



# Marlboro College

Open Enrollment 2020



# Agenda

- Medical Plan
- Health Reimbursement Accounts (HRA)
- Health Savings Accounts (HSA)
- Dental Plan (includes limited Vision)
- Vision Plan
- Life Insurance
- Long Term Disability
- Voluntary Coverage
- Open Enrollment Period
- Deadlines

# Medical Plan

## No Changes to Plan Design for 2020



- Freedom to choose your own physician
- No referrals needed
- No network changes
- Preventative Care covered at 100%
- Wellness prescriptions covered at 100%
- Annual pharmacy out of pocket maximum **\$1,400/\$2,800** (increase from \$1,350/\$2,700 in 2019)
- Health Reimbursement Arrangement (HRA)
- Plan is HSA Compatible

# Medical Plan

## No Changes to Plan Design for 2020

| Benefit               | What You Pay                                    |
|-----------------------|---|
| Deductible            | \$5,000 Individual<br>\$10,000 Couple or Family |
| Out of Pocket Maximum | \$5,000 Individual<br>\$10,000 Couple or Family |
| Doctor's Visits       | No Charge after Deductible                      |
| Hospital Visits       |   |
| Emergency Room        |   |
| Urgent Care           |   |
| Ambulance             |   |
| Labs and X-Rays       |   |
| Prescriptions         |   |

Preventive Care & Wellness  
Rx covered at 100%

Maximum Out of Pocket for  
Rx is \$1,400/ \$2,800

HRA Funds will help you  
meet this Deductible

# Health Reimbursement Account (HRA)

A Health Reimbursement Account is an account funded by your employer that helps pay for certain out-of-pocket medical and pharmacy expenses.



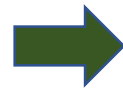
# Health Reimbursement Account (HRA)

## If Enrolled as an Individual

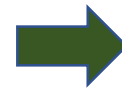
Preventive Care and Wellness Rx  
No Employee Cost



Employee Pay's  
the First \$2,000  
of Medical  
Expenses



Employer Pay's  
the Next \$3,000 of  
Medical Expenses



BCBS Pay's 100%  
of All Medical  
Expenses beyond  
\$5,000

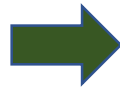
# Health Reimbursement Account (HRA)

## If Enrolled as an Couple or Family

Preventive Care and Wellness Rx  
No Employee Cost



Employee Pay's  
the First \$4,000  
of Medical  
Expenses



Employer Pay's  
the Next \$6,000 of  
Medical Expenses

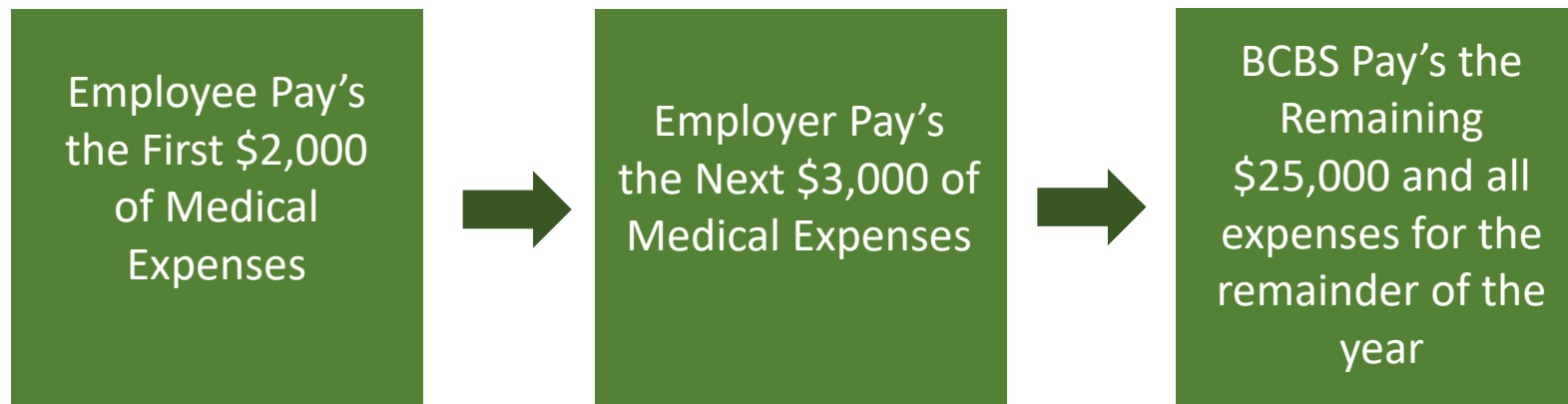


BCBS Pay's 100%  
of All Medical  
Expenses beyond  
\$10,000

# Health Reimbursement Account (HRA)

Example 1:

