

# 2019 Employee Insurance and Wellness Benefits



**Open Enrollment 2019**  
November 27 – December 7, 2018

# Welcome!

- Introductions

- Prize Drawing – November 30 at 1:00pm

- If you RSVP'd, you will be entered into a prize drawing for a \$50 MasterCard Gift Card
- All attendees will receive a ticket for a raffle drawing to put your name in for a prize



# What's new for 2019?

- **Medical**
  - Continuing with Anthem with a 7.5% increase in premium with no plan design changes and no premium cost for employee only coverage.
- **Dental**
  - Continuing with Delta Dental with a 2% decrease in premium with no plan design changes and no premium cost for employee only coverage.
- **Vision**
  - Vision is changing to Delta Vision with a 12% decrease in premium with minor plan changes and no premium cost for employee only coverage.
- **Life/AD&D**
  - Continuing with Anthem Life with no changes in rates and no plan design changes.

# How to Enroll or Make Changes to Your Benefits

- Enroll by filling out an enrollment form and submitting to Human Resources.
- If you do not enroll and/or make changes:
  - If you don't actively enroll in or waive coverage during Annual Enrollment, your medical, dental, & vision coverage for you and your family will continue in the same plan you have for 2018 at the new family premium rates for medical and dental.
  - **\*\*No forms will need to be filled out if you are not making any changes, except if you are continuing to contribute to the H.S.A or F.S.A plan**

# When You Can Make Benefit Changes

- During the open enrollment (November 27 – December 7, 2018) period:
  - Changes will become effective on January 1, 2019.
  - All enrollment forms must be submitted to the Human Resource Office by **December 7, 2018**.



# Make Changes to Your Coverage During the Year

- Once you enroll, you cannot change certain benefit elections until the next Annual Open Enrollment, unless you have a qualified change in status. A qualified change in status includes, but is not limited to:



Loss of  
Essential Coverage



Loss of  
COBRA Benefits



Marriage or  
Divorce



Permanent  
Relocation



Birth, adoption,  
or new dependent



Aged off of  
Parent's Plan



Change in  
Citizenship



Change in  
Income



Death in  
Family



Change in Gov.  
Assistance Eligibility

# 2019 Benefits Overview

- Below is a comprehensive list of all benefits offered this year and each benefit provider:

Benefit	Carrier
Medical	Anthem
Pharmacy	Anthem (Essential Drug List)
Dental	Delta Dental
Vision	Delta Vision
Long-Term Disability (LTD)	Anthem
Employer Paid Life w/ AD&D Insurance	Anthem Life
Voluntary Life w/ AD&D Insurance	Anthem Life

# 2019 Benefits Contact Information

- Please refer to this list when you need to contact one of your benefit vendors. For general information and questions, please contact Human Resources

Plan	Whom to Call	Phone Number	Website
Medical	Anthem	1-800-331-1476	<a href="http://www.anthem.com">www.anthem.com</a>
Pharmacy	Anthem (Essential Drug List)	1-800-331-1476	<a href="http://www.anthem.com">www.anthem.com</a>
Health Reimbursement Arrangement (HRA)	RightChoice	1-800-365-9036	<a href="http://www.rctpa.com">www.rctpa.com</a>
Dental	Delta Dental	1-800-335-8266	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>
Vision	Delta Vision	1-877-488-5130	<a href="http://www.deltadentalmo.com/vision">www.deltadentalmo.com/vision</a>
Flexible Spending Account (FSA)	ASIFlex	1-800-659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Life, AD&D, and LTD	Anthem	1-800-331-1476	<a href="http://www.anthem.com">www.anthem.com</a>
Medicare Advantage Plan	United HealthCare (UHC)	1-877-714-0178	<a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a>



# Medicare Advantage

- Retirees age 65 years or older are eligible
- Medicare Part C Plan
- \$0 Monthly Premium for Individual (effective January 1, 2019) all correspondence goes directly to United Healthcare
- Still Considered under ECC Insurance Plans
- Open Enrollment period:
  - November 27 – December 7, 2018
  - Changes will become effective on January 1, 2019
  - All new enrollment forms must be mailed directly to UHC



