

FRANKLIN & MARSHALL COLLEGE

Open Enrollment

Friday, May 17 to Wednesday, May 29, 2019



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General Information

Franklin & Marshall College is pleased to offer eligible employees a comprehensive and valuable benefits program. Open Enrollment is the period when eligible employees have the opportunity to enroll into or change their options for health and welfare benefits. The changes you make during Open Enrollment will be effective July 1, 2019.

The elections you make during Open Enrollment will remain in effect for the entire benefit year, July 1, 2019 through June 30, 2020, unless you have a qualified life event. Qualified life events include:

- Marriage
- Divorce
- Legal Separation
- Status change
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualifying dependent
- Change in spouse's benefits or employment status

Open Enrollment Time Period

Open Enrollment will be held beginning Friday, May 17 and ending Wednesday, May 29, 2019. During this time period you may do the following:

- Enroll in or change coverage
- Add and/or remove an eligible dependent from your coverage, including dependent children up to age 26
- Opt out of coverage*

* You may decline health insurance offered by Franklin & Marshall College - this is called a Waiver of Coverage. If you waive coverage for yourself, you may not cover dependents under the F&M health plan. Note that if you decline coverage considered affordable and adequate under the Patient Protection and Affordable Care Act, you will not qualify for government subsidies to purchase individual health insurance. Electing to 'Opt Out' of coverage through open enrollment, or allowing your 'opt out' status to continue constitutes a Waiver of Coverage. The decision to waive coverage has consequences. If you refuse employer coverage and don't obtain coverage on your own (through another plan such as a spouse's plan, Medicaid, or Medicare), you may be subject to a tax penalty.

Open Enrollment Checklist

Evaluate

- Think about your health history and your health care needs.
- With the introduction of a Medical Plan Spousal Surcharge, determine whether or not your spouse (if applicable) should remain on the F&M College medical plan or moved onto their own.

Engage

- Read through this Enrollment Guide to make sure you understand the full spectrum of benefits available to you.
- Attend a 60-minute Group Information Session to learn about all your benefits and the upcoming benefit changes. Sessions will be available:
 - Thursday, May 16 at 10:00 am in 1787, College Square
 - Tuesday, May 21 at 11:00 am in 1787, College Square
- The Office of Human Resources will be hosting “walk-ins” – an opportunity for employees to stop by and ask any personal questions they may have regarding open enrollment. Walk-ins are available:
 - Thursday, May 16 in 1787, College Square
 - 8:00 am to 10:00 am and 11:00 am to 1:00 pm
 - Tuesday, May 21 in 1787, College Square
 - 8:00 am to 11:00 am and Noon to 4:00 pm
 - Thursday, May 23 in 039, Harris from 11:00 am to 1:00 pm
 - Wednesday, May 29 in 039, Harris from 11:00 am to 1:00 pm
- Review the [Open Enrollment website](#).
- Contact the Office of Human Resources to assist with any questions you may have.

Enroll

- Complete and save your elections during the Open Enrollment Time Period (May 17 to May 29, 2019) at [Inside F&M](#).
- If you go back into your elections to view or make a change to your initial elections, you must remember to click Complete for your updates to be saved.
- If you are enrolled in a medical plan through F&M, regardless if employee only coverage, you must complete the Medical Spousal Surcharge form and return it to the Office of Human Resources.
- Confirm your elections were saved by reviewing your Benefits Summary at [Inside F&M](#).
 - For monthly – change your As Of Date field to 07/01/2019
 - For bi-weekly – change your As Of Date field to 06/09/2019

What is New for July 1, 2019?

NEW! Medical Plan Spousal Surcharge

A \$1,200 annual spousal surcharge (\$100 monthly / \$46.15 bi-weekly) will be added to your medical plan premium if you elect coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll in that plan. If your spouse is an F&M employee, the spousal surcharge is waived. **All benefit eligible employees MUST complete the [Medical Spousal Surcharge form](#).**

Retirement Savings Plan Changes

Employees currently receiving a 15% employer contribution will be reduced to a 13% employer contribution effective July 1, 2019. Each July 1 thereafter this will be reduced by 1% until you reach a 10% employer contribution on July 1, 2022.