Employee is enrolled as an individual. They have major surgery, bill is \$30,000.

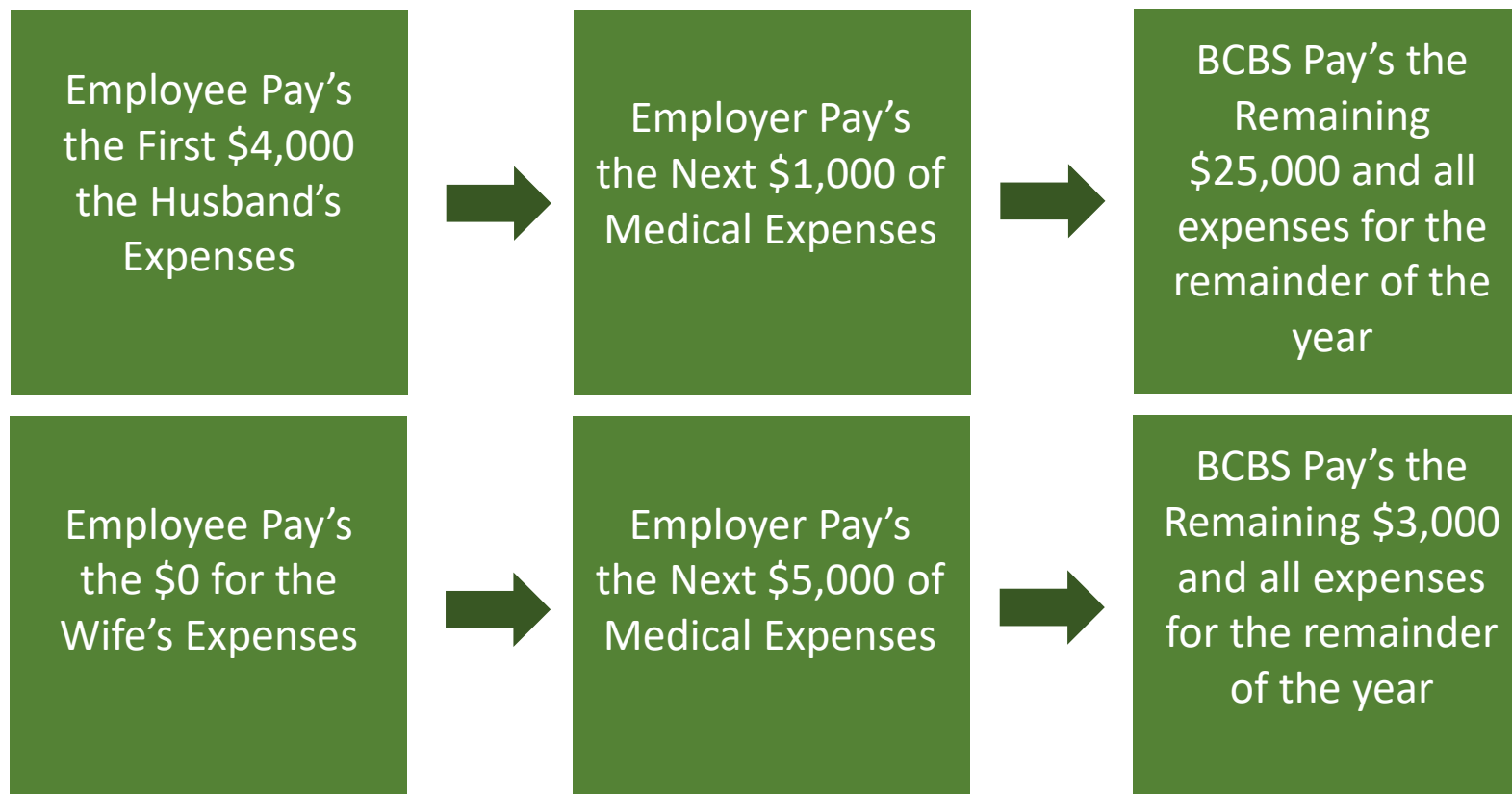




# Health Reimbursement Account (HRA)

## Example 2:

Employee is enrolled as a Couple. The Husband has major surgery in January, bill is \$30,000. The Wife has breaks her leg and has surgery in March, the bill is \$8,000.