# Dental Insurance

## DELTA DENTAL

- 2% Decrease in Employee Dependent/Family Rates
- No Plan Changes for 2019
- Largest dental network in Missouri
- MAX Advantage benefit
- Same insurance card

Coverage Type	Employee Monthly Cost
<b>Dental</b>	<b>2019</b> (College Pays \$35.88)
Employee Only	\$0.00
Employee & Spouse	\$34.16
Employee & Child(ren)	\$75.10
Family	\$112.42

# Delta Dental Benefit Summary

	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible – Single (applies to basic & major services)	\$50	\$50	\$50
Deductible – Family (applies to basic & major services)	\$150	\$150	\$150
Annual Maximum	\$1250	\$1250	\$1250
Preventative Services	100%	100%	100%
Basic Care	90%	80%	80%
Major Care	60%	50%	50%
Periodontics (Basic Care)	90%	80%	80%
Endodontics (Basic Care)	90%	80%	80%
<b>Orthodontia</b>			
Schedule	50%	50%	50%
Lifetime Maximum	\$1000	\$1000	\$1000
Child (under 19)	Included	Included	Included
Adult	Not Included	Not Included	Not Included

# Vision Insurance

## Delta Vision

- 12% Reduction in rates for 2019
- No insurance card necessary

Coverage Type	Employee Monthly Cost
<b>Vision</b>	<b>2019</b> (College Pays \$5.22)
Employee Only	\$0.00
Employee & Spouse	\$3.12
Employee & Child(ren)	\$3.28
Family	\$8.52

# Delta Vision Benefit Summary

COVERAGE	IN-NETWORK	OUT-OF-NETWORK <sup>1</sup>
<b>EXAMS</b>	\$10 copay	\$10 copay
Comprehensive Eye Examination ( <i>with dilation</i> )	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$40 allowance (copay does not apply)	Not covered
<b>MATERIALS</b>	\$25 copay	\$25 copay
<b>Eyeglasses<sup>2</sup> (in lieu of contact lenses)</b>		
Standard Plastic CR-39 Lenses <ul style="list-style-type: none"> <li>• Single</li> <li>• Bi-focal</li> <li>• Tri-focal</li> <li>• Lenticular</li> </ul>	Covered in full after copay	Reimbursed up to: <ul style="list-style-type: none"> <li>• Single: \$20</li> <li>• Bi-focal: \$40</li> <li>• Tri-focal: \$60</li> <li>• Lenticular: \$100</li> </ul>
Standard Frames	\$150 retail allowance	Reimbursed up to \$60
<b>Contact Lenses<sup>3</sup> (in lieu of eyeglass lenses and frames)</b>		
Elective Contact Lenses	\$150 retail allowance	Reimbursed up to \$90
Medically Necessary Contact Lenses <sup>4</sup>	\$250 retail allowance	Reimbursed up to \$250
<b>LENS UPGRADES</b>	Available when you use your eyeglass lens benefit	
Polycarbonate Lenses (members age 19 and under)	Covered in full (copay does not apply)	Not covered
Standard Progressive Lenses	Additional \$50 copay	Not covered
Photochromic Lenses	Additional \$60 copay	Not covered

Target Optical®	JCPenney® Optical
Visionworks®	Sears® Optical
Crown Vision Center®	Pearle Vision®
America's Best®	Clarkson Eyecare®

1. For out-of-network services, you will be reimbursed up to the amount shown, less your copay. 2. A single materials copay applies to standard lenses and frames when purchased together. 3. This benefit is paid only once during your benefit period and must be fully utilized at the time of purchase. 4. Only available for conditions of aphakia, keratoconus, or severe anisometropia.

**DeltaVision®**

## BENEFIT FREQUENCY

Eye Exam	Every 12 months
Eyeglass Lenses	Every 12 months
Eyeglass Frames	Every 24 months
Contact Lenses	Every 12 months

## DELTA VISION VALUE DISCOUNTS ★

Discounts are available at select participating discount provider locations. Look for the star on our online provider search.