Employees currently receiving a 12% employer contribution will be reduced to a 10% employer contribution effective July 1, 2019.

Medical and Prescription Drug Changes

- Premiums – the College currently pays 87% of the total cost on average between the two medical plans. Beginning July 1, 2019, the College will pay 80% on average of the total cost between the two medical plans.
- Benefit Plan Year – the benefit plan year will change from January 1, 2019 - December 31, 2019 to July 1, 2019 - June 30, 2020.
- Annual Deductible and Out-of-Pocket Maximum Credits – any dollars already met in both the Annual Deductible and Out-of-Pocket Maximum categories will be credited to your plans July 1, 2019. You will not need to start over in these accumulations.
- Prescription Drug Co-Pays – the minimum and maximum co-pays for each prescription drug tier will double.

Dental Plan Changes

- Benefit Plan Year – the current benefit plan year of January 1, 2019 - December 31, 2019 will be extended through June 30, 2020.
- Annual Deductible and Annual Maximum – these will be adjusted for the 6 month extension.
 - Individual Annual Deductible – will change from \$50 to \$75
 - Family Annual Deductible – will change from \$150 to \$225
 - Annual Maximum – will change from \$1,500 to \$2,250

Vision Plan Changes

- Benefit Plan Year - the benefit plan year will change from January 1, 2019 - December 31, 2019 to July 1, 2019 - June 30, 2020.
- Frequencies – all frequencies (exam, lenses and frame) will reset July 1, 2019.
- Retail Frame Allowance – the allowance will increase from \$60 to \$100.

What is New for July 1, 2019? (cont)

Health Reimbursement Account (HRA)

- Benefit Plan Year – the benefit plan year will change from January 1, 2019 – December 31, 2019 to July 1, 2019 – June 30, 2020.
- NEW! Administrator – the administrator will change from Highmark to Benecon effective July 1, 2019. All balances currently held at Highmark will be rolled into an account at Benecon. You will receive a new debit card from Benecon.
- Current Participants – employees currently enrolled in the High Deductible PPO Medical plan and choose to remain in the plan will receive an additional deposit of half the normal amount (\$210, \$420 or \$630).
- New Participants – newly enrolled employees will receive the full deposit amount (\$420, \$840 or \$1,260).

Flexible Spending Accounts (FSAs)

- Current Benefit Plan Year – the benefit plan year for both the medical flexible spending account and dependent care flexible spending account will remain January 1, 2019 – December 31, 2019.
- Current Elections – the elections you made to these accounts during the fall open enrollment period will remain in effect through December 31, 2019; no new elections will be allowed
- Deadlines – the deadlines for submitting for reimbursement will remain the same.

Wellness Rewards Program

The program will continue; however the incentives (\$75, \$200 and \$300) to participate will be discontinued.

Employee Premiums (July 1, 2019 – June 30, 2020)

Medical and Prescription Drug Plan

Low Deductible Plan:

	Employee Monthly Cost	Employee \$ Increase	Employer Monthly Cost	Employee Bi-Weekly Cost	Employee \$ Increase	Employer Bi-Weekly Cost
Employee Only	\$165.47	\$51.89	\$586.67	\$76.37	\$23.95	\$270.77
Employee + One	\$268.89	\$83.39	\$953.32	\$124.10	\$38.49	\$440.00
Employee + Family	\$441.86	\$139.18	\$1,566.60	\$203.94	\$64.24	\$723.05

High Deductible Plan:

	Employee Monthly Cost	Employee \$ Increase	Employer Monthly Cost	Employee Bi-Weekly Cost	Employee \$ Increase	Employer Bi-Weekly Cost
Employee Only	\$127.09	\$51.04	\$578.95	\$58.66	\$23.56	\$267.21
Employee + One	\$206.51	\$82.09	\$940.77	\$95.31	\$37.89	\$434.20
Employee + Family	\$339.36	\$139.97	\$1,545.99	\$156.63	\$63.22	\$713.53