# Health Savings Accounts (HSA)

- Your medical plan is considered a Qualified High Deductible Health Plan
- This means you can open a HSA Account at your local bank
- Marlboro College will make pre-tax deductions
- Money can be used to pay for medical, dental and vision services as well as other eligible expenses on a pre-tax basis
- Money rolls over year after year
- Maximum Amount you can contribute in 2020 is: \$3,550 Individual, \$7,100 Couple or Family. If you are over age 55 you can put in an additional \$1,000



www.healthequity.com



**Always Available**

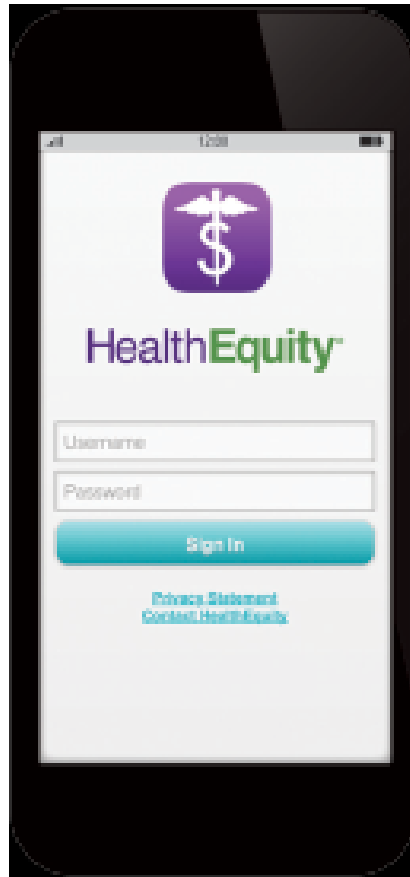
Member Services agents are taking calls 24 hours, every day of the year.

Call today or visit their website to Check your Available Balance

**866-346-5800**

**[www.healthequity.com](http://www.healthequity.com)**

# Health Equity Mobile App




Convenient, powerful tools:

- On-the-go access for all account types
- Take a photo of documentation with phone and link to claims and payments
- Send payments and reimbursements from HRA
- Manage debit card transactions
- View claims status
- Check your available balance

**Available FREE for iOS and Android**

# Employee Premiums

Per Pay Period- Bi-Weekly

|  BlueCross BlueShield | 2019 Employee Cost | 2020 Employee Cost | 2020 Marlboro Cost (including HRA Funding) |
|--|--------------------|--------------------|--|
| Employee Only  | \$64.54            | \$64.54            | \$269.94                                   |
| Employee + Spouse  | \$149.28           | \$149.28           | \$503.39                                   |
| Employee + Child(ren)  | \$128.56           | \$128.56           | \$469.06                                   |
| Employee + Family  | \$212.90           | \$212.90           | \$694.09                                   |

| COBRA Premiums        | 2020       |
|-----------------------|------------|
| Employee Only         | \$611.70   |
| Employee + Spouse     | \$1,187.39 |
| Employee + Child(ren) | \$1,065.75 |
| Employee + Family     | \$1,749.44 |

**No Change in Your Rates for 2020!**

# Telemedicine

## The benefits of an online visit



### VISITS ANYWHERE

Install the mobile app and access healthcare from anywhere, at any time.



### OPEN 24 HOURS

Doctors are available 24 hours a day, 365 days a year.