Polycarbonate Lenses (members over age 19): \$30

Laser Vision Correction: Preferred Pricing through QualSight®

The DeltaVision Value Discounts program is not part of your insured benefit. You must pay providers directly for all services or materials you receive under this program.

REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. For a copy of your Certificate of Coverage, consult your plan administrator.

# Life/AD&D Insurance

- \$50,000 Life/AD&D (Automatic Enrollment) – Company Paid Policy
- Optional Life & AD&D Available for Employee, Spouse, & Children
- Eligibility of Insurability (EOI) will be required for electing an increased benefit amount and/or electing above the guarantee issue amount.
- No Open Enrollment – one time option for GI during initial eligibility
- Additional Resources Available
- Rates are based on employee's age

Coverage Type	Basic Life (Paid by ECC)	Voluntary Term Life (Paid by Employee)
Employee Benefit	\$50,000	\$10,000 increments to a max of \$500,000
AD&D Benefit	\$50,000	Equal to voluntary life amount
Spouse Benefit	N/A	\$5,000 increments to a max of \$250,000
Child(ren) Benefit	N/A	\$1,000 increments to a max of \$10,000
Guarantee Issue	N/A	\$150,000 for employee \$50,000 for spouse

# Optional Life and AD&D Rates

## Monthly Rate for Each \$1,000 of Voluntary Life and AD&D Insurance Coverage - EMPLOYEE

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.05/ \$0.02	\$0.05/ \$0.02	\$0.07/ \$0.02	\$0.09/ \$0.02	\$0.11/ \$0.02	\$0.17/ \$0.02	\$0.30/ \$0.02	\$0.56/ \$0.02	\$0.84/ \$0.02	\$1.49/ \$0.02	\$1.738 /\$0.02	\$4.125 /\$0.02

## Monthly Rate for Each \$1,000 of Voluntary Life and AD&D Insurance Coverage - SPOUSE

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.05/ \$0.02	\$0.05/ \$0.02	\$0.07/ \$0.02	\$0.09/ \$0.02	\$0.11/ \$0.02	\$0.17/ \$0.02	\$0.30/ \$0.02	\$0.56/ \$0.02	\$0.84/ \$0.02	\$1.49/ \$0.02	\$1.738 /\$0.02	\$4.125 /\$0.02

## Child Optional Life Coverage

Optional Supplemental Dependent Child(ren)	\$0.12 per \$1,000 (covers all dependent children)
Optional Supplemental AD&D Child(ren)	\$0.02 per \$1,000

# Are Your Beneficiaries Current?

It is a good practice to review beneficiaries every year and update them as necessary. It's important you name the individuals that will receive the proceeds of your benefit programs (for example: life, retirement, 403b savings, etc.) in the event of your death. Listed below are some tips when listing beneficiaries:

- Primary – the person(s) to receive the life insurance amount. If you have more than one person who you want to receive your life insurance, specify each one as primary with the amount. The total amount should equal 100%. For example, if you have two children and you want each one to receive an equal amount, list each child as primary and 50% of life insurance amount to be received.
- Secondary – the person(s) to receive the life insurance amount if the primary beneficiary is deceased. You can list the secondary beneficiaries the same way you list the primary.
- If you have small children, you may want to complete a Uniform Transfers to Minors Act or make a living trust.



# Medical Insurance

## Anthem – PPO Base Plan

- 7.5% Increase in Premiums – no plan design changes
- Continue with Health Reimbursement Arrangement (HRA)

Monthly Cost to the Employee				
Election	PPO BAC Base (College Pays \$710.64)	PPO BPS Base (College Pays \$710.64)	BAC H.S.A (College Pays \$710.64)	BPS H.S.A (College Pays \$710.64)
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$826.24	\$761.60	\$278.44	\$220.54
Employee & Child(ren)	\$679.78	\$623.60	\$179.28	\$127.10
Family	\$1,405.44	\$1,306.68	\$635.32	\$556.72

PPO Base Plan – BPS Network does not include BJC Providers. Non-BJC Network Incentive is \$29.06/month contributed to FSA for Base Plan