Dental Plan

	Monthly Cost	Bi-Weekly Cost
Employee Only	\$28.72	\$13.25
Employee + One	\$50.21	\$23.17
Employee + Family	\$75.04	\$34.64

Vision Plan

	Monthly Cost	Bi-Weekly Cost
Employee Only	\$3.33	\$1.54
Employee + One	\$4.88	\$2.25
Employee + Family	\$9.13	\$4.21

Low Deductible PPO Health Plan

Health Plan Provisions:

Administrator	Highmark Blue Shield www.highmarkblueshield.com 1-800-345-3806	
Plan Year	July 1, 2019 – June 30, 2020	
Provisions	In-Network	Out-of-Network
Annual Deductible		
Individual:	\$450	\$1,125
Family:	\$900	\$2,250
Coinsurance	Plan pays 95% after deductible	Plan pays 70% after deductible
Coinsurance Out-of-Pocket Max		
Individual:	\$1,000	\$5,000
Family:	\$2,000	\$10,000
Office Visit Copays:		
Primary Care Physician	\$20 per visit	70% after deductible
Telemedicine Services	\$15 per visit	Not covered
Urgent Care Center	\$30 per visit	70% after deductible
Specialist	\$40 per visit	70% after deductible
Emergency Room Visit	\$150 per visit	\$150 per visit
In-Patient Hospital Stay	\$100 per stay	\$750 per stay
Routine Preventive Care:		
Physical Exams	100% (no deductible)	70% after deductible
Immunizations	100% (no deductible)	70% after deductible
Routine Gynecological Exam	100% (no deductible)	70% (no deductible)
Mammograms	100% (no deductible)	70% after deductible
Diagnostic Services	100% (no deductible)	70% after deductible

For detailed information about this plan, please visit the [Health & Prescription Coverage Plan webpage](#).

High Deductible PPO Health Plan

Health Plan Provisions:

Administrator	Highmark Blue Shield www.highmarkblueshield.com 1-800-345-3806	
Plan Year	July 1, 2019 – June 30, 2020	
Provisions	In-Network	Out-of-Network
Annual Deductible		
Individual:	\$1,500	\$3,000
Family:	\$3,000	\$6,000
Coinsurance	Plan pays 95% after deductible	Plan pays 70% after deductible
Coinsurance Out-of-Pocket Max		
Individual:	\$1,000	\$5,000
Family:	\$2,000	\$10,000
Office Visit Copays:		
Primary Care Physician	\$20 per visit	70% after deductible
Telemedicine Services	\$15 per visit	Not covered
Urgent Care Center	\$30 per visit	70% after deductible
Specialist	\$40 per visit	70% after deductible
Emergency Room Visit	\$150 per visit	\$150 per visit
In-Patient Hospital Stay	\$100 per stay	\$750 per stay
Routine Preventive Care:		
Physical Exams	100% (no deductible)	70% after deductible
Immunizations	100% (no deductible)	70% after deductible
Routine Gynecological Exam	100% (no deductible)	70% (no deductible)
Mammograms	100% (no deductible)	70% after deductible
Diagnostic Services	100% (no deductible)	70% after deductible

For detailed information about this plan, please visit the [Health & Prescription Coverage Plan webpage](#).

Health Reimbursement Account (HRA)

Health Reimbursement Account (HRA)

For those enrolling in the High Deductible PPO Health Plan, the College contributes money into a Health Reimbursement Account (HRA) to help offset the costs of the higher deductibles of this plan, as well as help cover the costs of copays and coinsurance. For detailed information about this plan, please visit the [Health Reimbursement Account \(HRA\) webpage](#).

