



THE UNIVERSITY OF
TOLEDO

2017 Open Enrollment & 2018 Health Care

Faculty Senate Update
September 26, 2017



Agenda

- Covered Lives
- Open Enrollment Summary
- Key Elements for 2018
- 2018 Health Care Plan
- Important Considerations



Health Care Benefit Plans Covered Lives Overview

Age Range	HSC Count	HSC %	MC Count	MC %	Total	%
<18	1,985	30%	1,139	26%	3,124	29%
18 - 24	545	8%	345	8%	890	8%
25 - 34	1,107	17%	492	11%	1,599	15%
35 - 44	957	15%	620	14%	1,577	14%
45 - 54	974	15%	754	17%	1,728	16%
55 - 64	806	12%	769	18%	1,575	14%
65 Plus	172	3%	269	6%	441	4%
Total	6,546	100%	4,388	100%	10,934	100%
Gender	HSC Count	HSC %	MC Count	MC %	Total	%
Female	3,698	56%	2,333	54%	6,031	55%
Male	2,848	44%	2,055	46%	4,903	45%
Total	6,546	100%	4,388	100%	10,934	100%

Year-End 2016

- 4,776 employees / 6,158 dependents covered
- 11% of eligible employees are not enrolled
- 29% of covered lives are under 18
- 18% of covered lives are over 54
- 23% are healthier ages which tend to be 18 – 34



Open Enrollment Summary

UT Timeline	2017 Open Enrollment Activities
Sept. 2017	Pre Open Enrollment Activities <ul style="list-style-type: none"> • Distribute postcards to employees (week of Sept. 18) • Benefit fairs (Main Campus, Sept. 20 & Health Science Campus, Sept. 21) • Initial UT news article (Sept. 25)
Oct. 2017	Open Enrollment Activities <ul style="list-style-type: none"> • Open enrollment begins Oct. 1 through Oct. 31 • Mid-open enrollment UT news article (Oct. 16) • Final UT news article (Oct. 25) • Employee reminder emails (weekly)
Nov. 2017	Post Open Enrollment <ul style="list-style-type: none"> • Outstanding employees department/union reports
Dec. 2017	Post Open Enrollment Continued <ul style="list-style-type: none"> • Affordable Care Act Over 30 Hours Benefit Notification • Benefits termination letter to employees
Jan. 2018	2018 Health Care <ul style="list-style-type: none"> • 2018 healthcare elections take effect • COBRA notice to impacted employees

<u>Benefit Vendors</u>	<u>Coverage</u>	<u>Changes</u>
MMO PPO	Medical	New for 2018; Gold Plan
Paramount Employer Select (ES) PPO	Medical	No change; Silver Plan
Medical Mutual of Ohio (MMO CDHP)	Medical	No change; Blue Plan
Ohio Benefits Administrators (OBA)/FrontPath PPO	Medical	No change; Bronze Plan
Delta Dental	Dental	New voluntary basic option
Vision Services Plan (VSP)	Vision	New voluntary buy-up option
Chard-Snyder	Flexible Spending Accounts	IRS limits may increase
Optum (replaces Wells Fargo Health Savings)	Health Savings Account (HSA)	Includes wellness component
Healthcare Highways RX (replaces OptumRx)	Prescriptions	New vendor



Key Elements for 2018

- Active Open Enrollment
 - Elect or Change benefits
 - Adding, deleting or changing your dependents
 - Qualify for Medical/Dependent Care Flexible Spending Accounts
 - Maintain Eligibility Health Savings Account
- Rebranded medical plans and added new option
 - Gold Plan (New)
 - Silver Plan
 - Blue Plan
 - Bronze Plan
- Additional options added for Dental and Vision Coverages.
- CDHP Health Savings Account employer contributions of \$800 single/\$1,600 family now based on two components: Industry Norm of \$500/\$1,000 (no action required) and \$300/\$600 (earned based on wellness initiatives)
- 2017 Benefits are deducted from 24 pays and will change to 26 pays. 9 month employees will remain on 18 deductions.
- Consistent with federal and state law dependent coverage ends the year dependents turn 26. Dependents currently covered will be grandfathered until the end of the month they turn 28.
- New Prescription Benefits Manager Healthcare Highways Rx replaces Optum Rx.



New GOLD Plans Highlights

Plan	Advantages
Medical	Broad Network Access to ProMedica and Mercy Less Costly to Employees and UT Additional Coverages
Dental	80% versus 50% for Major Services (i.e. crowns, implants, dentures) 60% versus 50% for Orthodontic Services Maximum Payout of \$3,000 versus \$1,500 (except Orthodontic Services)
Vision	Annual Exams versus Every 24 months Greater Frame allowances (+\$55.00) Included Lens Enhancements



Plan Selection Considerations

The Gold, Silver and Bronze Plans are managed care plans, which means the plan is guided by both insurance and medical professionals. These types of plans allows you to visit both in-network and out-of-network practitioners. You'll typically pay a co-pay or co-insurance when visiting your doctor or undergoing a medical procedure.



A CDHP is a high-deductible health plan in which you have greater control over your medical care, health care costs and expenses because you decide where to go to receive your services. Once you have met your annual out-of-pocket maximum, the plan pays the remainder of your annual medical and prescription drug costs.

You can elect “No Coverage” from the University but the law requires you and your dependents to have health care coverage elsewhere, an exemption from coverage, or make a payment with your income tax return.



Important Considerations

During the course of Open Enrollment employees will receive a number of communications to complete the process.

- Employees that do not start or complete Open Enrollment.
 - Default to prior year Medical coverage
 - Default to Blue Dental and Blue Vision plans
 - Are ineligible for flexible spending accounts per IRS guidelines
 - Receive prorated employer health savings account contributions when the appropriate documentation is submitted.
- Employee's will not be asked to verify their existing eligible dependents.
- Employees that did not return required documentation or submitted insufficient documentation for Open Enrollment. (I.e. Spousal/Domestic Partner Affidavit & Adult Child Certification)
 - Dependents will be removed effective 1/1 unless required documentation is submitted to Human Resources prior to that date.
 - All dependents removed from UT's health care plans will be offered COBRA.
- No employee will be involuntarily removed from health care coverage.