Lumenos H.S.A – BPS Network does not include BJC Providers. \$223.22/month contributed to H.S.A for BPS and \$194.14/month contributed to H.S.A for BAC

# Medical Plan – Base Plan

	PPO (BAC/BPS Networks) Base Plan	Out of Network
<b>Deductible</b> Individual Family	\$2,500/\$5,000	\$5,000/\$10,000
<b>Deductible Reimbursement</b> - EE Responsibility	\$1,000/\$2,000	N/A
<b>Coinsurance</b>	80%	60%
<b>Out of Pocket Max</b>	\$5,000/\$10,000	\$10,000/\$20,000
<b>Deductible Reimbursement</b> – EE Responsibility	\$3,500/\$7,000	N/A
<b>Office Visit Copays</b> Primary Care Specialist	\$20/\$40	Deductible then 40%
<b>Emergency Room Co-Pay</b>	\$200	Deductible then 40%
<b>Urgent Care</b>	\$50	Deductible then 40%
<b>Ambulance Services</b>	Deductible then 20%	Deductible then 20%
<b>Prescription Drug Coverage</b>	Network Retail Pharmacies (30-day supply): \$15/\$40/\$75 Anthem Rx Home Delivery Service (90-day supply): \$30/\$80/\$150	Network Retail Pharmacies (30-day supply): 50% (min \$75) Anthem Rx Home Delivery Service (90-day supply): Not Covered

# Medical Plan – Lumenos H.S.A Plan

	H.S.A (BAC/BPS Networks) Base Plan	Out of Network
<b>Deductible</b> Individual Family	\$5,000/\$10,000	\$5,000/\$10,000
<b>Deductible Reimbursement – EE</b> Responsibility	\$2,600/\$5,200	N/A
<b>Coinsurance</b>	100%	80%
<b>Out of Pocket Max</b>	\$6,450/\$12,900	\$12,900/\$25,800
<b>Deductible Reimbursement – EE</b> Responsibility	\$4,050/\$8,100 \$3,600/\$7,200 HRA of \$450/\$900 for Pharmacy	N/A
<b>Office Visit Copays</b> Primary Care Specialist	Deductible then 0%	Deductible then 20%
<b>Emergency Room Co-Pay</b>	Deductible then 0%	Deductible then 20%
<b>Urgent Care</b>	Deductible then 0%	Deductible then 20%
<b>Ambulance Services</b>	Deductible then 0%	Deductible then 20%
<b>Prescription Drug Coverage</b>	Network Retail Pharmacies (30-day supply): Deductible, then \$15/\$40/\$75 Anthem Rx Home Delivery Service (90-day supply): Deductible, then \$30/\$80/\$150	Network Retail Pharmacies (30-day supply): Deductible, then 50% (min \$75) Anthem Rx Home Delivery Service (90-day supply): Not Covered

\*\* HRA Reimburses Pharmacy \$450/\$900

# Network Providers

Access [www.anthem.com](http://www.anthem.com) for a complete provider directory

<b>BLUE ACCESS CHOICE Network (BAC)</b>	<b>BLUE PREFERRED SELECT Network (BPS)</b>
Mercy Hospital – Washington	Mercy Hospital – Washington
Mercy Hospital – St. Louis	Mercy Hospital – St. Louis
Mercy Hospital – Rolla	Mercy Hospital – Rolla
Missouri Baptist Hospital – Sullivan	Missouri Baptist Hospital – Sullivan
Phelps County Regional Medical Center	Phelps County Regional Medical Center
St. Louis University Hospital (SLU)	St. Louis University Hospital (SLU)
St. Luke’s Hospital	St. Luke’s Hospital
Cardinal Glennon Hospital	Cardinal Glennon Hospital
SSM St. Clare Health Center	SSM St. Clare Health Center
Barnes-Jewish Hospital	
Missouri Baptist Medical Center	
St. Louis Children’s Hospital	
Washington University Physicians	

