



2015 Annual Benefits Open Enrollment

October 15, 2014 - November 5, 2014



Strategies for a Healthier Future



AGENDA

- WHAT YOU NEED TO KNOW
- WHAT BENEFITS CAN YOU CHANGE DURING THE OPEN ENROLLMENT PERIOD?
- WHAT BENEFITS CAN YOU MODIFY OUTSIDE OF THE OPEN ENROLLMENT PERIOD?
- PLAN OVERVIEWS
- SCHEDULE OF EVENTS
- RATES



WHAT YOU NEED TO KNOW

- Open Enrollment period for 2015 benefits is **October 15, 2014 through November 5, 2014**
- You will continue to have a choice of two medical plans through United Healthcare: the Health Reimbursement Account (HRA) and the Point of Service (POS) plans. The medical plans benefit designs have not changed. However, you will see a minimal premium increase for medical insurance of approximately 3.8%
- The plan design and premium rates for Dental, Vision and Life Insurance will remain the same.
- You will not be required to select new benefits during Open Enrollment if you are happy with your medical, dental, vision and life insurance. These elections will roll over for 2015.
- You must re-enroll in Flexible Spending (FSA) programs **each year**. If you are currently participating in either the health or dependent care FSA programs and plan to participate in 2015 then you must make this election during the Open Enrollment period or you will not be covered.



Maximize Your Savings Maximize Your Health

1. SCHEDULE YOUR FREE PREVENTIVE EXAM

Don't wait to schedule your annual exam with a **UHC healthcare provider**. Make an appointment today.

2. COMPLETE ONLINE HEALTH ASSESSMENT

Simply go to myUHC.com to fill out the online health assessment. If you haven't registered yet, you'll need to register at this time.

Your individual protected health information collected by UHC will not be shared with Tulane and will not impact your 2015 health insurance premium.

3. QUALIFY FOR THE 2015 HRA INCENTIVE

Only employees who have completed the above tasks by **October 31, 2014** will earn dollars towards their 2015 HRA plan deductible.



2015 HRA INCENTIVE



WHAT BENEFITS CAN YOU CHANGE DURING THE OPEN ENROLLMENT PERIOD?

- Medical, dental and vision insurance
- Health care flexible spending accounts, which reimburse medical expenses for you and your dependents
- Dependent day care flexible spending accounts, which reimburse day care service expenses for your dependents
- Supplemental Life Insurance for you, your spouse/same gender domestic partner or child
- Accidental death & dismemberment (AD&D) insurance for you, your spouse/same gender domestic partner or child



WHAT CAN YOU MODIFY OUTSIDE OF THE OPEN ENROLLMENT PERIOD?

- **Beneficiaries:** You can update your beneficiaries at any time
 - Your beneficiary(ies) is the person(s) you choose to receive death benefits
- **Retirement:** Changes to your contribution percentage or chosen investment company can be made any time



2015 MEDICAL PLAN (UNITED HEALTHCARE)

	HRA Plan Employee Pays (In-Network)	POS Plan Employee Pays (In-Network)
Annual Deductible	Single: \$1500 Family: \$3000	Single: \$500 Family: \$1000
HRA Funding	\$500 Single/\$1000 Family Pays <u>after</u> the initial \$1000 Single/\$2000 Family deductible has been paid	N/A
Net Deductible	Single: \$1000 Family: \$2000	Single: \$500 Family: \$1000
Out of Pocket Max. (including copays, deductibles, and coinsurance)	Single: \$4000 Family: \$8000	Single: \$2500 Family: \$5000
Coinsurance	20%	20%
Hospital Services	20% after deductible	20% after deductible
Emergency Room	\$150 copay	\$150 copay
Urgent Care Visit	\$50 copay	\$50 copay
Office Visit Copay	\$25 copay PCP \$50 copay Specialist	\$25 copay PCP \$50 copay Specialist
Preventive Care Services	Covered in Full	Covered in Full
Ambulance Services	20% after deductible	20% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible
Home Health Care (Limited to 90 visits per year)	20% after deductible	20% after deductible
Hospice Care	20% after deductible	20% after deductible
Lab, X-Ray and Diagnostics - Outpatient	Covered in Full	Covered in Full
Lab, X-Ray and Major Diagnostics CT, PET, MRI, MRA and Nuclear Medicine – Out Patient	20% after deductible	20% after deductible
Prescription Drugs		
Retail Prescription Drugs	Separate Prescription Drug Deductible: \$100	
	Tier 1- \$10 copay, Tier 2- \$35 copay, Tier 3- \$60 copay	
	Note: Deductible is per person, three per family must satisfy	
Mail Order Prescription Drugs	Separate Prescription Drug Deductible: \$100	
	Tier 1- \$30 copay, Tier 2- \$105 copay, Tier 3- \$180 copay	
	Note: Deductible is per person, three per family must satisfy	
Note: Please visit www.myuhc.com for out-of-network covered services and costs.		