### NO APPOINTMENTS

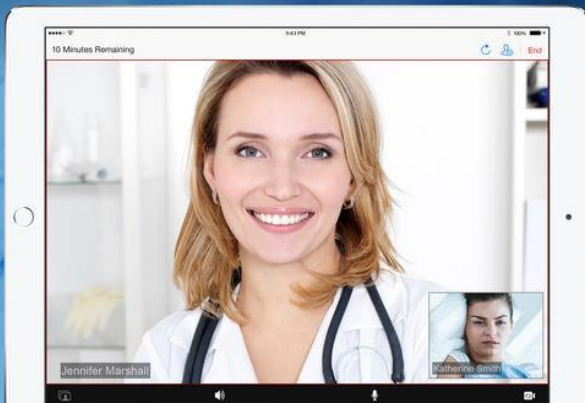
Just sign in and have your visit. No more germey waiting rooms.



### SAFE & SECURE

Your information is kept safe and secure throughout the visit.

See a doctor by video in minutes



Call (844) 733-3627 or visit [www.amwell.com](http://www.amwell.com)



# Dental Plan

## No Changes to Plan Design for 2020



- Freedom to choose your own dentist
- National Delta Dental PPO + Premier Network
- Preventative & Diagnostic Care covered at 100%
- Orthodontia Coverage
- Includes Vision discount program with Eye Med



## Vision Discount Program

*This vision discount program is available free to all Northeast Delta Dental subscribers and their dependents. Bring this flyer to your EyeMed Participating Provider.*

### Great Savings—Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers®, Ann Klein®, Vogue® and more at provider locations.

With EyeMed Vision Care, Northeast Delta Dental members have access to **over 71,000 vision care providers nationwide at 27,000 locations** including optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:



**It's easy!** To request your discount, simply present your Delta Dental member ID card or this flyer when you arrive at the provider office or location. Your EyeMed provider will take care of the rest! To learn more about the EyeMed Vision Care Discount Plan, please visit our website at [NortheastDeltaDental.com](http://NortheastDeltaDental.com).

## Vision Care Services

**Exam and dilation as necessary** ..... \$5 off routine exam  
\$5 off contact lens exam

**Complete pair of glasses purchase\*:** Frame, lenses and lens options must be purchased in the same transaction to receive full discount.

### Standard plastic lenses:

Single Vision..... \$50  
Bifocal..... \$70  
Trifocal ..... \$105

**Frames** ..... 35% off retail price

### Lens options:

UV treatment ..... \$15  
Tint (solid and gradient)..... \$15  
Standard plastic scratch coating ..... \$15  
Standard polycarbonate ..... \$40  
Standard progressive lens (Add-on to bifocal) ..... \$65  
Standard anti-reflective coating ..... \$45  
Other add-ons and services ..... 20% off retail price

### Contact lens materials (discount applied to materials only):

Conventional ..... 15% off retail price

### Laser vision correction\*\*:

LASIK or PRK 15% off retail price or 5% off promotional price

**Frequency**..... Unlimited

### THIS IS NOT INSURANCE

\*Items purchased separately will be discounted 20% off of the retail price.

\*\*Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% off discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers. This discount design is offered with the EyeMed Access panel of providers.

Form No. VOP-NEDD-SUB 090415




# Dental Plan

| Benefit   | What You Pay                                      |
|---|---|
| Preventive & Diagnostic                               | \$0   |
| Basic Restorative                                     | 30% of the cost after Deductible                  |
| Major Restorative                                     | 50% of the cost after Deductible                  |
| Orthodontia (for adults and children)                 | 50% of the cost after Deductible                  |
| Maximum Benefit Paid (for everything but Orthodontia) | \$1,500 per person per calendar year              |
| Maximum Benefit Paid (for orthodontia)                | \$1,250 per person per Lifetime                   |
| Deductible (for Basic and Major Restorative only)     | \$75 per Individual<br>\$225 per Couple or Family |

# Employee Premiums

Per Pay Period- Bi-Weekly

|  DELTA DENTAL | 2019 Employee Cost | 2020 Employee Cost |
|--|--------------------|--------------------|
| Employee Only  | \$18.85            | \$18.85            |
| Employee + Spouse  | \$34.51            | \$34.51            |
| Employee + Child   | \$34.51            | \$34.51            |
| Employee + Children  | \$60.11            | \$60.11            |
| Employee + Family  | \$60.11            | \$60.11            |

| COBRA Premiums        | 2020     |
|-----------------------|----------|
| Employee Only         | \$41.66  |
| Employee + Spouse     | \$76.27  |
| Employee + Child      | \$76.27  |
| Employee + Child(ren) | \$132.83 |
| Employee + Family     | \$132.83 |