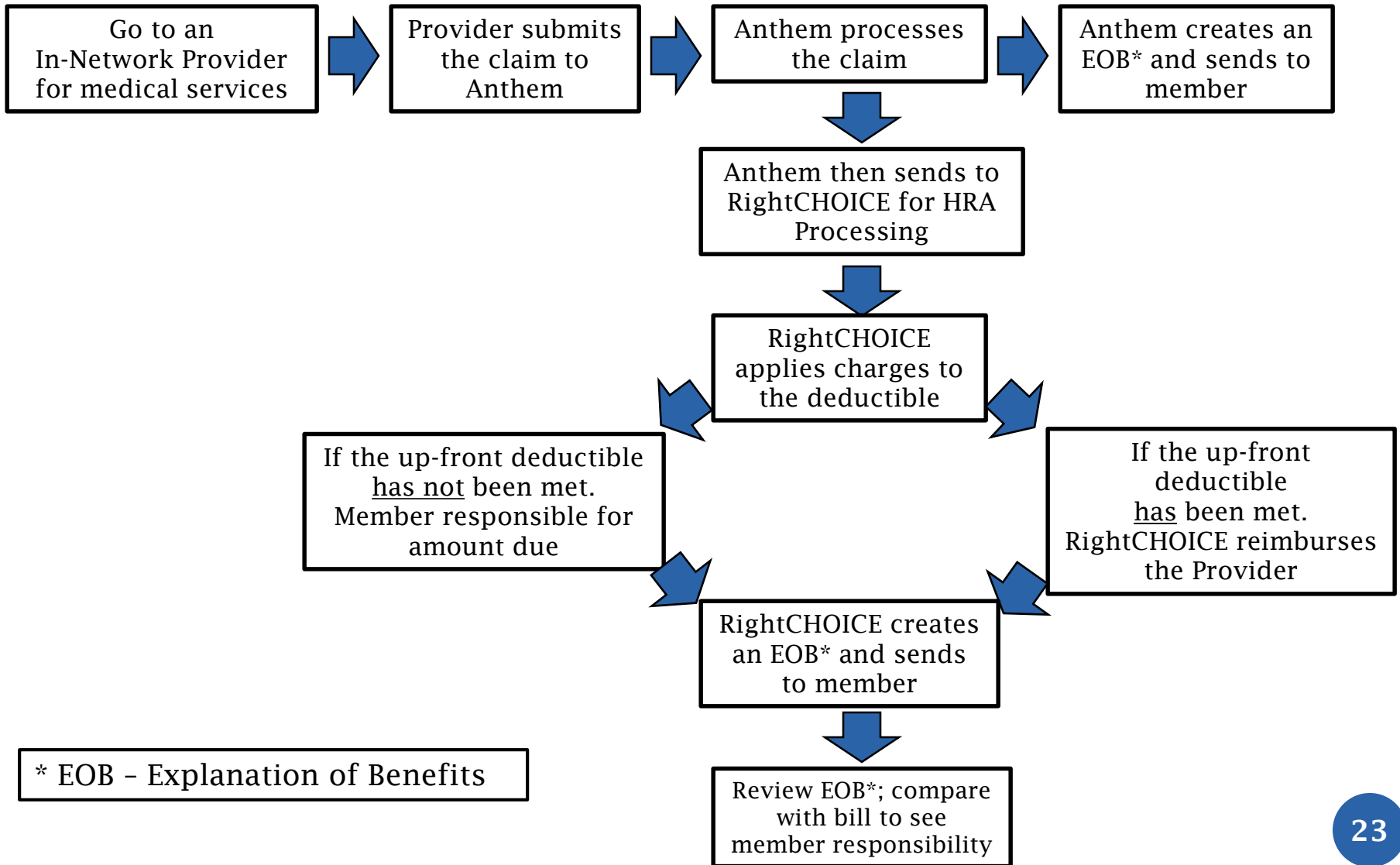
# Pharmacy – Essential Drug List

- The Essential Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA).
- It is a closed formulary, which means that only the prescription drugs on the list will be covered by the plan. Drugs that are not covered have cost-effective, high-quality alternatives available.
- Some of the common drugs that are not on the Essential Drug List are shown on the handout provided. Other preferred alternatives may also be available.
- Visit [www.anthem.com/pharmacyinformation](http://www.anthem.com/pharmacyinformation) for the most up-to-date information.

