premium schedule

- **TruHearing Aid Discount**
  Current VSP members may save up to 60% on hearing aids.

- **Health FSA**
  Use it or lose rule applies
2020 Premium Schedule

- Premiums are from pre-tax dollars
- Premiums are deducted from the first two checks in the month for those paid over 12 months
- Premiums are accelerated and deducted biweekly for faculty paid over 9 months to pay for coverage during the summer

### 2020 Premium Schedule

<table>
<thead>
<tr>
<th>Coverage</th>
<th>PPO Employee Cost</th>
<th>HDHP Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 Month</td>
<td>9 Month</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 40,000 or less</td>
<td>$35.50</td>
<td>$47.33</td>
</tr>
<tr>
<td>$40,001 – $80,000</td>
<td>$48.00</td>
<td>$64.00</td>
</tr>
<tr>
<td>over $80,001</td>
<td>$57.00</td>
<td>$76.00</td>
</tr>
<tr>
<td><strong>Employee + Dep Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 40,000 or less</td>
<td>$79.00</td>
<td>$105.33</td>
</tr>
<tr>
<td>$40,001 – $80,000</td>
<td>$164.00</td>
<td>$218.67</td>
</tr>
<tr>
<td>over $80,001</td>
<td>$205.25</td>
<td>$273.67</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 40,000 or less</td>
<td>$95.00</td>
<td>$126.67</td>
</tr>
<tr>
<td>$40,001 – $80,000</td>
<td>$221.25</td>
<td>$295.00</td>
</tr>
<tr>
<td>over $80,001</td>
<td>$284.50</td>
<td>$379.33</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$15.14</td>
<td>$20.18</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$29.67</td>
<td>$39.55</td>
</tr>
<tr>
<td>Family</td>
<td>$37.91</td>
<td>$50.54</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Comparison in PPO vs HDHP Plans

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO * Preferred Provider Organization</th>
<th>HDHP * High Deductible Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premiums</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Deductibles</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>Member Cost Share</td>
<td>Copayments + Coinsurance</td>
<td>Coinsurance Only (20%*)</td>
</tr>
<tr>
<td>after deductible is met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Medical $150</td>
<td>Single $1,400</td>
</tr>
<tr>
<td></td>
<td>Pharmacy $150</td>
<td>Family $2,800</td>
</tr>
<tr>
<td></td>
<td>(Per Person)</td>
<td>(Aggregate)</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>Single $2,500</td>
<td>Single $3,500</td>
</tr>
<tr>
<td></td>
<td>Family $7,150</td>
<td>Family $7,000</td>
</tr>
<tr>
<td></td>
<td>Applies to both medical and pharmacy</td>
<td>Applies to in-network medical services</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Copayments</td>
<td>20%*</td>
</tr>
<tr>
<td>Tax-Favored Accounts</td>
<td>Healthcare FSA</td>
<td>Health Savings Account (HSA) &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited Purpose FSA</td>
</tr>
<tr>
<td>Third Party Administrator</td>
<td>Both plans are administered by Blue Cross &amp; Blue Shield of Alabama.</td>
<td></td>
</tr>
<tr>
<td>Network Access</td>
<td>Both plans have the same network access and provider discounts.</td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Both plans cover FREE preventive services at no cost share to the member.</td>
<td></td>
</tr>
</tbody>
</table>

*after deductible has been met
WHAT PLAN IS RIGHT FOR YOU?

HDHP

- Are you healthy?
- Can you afford the deductible and coinsurance?
- Are you willing to take risk?
- Are you interested in investing HSA funds?
- Not eligible for the HSA if you: have other insurance, can be claimed as a dependent, your spouse has an FSA

PPO

- Do you have a chronic condition?
- Are you planning for a hospital stay?
- What is your disposable income?

Access MyClearview: Interactive Decision Support Tool
Health Savings Account Eligibility

- You must be covered by UAH’s qualifying HDHP.
- You cannot also be covered by a non-HDHP plan.
  - Example: You cannot be covered secondary on a spouse’s PPO plan.
  - Example: You cannot be enrolled in Medicare.
- You cannot be listed as a dependent on another person’s tax return.
- IRS considers child dependents up to age 24 if full-time student, but ACA allows children to remain on a parent’s plan until age 26.
- You or your spouse cannot be enrolled in an FSA.
## Flexible Spending Account

**Flexible Spending Accounts**

<table>
<thead>
<tr>
<th>Flexible Spending Accounts</th>
<th>Annual Contribution Limit</th>
<th>Plan Features</th>
</tr>
</thead>
</table>
| Healthcare FSA            | $2,700                    | • Contribute pre-tax dollars for eligible medical, dental, and vision expenses  
|                           |                           | • Pay with debit card, direct deposit, or manual reimbursement  
|                           |                           | • E-notify available |
| Limited Purpose FSA       | $2,700                    | • Contribute pre-tax dollars for eligible dental, and vision expenses **(HDHP/HSA participants only)** |
| Dependent Care FSA        | $5,000                    | • Contribute pre-tax dollars for childcare and adult day care  
|                           |                           | • Must have money available  
|                           |                           | • Direct deposit for reimbursement |

