

2014 MEDICAL PLAN & OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS
PREPARED BY WORKFORCE MANAGEMENT
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These Frequently Asked Questions are arranged according to the following topics:

- I. **Benefits 101**
- II. **Open Enrollment**
- III. **Questions about new medical plans**

If you have additional questions not covered by this document, please contact Workforce Management by email at wfmo@tulane.edu or by phone at (504) 865-5280.

I. BENEFITS 101:

1. What is a copayment?

The fee you are responsible for paying for health care services, such as office visits, emergency room care, and lab work.

2. What is a deductible?

The amount you pay out of pocket before your health insurance plan begins to pay for health care costs.

3. What is coinsurance?

The percentage of the total cost you pay for medical services—such as office visit, emergency room care and lab work—after you’ve paid your deductible. For example, if your plan pays 80% of the cost, you will pay 20%.

4. What is an out-of-pocket maximum?

An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum amount is the most you will have to pay each year. Your plan will then pay 100% of all remaining covered expenses for the rest of the plan year.

5. What is an HRA (Health Reimbursement Account)?

HRA is an account that helps pay for eligible health care expenses. It reduces the amount you pay out of pocket for health care expenses, this year the HRA can only be applied to your deductible. You will pay out-of-pocket for your deductible until you reach a set dollar limit, called the HRA access point. Once you reach the HRA access point, the University has funded the HRA which will then cover remaining portion of the deductible.

6. Can employees contribute to the HRA?

No. The Internal Revenue Service (IRS) mandates that there can be no direct or indirect salary reduction or flex credit funding of an HRA. Tulane University, as the employer, must solely fund HRAs.

7. What is an FSA (Flexible Spending Account)?

These accounts are designed to give you a tax-free way to pay for healthcare and dependent care expenses that you would normally pay for on an after-tax basis.

II. OPEN ENROLLMENT:

8. When is Open Enrollment?

Open Enrollment will start October 16, 2013 and end November 6, 2013.

9. Is Open Enrollment required and/or mandatory?

Yes. Due to medical plan changes, open enrollment is mandatory. All benefits eligible employees will have to re-enroll during Open Enrollment.

10. When will these new changes take effect?

All benefits open enrollment elections will become effective **January 1, 2014**.

11. Will there be training sessions to learn more about the new plans and how they will affect me (and my family)?

In order to assist you in understanding these changes to our medical plan structure Workforce Management along with our medical insurance provider will be hosting a series of Town hall meetings, open enrollment virtual classes and onsite sessions in the weeks prior and during this year's open enrollment period. For more information, please visit the workforce management website at <http://tulane.edu/wfmo/index.cfm>.

III. QUESTIONS ABOUT THE NEW PLANS:

12. What are the new plan options that will be offered?

For 2014, you will have two medical plan options: a Health Reimbursement Account (HRA) which closely mirrors our current "Low" plan, and a Point of Service which closely mirrors our current "Mid" plan.

13. Will preventive care remain free under both plans?

Yes, preventive care will remain at no extra cost for either medical plan.

14. Will I have to take any action to receive the HRA funding?

In 2014, no action will be required to receive this funding. However, in 2015, there will be requirements prior to receiving the funding.

15. Does the HRA funding apply to both medical plans?

No. You must elect the HRA (which closely resembles our current "Low" plan) in order to receive the funding.

16. Is there a separate prescription drug deductible?

Yes. Under both plans there is a \$100 prescription drug deductible. Note: The deductible is per person, three per family must satisfy. Using an FSA (Flexible Spending Account) can help manage this cost.

17. Do my deductible, coinsurance, and copayments apply to my out-of-pocket maximum?

Yes. Under the new Federal Health Care Reform Act effective in 2014 all payments including deductibles, coinsurance and copayments must be applied to your annual out-of-pocket maximum.

18. With the new plans, will Flexible Spending Accounts (FSAs) still be available?

Yes, FSAs will still be available and are encouraged in order to help manage costs.

19. What is the maximum amount you can contribute to an FSA?

The maximum amount you can contribute is \$2,500 per year to a Healthcare Spending Account and \$5,000 per year to a Dependent Care Spending Account.

20. Any changes to doctors who are available to us?

No. Note: Changes may occur anytime during the year with any plan based on agreements between physician and healthcare provider.

21. Have flu shots been rescheduled?

Visit <http://tulane.edu/tuwellness/> for updates

22. Is there any chart comparing the current “High” plan with next year’s POS plan?

Not at this time. But it is under consideration.

23. There used to be minimal eye care with United Healthcare. Is this still in effect?

Yes.

24. Do you need a referral from your primary physician to see a specialist?

No.

25. Will the out-of-network benefit be posted online?

Yes.

26. Can you send me a copy of the slides presented in the virtual meeting sessions?

The presentations are available on Tulane Benefit website-
<http://tulane.edu/wfmo/benefits/open-enrollment.cfm>

27. Is participating in long term disability mandatory?

Yes.

28. What is the difference between deductible and out-of-pocket maximum?

Deductible is the initial financial expense incurred prior to the insurance copayments start. Out-of-pocket maximum is the total cost that would be incurred by the employee, including all deductibles, copays, etc.

29. How do we get a list of what is preventive care?

We have the direct link in our Tool Kit, under preventive care. Preventive care differs from person to person. For example, preventive care for a 65-year old woman will be different than preventive care for 10 year-old grandson.

30. Is there a list of eligible healthcare spending?

Yes, in addition to all medical, dental, vision, you can go to the fsastore.com. Pharmacy store websites will also inform you of what is covered.

31. Will there be any additional financial incentives for participating in preventive or wellness activities?

It is in the best interest of all for us to use the available preventative and wellness benefits as it will help to alleviate future medical benefit cost. For 2014, there are no requirements. For 2015, participating in preventative and/or wellness activities may be required to receive the HRA credit.

32. What if my Primary Care Physician is a specialist? (i.e. Diabetic specialist as their Primary Care Physician) What would be the copay?

You would pay the Specialist copay.

33. Are psychologists always considered specialists?

Due to Mental Health Parity, psychologists fall under the Primary Care Physician copay.

34. Are physical therapists considered specialists?

Physical therapists would fall under the Primary Care Physician category.