Administrator	The Benecon Group, CDH Services CDHservices@benecon.com 1-833-738-6729
Plan Year	July 1, 2019 – June 30, 2020

For employees who are newly enrolling into the High Deductible PPO Health Plan effective July 1, the College will contribute the following:

Coverage Tier	Annual Contribution
Employee Only	\$420
Employee + One	\$840
Employee + Family	\$1,260

For employees who are remaining in the High Deductible PPO Health Plan effective July 1, the College will contribute half the amount since you already received the full amount on January 1. This will cover the 6 month period of January 1, 2020 through June 30, 2020:

Coverage Tier	Annual Contribution
Employee Only	\$210
Employee + One	\$420
Employee + Family	\$630

Prescription Drug Plan

Plan Provisions:

Regardless of which Health Plan you enroll into, the following prescription drug plan applies to both.

Administrator	Highmark Blue Shield www.highmarkblueshield.com 1-800-345-3806
Plan Year	July 1, 2019 – June 30, 2020

	Participating Retail Pharmacy (31 day supply)	Express Scripts Mail Order (90 day supply)
Tier 1: Generic Drugs	You pay 15% of the drug cost Minimum \$10 Maximum \$30	You pay 15% of the drug cost Minimum \$24 Maximum \$74
Tier 2: Brand Name Drugs	You pay 25% of the drug cost Minimum \$40 Maximum \$100	You pay 25% of the drug cost Minimum \$80 Maximum \$200
Tier 3: Non-Formulary Drugs	You pay 35% of the drug cost Minimum \$100 Maximum \$160	You pay 35% of the drug cost Minimum \$200 Maximum \$320
Tier 4: Specialty Drugs	You pay 35% of the drug cost Minimum \$100 Maximum \$160	Not available

Annual Maximum	\$1,500 per person; \$3,000 per family per calendar year
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For detailed information about this plan, please visit the [Health & Prescription Coverage Plan webpage](#).

Dental Plan

Plan Provisions:

Administrator	Delta Dental www.deltadentalins.com 1-800-932-0783
Plan Year	January 1, 2019 – June 30, 2020
Deductible (Only applies to Basic and Major Services)	\$75 per person; \$225 per family each calendar year
Annual Maximum	\$2,250 per person each calendar year

	Delta Dental PPO Dentists	Non-Delta Dental PPO Dentists*
Diagnostic & Preventive Services Exams Cleanings X-rays Sealants	100%	100%
Basic Services Fillings Endodontics (root canals) Periodontics (gum treatment) Oral Surgery	80%	80%
Major Services Crowns Inlays Onlays Cast restorations Bridges Dentures Implants	50%	50%
Orthodontic Dependent children to age 19	50%	50%
Orthodontic Maximum	\$1,500 Lifetime	\$1,500 Lifetime

*Participants who visit a non-participating dentist will still receive coverage, but will likely pay higher out-of-pocket costs since you will be responsible for the coinsurance listed above, plus all fees charged by your dentist in excess of Delta Dental’s normal reimbursement rates to participating dentists.

For detailed information about this plan, please visit the [Dental Plan Coverage webpage](#).

Vision Plan

Plan Provisions:

Administrator	NVA – National Vision Administrators www.e-nva.com 1-800-672-7723 Group # 12600001
Plan Year	July 1, 2019 – June 30, 2020

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	Covered at 100%	Reimbursed Amount: Up to \$30
Lenses Once Every Calendar Year Single Vision Bifocal Trifocal Lenticular Solid Tints Prisms	Standard Glass or Plastic Covered at 100%	Reimbursed Amount: Up to \$25 Up to \$35 Up to \$45 Up to \$80 N/A N/A
Frame Once Every Two Calendar Years	Retail Allowance Up to \$100 (20% discount off balance)	Reimbursed Amount: Up to \$25
Contact Lenses Once Every Calendar Year Elective Contact Lenses Medically Necessary	In lieu of Lenses Up to \$75 Covered at 100%	In lieu of Lenses Up to \$55 Up to \$150

For detailed information about this plan, please visit the [Vision Plan webpage](#).