



H A M P S H I R E C O L L E G E

TO: All Benefits-Eligible Employees
FROM: Amy Hunter, Interim Director of Human Resources
DATE: October 17, 2017

SUBJECT: **2017 Annual Open Enrollment Period**
Thursday, November 3, 2016 - Friday, December 2, 2016

Welcome to Open Enrollment 2017! This is your annual opportunity to review your current benefit elections and make changes based on your needs for the upcoming year. While most benefits remain the same, there are significant changes to our health plans with Tufts. Please take time to review these changes to determine what plan best meets your needs. As always, we and our vendors can assist you with your questions.

- **Health Plan** – This has been the most challenging renewal Hampshire has faced in several years. We will be making plan design changes to all 3 plans and employee contributions will also be increasing. Monthly increases range from \$28 to \$148 depending on plan and tier. Greater details on plan design changes and employee contribution increases can be found later in this memorandum. As you may be aware, employee contributions are always pre-tax deductions.
- **Vision premiums** – **no increase** to current Davis Vision rates.
- **Dental premiums** – **no increase** to current Delta Dental rates.
- **Life, AD&D and Disability** - There is **no change** to the current life, AD&D or disability plans offered through Symetra. Additionally, there are no changes to the current supplemental life or AD&D rates.

Deadline for making changes: All enrollment forms must be received in Human Resources by **4:30 pm on Friday, December 2, 2016**. Any changes you make will be effective January 1, 2017, as will any applicable changes to your 2017 payroll deductions. Enrollment forms can be found on the Human Resources website, under “Open Enrollment.”

This letter is a high level summary of the benefits offered to you and the actions you need to take at open enrollment. More detailed information on all benefits, including the medical plan **Summary of Benefits and Coverage (SBC)**, is available on the Human Resources website dedicated to Open Enrollment information: <http://openenrollment.hampshire.edu>

We hope you can join us for the Annual Benefits Fair on **Thursday, November 3, 2016, 10:00 am – 2:00 pm in the Red Barn.**

Due to the significant medical plan changes this year, we will also be holding **Benefits Info Drop-In Sessions** with our benefits consultant on the following dates. We encourage you to come to ask any questions you may have about this year’s renewals.

- **Wednesday, October 19, 9:30- 10:30 am** in the FPH Lounge
- **Tuesday, November 15, 3:30-4:30 pm** in Kern Rm. 202

More information will be shared via email and Daily Announcements, as well as the Human Resources website, under Open Enrollment.

If you have questions, please contact Amy Hunter at (413) 559-5605 or at ahunter@hampshire.edu. As always, please feel free to stop by the Human Resources office, where you can obtain all enrollment forms.

2017 Renewal Highlights

Medical Plan Design Changes - As noted above, the College is making several plan design changes for 2017. We have outlined these below. Updated Summaries of Benefits and Coverage (SBC) can be found at <https://www.hampshire.edu/hr/open-enrollment> These include additional plan provisions as well as the PPO out-of-network benefits (no changes for 2017).

Benefit	Core HMO	Low Cost HMO	PPO
			In-Network
Annual Deductible	None	\$500 \$1,000 Ind / \$1,000 \$2,000 Family	\$500 \$250 Individual \$1,000 \$500 Family
Out-of-Pocket Maximum	\$1,000 \$2,000 Ind / \$2,000 \$4,000 Family	\$1,500 \$2,000 Ind / \$3,000 \$4,000 Family	\$1,000 \$2,000 Ind / \$2,000 \$4,000 Family
Hospital Inpatient Admission	\$250 \$500 copay	Covered in full after deductible	Covered in full after deductible
Hospital Outpatient Surgical	\$150 \$250 copay	Covered in full after deductible	Covered in full after deductible
High Tech Imaging	Covered in Full \$75 copay per test	Covered in full after deductible	Covered in full after deductible
Emergency Room	\$75 \$100 copay	\$100 copay	100% after \$100 copay
PCP Office Visits	\$20 copay	\$25 copay	\$30 \$25 copay
Specialist Office Visits	\$30 copay	\$35 copay (deductible applies to chiro, PT & OT)	\$30 \$25 copay (deductible & co-ins apply to chiro, PT & OT)
Retail Prescription Drugs	\$100/\$200 deductible then, \$10/\$30/\$50	\$100/\$200 deductible then, \$10/\$30/\$50	\$100/\$200 deductible then, \$15 \$10 /\$30/\$50
Mail Order Prescription Drugs	\$20/\$60/\$100	\$20/\$60/\$100	\$30 \$20 /\$60/\$100

IMPORTANT NOTE: Tufts will be issuing **new ID cards** to all members in the HMO and PPO plans as a result of the copay changes. Those employees who are in the Low Option HMO today, and re-enroll for 2017, will not get new ID cards.