2015 DENTAL PLAN (DELTA DENTAL)

BENEFITS AND COVERED SERVICES:	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
BASIC SERVICES:				
Diagnostic & Preventive Benefits: Exams, cleanings, x-rays, sealants	100%	100%	100%	100%
Fillings, simple tooth extractions, Endodontics (root canals) treatment of tooth pulp except root canal treatment, Periodontics maintenance of gums and bones supporting teeth and basic oral surgery, denture repairs	80%	80%	80%	80%
MAJOR BENEFITS:				
Complex oral surgery, Endodontics (root canals) root canal treatment, major Periodontics services including surgical treatment of gums and bones. Crowns, Inlays/Onlays, General Anesthesia or IV Sedation	50%	50%	Not Covered	
Orthodontic Benefits: dependent children	50%	50%	Not Covered	
DEDUCTIBLES:				
Per Enrollee per Calendar Year:	\$50		\$50	
Per Family per Calendar Year:	\$150		\$150	
Diagnostic, Preventive and Orthodontic Benefits, if applicable, are not subject to the deductible.				
MAXIMUM AMOUNTS:				
Per Enrollee per Calendar Year:	\$1,500		\$1,000	
Lifetime for Orthodontic Services per Enrollee under age 19:	\$1,500		Not Covered	



2015 VISION PLAN (EYEMED)

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT TO MEMBER
EXAM WITH DILATION AS NECESSARY:		
	\$0 Copay	Up to \$40
CONTACT LENS FIT AND FOLLOW-UP VISITS ARE AVAILABLE AFTER COMPLETING A COMPREHENSIVE EYE EXAM.		
Standard	Up to \$55	N/A
Premium	10% off retail price	N/A
FRAMES (ANY AVAILABLE FRAME AT PROVIDER LOCATION)	\$0 Copay, \$140 allowance*; 80% of balance over \$140	Up to \$80
STANDARD PLASTIC LENSES:		
Single Vision	\$20 Copay	Up to \$40
Bifocal	\$20 Copay	Up to \$60
Trifocal	\$20 Copay	Up to \$90
Lenticular	\$20 Copay	Up to \$90
LENS OPTIONS (PAID BY THE MEMBER AND ADDED TO THE BASE PRICE OF THE LENS):		
Tint (solid and gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Progressive	\$85	\$60
Premium Progressive	\$85, 80% of charge less \$120 allowance	\$60
Other Add-Ons and Services	20% off retail price	N/A
CONTACT LENSES (ALLOWANCE COVERS MATERIALS ONLY):		
Conventional	\$0 Copay, \$105 allowance; 15% off balance over \$105	Up to \$120
Disposables	\$0 Copay, \$105 allowance; balance over \$105	Up to \$120
Medically necessary	\$0 Copay, Paid in Full	Up to \$200
FREQUENCY:		
Exam	Once every 12 months	
Frames	Once every 24 months	
Standard Plastic Lenses or Contact Lenses	Once every 12 months	



2015 FLEXIBLE SPENDING ACCOUNTS (WAGeworks)

Healthcare FSA	Dependent Care FSA
\$2500 Maximum	\$5000 Maximum
Eligible Healthcare expenses for employee + dependents	Eligible Dependent Care expenses for dependents only
FSA Debit Card	Pay provider directly or Auto pay
Total funds available immediately	Funds available as contributions are made via payroll deductions
Grace Period after year end	No grace period Expenses must be incurred same year

What is the difference between Healthcare FSA and Dependent Care FSA?

A **Healthcare FSA** reimburses you for eligible, out-of-pocket medical, dental and vision expenses for you and your qualified dependents up to the amount of your annual contribution.

A **Dependent Care** FSA reimburses you for qualified child and adult care incurred so that you (and if married, your spouse) can work. Note: expenses are not claimed on your income tax return.