**No Change in Your Rates for 2020!**

# Vision Plan

**No Changes to Plan Design for 2020**

| Benefit  | What You Pay  | Frequency Allowed         |
|--|---|---------------------------|
| Vision Exam  | \$20 Copay  | Every Calendar year       |
| Frames   | \$20 Copay with a \$130 allowance for all frames; \$150 allowance for featured brands | Every other Calendar year |
| Lenses   | \$20 Copay  | Every Calendar year       |
| Lens Enhancements<br>Standard Progressive<br>Premium Progressive<br>Custom Progressive | \$50 Copay<br>\$80-\$90 Copay<br>\$120-\$160 Copay                                    | Every Calendar year       |
| Contacts (instead of lenses)   | Copay up to \$60 with a \$130 allowance   | Every Calendar year       |

# Employee Premiums

Per Pay Period- Bi-Weekly

|  | 2019 Employee Cost | 2020 Employee Cost | Change in Premiums Bi-Weekly |
|---|--------------------|--------------------|------------------------------|
| Employee Only   | \$4.52             | \$4.66             | \$0.14                       |
| Employee + Spouse   | \$7.24             | \$7.46             | \$0.22                       |
| Employee + Child(ren)   | \$7.39             | \$7.61             | \$0.22                       |
| Employee + Family   | \$11.91            | \$12.27            | \$0.36                       |

| <b>COBRA Premiums</b> | <b>2020</b> |
|-----------------------|-------------|
| Employee Only         | \$10.30     |
| Employee + Spouse     | \$16.48     |
| Employee + Child(ren) | \$16.82     |
| Employee + Family     | \$27.12     |

# Life and AD&D Plan

Marlboro College offers Employer Paid Life and Accidental Death & Dismemberment (AD&D) coverage to all employees working 30+ hours a week.



Death Benefit is 1 x annual earnings to a maximum of \$200,000 plus \$10,000

If you have reached age 70, your amount of Life Insurance will be 50% of the amount of life insurance you had prior to age 70

# Long Term Disability Plan

Marlboro College offers Employer Paid Long Term Disability coverage to all employees working 30+ hours a week.



Monthly Benefit is 60% of earnings to a maximum of \$6,500 per month

To be eligible for benefits you must satisfy a 90 day elimination period

# Voluntary Coverage

Call 1-866-538-8812 To Enroll Now

Marlboro College offers Employee Paid Life Insurance, Critical Illness and Accident through Unum

Benefits are deducted from employee paychecks.