Health and Dependent Care Flexible Spending Accounts (FSA)

- We are continuing to partner with Benefit Strategies.
- You **must re-enroll annually** to participate in the FSA.
- The annual maximum for the health care FSA remains at \$2,550. The maximum for the dependent care FSA remains at \$5,000.
- The plan's rollover feature of \$500 will continue. This means employees are allowed to carry over unused amounts up to \$500 to use to reimburse qualified medical expenses in the next plan year. This rollover feature is only for the previous year. Any amounts from 2015 that were rolled over into 2016 and not used by December 31, 2016 cannot be rolled over to 2017.

2017 Employee Payroll Contributions

Medical Plans

The College continues to contribute the majority of the cost for all plans and tiers. The rate chart below reflects the premiums for employees who work 75 percent time (.75 FTE) or more:

Plan	Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution	Hampshire College Monthly Contribution
LOW COST HMO	Individual	\$31.03	\$67.22	\$492.96
	Employee + One	\$162.88	\$352.90	\$767.43
	Family	\$244.30	\$529.32	\$1,151.06
HMO	Individual	\$60.75	\$131.62	\$492.96
	Employee + One	\$222.30	\$481.65	\$767.43
	Family	\$333.43	\$722.44	\$1,151.06
PPO	Individual	\$114.17	\$247.37	\$492.96
	Employee + One	\$329.15	\$713.16	\$767.43
	Family	\$493.77	\$1,069.83	\$1,151.06

We will continue the \$250 fitness reimbursement benefit for membership in a health/fitness club through your Tufts Health Plan membership. The Yoga or Pilates reimbursement rate will also continue at \$150.

Dental Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$24.40	\$48.79
Employee + One	\$52.86	\$105.72
Family	\$89.45	\$178.90

Note: The dental plan is 100% employee paid.

Vision Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$2.80	\$5.59
Employee + One	\$5.04	\$10.07
Family	\$7.83	\$15.66

Note: The vision plan is 100% employee paid.

Open Enrollment Checklist

- Review your current coverage and covered dependents.
 - If you do not want to make any changes to your current medical, dental and/or vision plans, you do not need to do anything. Your current coverage will automatically continue at 2016 rates.
 - If you want to change your election or add/drop a dependent, please complete the appropriate enrollment/change form.

- Make a Health Care or Dependent Care FSA election.
 - Remember, your 2016 elections will not continue without a new election form.

- Attend the annual **Benefit Fair Thursday, November 3rd, 10:00 am – 2:00 pm in the Red Barn** to ask vendors questions about benefits you have or would like to have, and to enter to win a host of raffle prizes!

- Feel free to visit the Human Resources office and our benefits consultant at the **Benefit Drop-In Sessions**, on **October 19, 9:30- 10:30am** in the FPH Lounge and **November 15, 3:30-4:30pm** in Kern Rm. 202. They are happy to answer your benefits questions, assist with form completion and collect your completed forms.

- Contact Amy Hunter at (413) 559-5605 or at ahunter@hampshire.edu or stop by the Human Resources office with any questions.

IMPORTANT NOTICES

Plan sponsors are required to provide plan participants the following notices each year. Most employer groups provide these notices as part of their annual enrollment communications.

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

If you would like more information about WHCRA required coverage, you can contact Amy Hunter at (413) 559-5605 or ahunter@hampshire.edu.

Patient Protection Disclosure

Hampshire College's HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Tufts Health Plan network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Tufts Health Plan at (800) 462-0224. For children, you may designate a pediatrician as the primary care provider.

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

Michelle's Law, which applies to group health plans for plan years beginning on or after October 9, 2009 (for calendar year plans, the law is effective beginning January 1, 2010), provides continued coverage under group health plans for dependent children who are covered under such plans as students but lose their student status because they take a medically necessary leave of absence from school.

As a result, if your child is no longer a student, as defined under one of Hampshire College's medical plans, because he/she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (which includes colleges and universities).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the plan.

The coverage provided to dependent children during any period of continued coverage:

1. Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child's treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP

Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820