2015 LIFE INSURANCE: THE STANDARD

TYPE OF COVERAGE	BENEFIT SCHEDULE	COST PAID BY
Basic Employee Life Insurance	1.5X Annual Salary up to \$50,000	Tulane
Supplemental Employee Life Insurance	Your choice of 0.5X, 1X, 1.5X, 2X, 3X, 4X and 5X Annual Salary up to \$1,000,000	You
Basic Spouse/Same Gender Domestic Partner Life Insurance	\$2,000	Tulane
Supplemental Spouse Life Insurance	Multiples of \$10,000 from \$10,000 up to \$150,000	You
Basic Child Life insurance	\$2,000	Tulane
Supplemental Child Life Insurance	\$10,000 or \$20,000	You
Employee Voluntary AD&D Insurance	Multiples of \$10,000 from \$10,000 up to \$500,000	You
Dependent Voluntary AD&D Insurance (Note: Dependents receive a percentage of your AD&D benefit)	Spouse/Same Gender Domestic Partner Only: 60%	You
	Child Only: 20%	
	Family Coverage: Spouse/Same Gender Domestic Partner–50%, and Child–15%	
Tulane Death Benefit	One Month's Gross Salary	Tulane
Business Travel Accident Insurance	5X Annual Salary up to \$500,000	Tulane



SCHEDULE OF EVENTS

DATE	2015 ANNUAL BENEFITS OPEN ENROLLMENT
October 15 - November 5, 2014	Open Enrollment Period (passive)
DATE	OPEN ENROLLMENT ONSITE ASSISTANCE
Monday, October 20, 2014	LBC Room 203 - Stibbs, 8:00 AM - 3:00 PM
Tuesday, October 21, 2014	School of Medicine, 1430 Tulane Ave., Room 1525, 12:00 PM - 6:00 PM
Wednesday, October 22, 2014	Tulane National Primate Center, Auditorium, 11:00 AM - 3:00 PM
Thursday, October 23, 2014	LBC, Room 203 - Stibbs, 8:00 AM - 3:00 PM
Friday, October 24, 2014	Tidewater Building, Gallery, 8:00 AM - 3:00 PM
Tuesday, October 28, 2014	Tidewater Building, Gallery, 11:00 AM – 6:00 PM
Wednesday, October 29, 2014	School of Medicine, 1430 Tulane Ave., Room 1525, 8:00 AM - 3:00 PM
Thursday, October 30, 2014	LBC, Room 203 - Stibbs, 11:00 AM - 6:00 PM
Tuesday, November 04, 2014	LBC Room 213 - Kendall Cram, 8:00 AM - 2:00 PM

HRA INCENTIVE DEADLINE: October 31, 2014



2015 MEDICAL PLAN RATES

Level of Coverage	Monthly Employee Contributions	
	HRA Plan	POS Plan
Employee Only		
Less than \$35,000	\$45.61	\$98.37
\$35,000 to \$64,999	\$73.24	\$125.43
\$65,000 to \$94,999	\$132.14	\$184.39
\$95,000 & above	\$179.20	\$230.48
Employee + Spouse		
Less than \$35,000	\$345.71	\$442.41
\$35,000 to \$64,999	\$429.81	\$513.46
\$65,000 to \$94,999	\$501.33	\$639.09
\$95,000 & above	\$568.81	\$730.40
Employee + Child(ren)		
Less than \$35,000	\$264.93	\$342.84
\$35,000 to \$64,999	\$372.58	\$452.92
\$65,000 to \$94,999	\$488.40	\$626.57
\$95,000 & above	\$548.34	\$716.07
Family		
Less than \$35,000	\$386.83	\$581.61
\$35,000 to \$64,999	\$494.46	\$651.89
\$65,000 to \$94,999	\$621.67	\$808.91
\$95,000 & above	\$733.16	\$917.68



2015 DENTAL PLAN RATES

2015 Dental Rates		
	High Option	Low Option
Employee Only	\$22.44	\$16.85
Employee + Spouse	\$46.39	\$34.82
Employee + Child(ren)	\$49.61	\$37.23
Family	\$81.51	\$61.17

2015 VISION PLAN RATES

2015 Vision Rates	
Employee Only	\$6.03
Employee + Spouse	\$11.46
Employee + Child(ren)	\$12.06
Family	\$17.73



2015 LIFE INSURANCE RATES

Below are the monthly rates per \$1,000 of coverage for Employee and Spouse (Domestic Partner) Supplemental Life Insurance. The rates are based on your current age and are automatically adjusted for age band and salary increases each year.

Supplemental Life: For Employee and Spouse (Same Gender Domestic Partner)

AGE	COST
Under 35	\$0.042
35 to 39	\$0.053
40 to 44	\$0.074
45 to 49	\$0.138
50 to 54	\$0.230
55 to 59	\$0.392
60 to 64	\$0.615
65 to 69	\$1.150
70 +	\$1.888

Supplemental Life: Child

COVERAGE	COST
\$10,000	\$1.10 each
\$20,000	\$2.20 each

Accidental Death and Dismemberment (AD&D)

COVERAGE	COST
Employee Only	\$0.020
Family	\$0.028

Example: Supplemental Life Rate Calculation

Employee is 32 years old, Salary= \$50,000

$$\text{Rate} = (\$50,000/\$1,000) * \$0.042$$

$$\text{Rate} = \$2.10 \text{ per month}$$



Questions?