**PayFlex**

- Visit payflex.com
- Access account online and mobile app
- All accounts subject to **use-it-or-lose-it rule**. Incur expenses before December 31st or forfeit remaining funds.
Comparison in Tax-favored Accounts

<table>
<thead>
<tr>
<th>Tax-Favored Accounts</th>
<th>FSA Health Care Flexible Spending Account</th>
<th>HSA Health Savings Account*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Insurance</td>
<td>Traditional PPO plan</td>
<td>Enrolled in High Deductible Health Plan</td>
</tr>
<tr>
<td>Account Type</td>
<td>Spending</td>
<td>Saving</td>
</tr>
<tr>
<td>Contribution Limits</td>
<td>$2,700</td>
<td>Single $3,550</td>
</tr>
<tr>
<td></td>
<td>Regardless of single/family coverage</td>
<td>Family $7,100</td>
</tr>
<tr>
<td>Access to Funds</td>
<td>Up to annual election amount</td>
<td>Funds must be available in account</td>
</tr>
<tr>
<td>Contributions</td>
<td>Employee Only</td>
<td>Employee + Employer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$400 single/$800 family</td>
</tr>
<tr>
<td>Investments of funds</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>when account balance reaches $1,000</td>
</tr>
<tr>
<td>Carry-over of Funds</td>
<td>No, use-it or lose rule applies</td>
<td>Yes, funds belong to the employee</td>
</tr>
<tr>
<td>Portable</td>
<td>No</td>
<td>Yes **</td>
</tr>
<tr>
<td>Debit Card Available</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substantiation</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* Offering a Limited Purpose FSA to pay for dental & vision expenses.

** Members who are no longer employed or participating in the HDHP and HSA plans will incur a monthly maintenance fee.
Wellness Program

Charger Fit

Charger Fit provides employees with various resources to promote health and wellness.

Partnered with Gilsbar to provide wellness resources and tracking information for the program.

Employees who complete program requirements will receive either a $50 or $100 incentive in the December 28th payroll check.

Must complete requirements by October 31st.

Faculty and Staff Clinic

- Provides on-site supplemental health care for faculty and staff.
- Office Visit: $5.00 PPO | $40.00 HDHP*
- Other fees may apply depending on the service.

*Because the HSA (Health Savings Account) is a tax-favored benefit, it is subject to IRS rules and regulations.
Short-Term Disability

NEW VENDOR: THE STANDARD

- Voluntary Program
  - offered to eligible faculty and staff
  - Pays 60% of weekly salary up to $1,000 per week

**OPTION 1**
14-Day Elimination Period
Maximum Benefit Duration: 76 days

**OPTION 2**
29-Day Elimination Period
Maximum Benefit Duration: 61 days

Note: Long-Term Disability Benefits begin after 91 days of disability
Short-Term Disability

- No Evidence of Insurability requirement if application is made during open enrollment
- Application outside of OE and/or initial eligibility period will result in a longer elimination period for the first 12 months of coverage
- Premium reduction 6 – 10%
ACCESS YOUR BENEFITS!

- Download mobile apps
- Get on-the-go information
- Access tools
- Access virtual ID cards
- Get plan details
- Find a doctor
Open Enrollment Resources

Website
• Plan Summaries
• Premium Rates
• FAQ Documents

Decision Support Tool My Clearview
• Web-based tool helps determine the best medical plan
• Includes an HSA Advantage

myBlueCross Resources
• Access Medical Claims
• Access Treatment Cost Estimator
How to Enroll

**STEP ONE**
Log into my.uah.edu
Select HR Connection from the HR Services menu

**STEP TWO**
Enter portal to actively elect your coverage

**STEP THREE**
Upload required documentation
Complete Enrollment
Print Summary
Confirmation Email
Open Enrollment Timeline

NO ACTION = NO COVERAGE

**KNOW YOUR BENEFITS**
- Review your 2020 Benefits Guide
- Visit our website
- Utilize decision tools

**VISIT HR CONNECTION**
- Access HR Connection to elect your 2020 benefits

**DEADLINE NOVEMBER 4**
- Remember medical, dental, vision and FSAs require Active Enrollment
Contact Us

EMAIL
benefits@uah.edu

PHONE
256.824.6640 or 256.824.6545

VISIT US
Shelbie King Hall Room 102

FOLLOW US ON FACEBOOK
UAH Human Resources & UAH ChargerFit