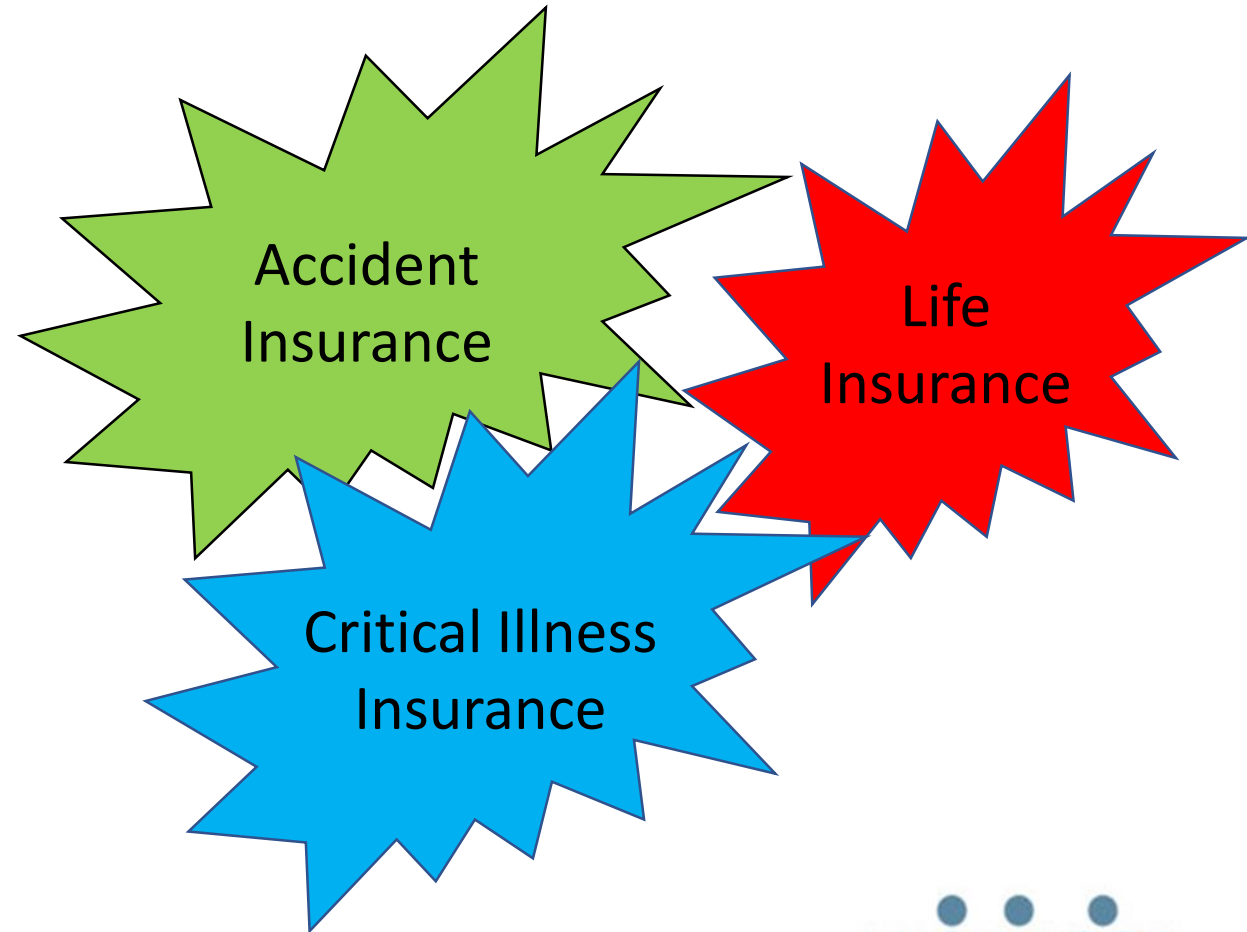
Coverage is meant to supplement your medical and employer paid life insurance plan.

All employees working 30+ hours a week are eligible.

Enrollers can help you get additional Life insurance for you, your spouse and/or child(ren).

You can also discuss enrolling you and/or your family in Group Critical Illness or Accident Coverage.

Additional Information at the end of this packet.



# Employee Benefits Center



 English  Spanish

[Home](#) [Compliance](#) [2019 Benefits](#) [Employee Assistance Program](#)

## Welcome to your Company Benefits Portal.

Welcome to the Marlboro Portal, your online employee benefits manual. This site has been created to provide you with an efficient way to obtain information and answers to your questions regarding your employee benefit plans on a 24/7 basis.

[View Benefits](#)

Website: [mcbenefits.trgportal.com](http://mcbenefits.trgportal.com)

Username: Marlboro

Password: benefits

Access all of your employee benefit offerings, summaries of benefits, plan documents, carrier contact information, compliance documents and more.

Available 24/7 from any computer or smart phone



# Open Enrollment

Open Enrollment Period

Begins on: Monday, November 4<sup>th</sup>

Ends on: Friday, November 15<sup>th</sup>

All eligible employees are required to complete the Health Insurance Election and Authorization Form even if only to notify of waiving any of the plans offered

**EVERYONE will still need to complete at least 2 Forms:**

- 1) Health Insurance Election Form (mark all boxes and sign, return to HR)**
- 2) Vermont Declaration of coverage (mark all appropriate boxes, sign, return to HR)**

**NOW is the Time to Make Changes!**

If you need to add or drop a dependent, you need to complete appropriate form by the end of open enrollment.

If you want to add or drop Medical, Dental or Vision, you need to complete appropriate form by the end of open enrollment.

**All Coverages will be effective on January 1, 2020**