# What is a Health Reimbursement Arrangement? (HRA)

- A College funded benefit that is used to offset the total In-Network Deductible for the plan.
- Is used for “qualified” in-network medical expenses for yourself, spouse and dependent(s).
- Helps reduce your out-of-pocket maximum expenses.
- RightCHOICE is our HRA Administrator. (see handout)
  - [www.rctpa.com](http://www.rctpa.com)

# The Claim Process



\* EOB - Explanation of Benefits

# What is a Health Savings Account (HSA)?

- A tax-exempt account use to pay for qualified medical expenses to help reduce your out-of-pocket maximum expenses.
- Contributions remain in your account until you use them, can earn interest, and is “portable” if you change employers or leave the workforce.
- Is excluded from your gross income; in other words, the reimbursements are tax-free.
- To be eligible to contribute to an HSA you must be covered by a qualified high deductible health plan (QHDHP) and you cannot be covered by any other health plan or enrolled in Medicare.
- See Handout for approved Banks & Eligible Expenses under the H.S.A



# H.S.A. Advantages

Participating in a Health Savings Account is a great way to start planning now for both current & future healthcare costs.

Advantage	How you win
Triple Tax-Saving Power	H.S.A contributions are withheld from your paycheck before federal taxes – and most state taxes – are taken. Funds in your account are never taxed as long as you spend them on qualified healthcare expenses.
Investment Options	Your H.S.A earns tax-free interest. When the account balance hits \$500, you may invest in a broad range of funds for more tax-free earnings
No “Use It or Lost It”	H.S.A’s roll over from year to year. Use it – or Save it!
You Own The Account	Your H.S.A and all the money in it are yours, even if you leave ECC or Retire.
Free Money!	The College contributes to your H.S.A account if you have You Only coverage. The amount contributed gets applied to spouse, child, and/or family coverage
Qualified Expenses	Qualified medical expenses are those expenses that generally would qualify for the medical, dental, and vision expenses deduction. Visit <a href="https://www.irs.gov/pub/irs-pdf/p502.pdf">irs.gov/pub/irs-pdf/p502.pdf</a> to see all qualified & non-qualified expenses.

# East Central College 2019 HSA Contribution

	<u>BAC</u> Network	<u>BPS</u> Network
Monthly Contribution	\$194.14	\$223.22
	\$0	\$0
Total Annual Contribution*	\$2,329.68	\$2,678.64

IRS Contribution Limits:

Individual Coverage	\$3,500
Family Coverage	\$7,000
Catch Up (age 55 to 65)	\$1,000

*\*ECC's contribution into your HSA goes towards the 2019 IRS contribution limit.*

# Estimated 2019 Cost to College

Estimated Insurance Cost to College		
	Monthly Cost Per Employee	Annual Cost Per Employee
Medical Premium Cost*	\$710.64	\$8,527.68
Vision Premium Cost	\$5.22	\$62.64
Dental Premium Cost	\$35.88	\$430.56
Total Premium Cost**	\$751.74	\$9,020.88

\*Includes Premium, ACA Fees and HRA Administration Costs/Fees

\*\*Pay retirement (PSRS/PEERS) on this amount which increases your total annual salary for retirement purposes.

# Flexible Spending Account (FSA)

## ➤ **ASIFlex - Administrator**

- College Pays the Monthly Fee/No Cost to Employee

## ➤ **FSA** provides a tax advantage for qualified expenses

- Employee's pay into an FSA is not subject to payroll taxes

## ➤ **Dependent Care** (Annual Maximum Contribution \$5000)

- Covers children under age 13 and includes adult day care

## ➤ **Medical** (Annual Maximum Contribution \$2,700\*)

- Option for Employees on Base Plan
- Can include dental and vision expenses also

## ➤ **Limited Purpose** (Annual Maximum Contribution \$2,700\*)

- For dental and vision expenses for employees on HSA plan



**Remember:** FSA “use it or lost it” rule: If you don’t use all the money you contribute to your FSA during a specific plan year, you will forfeit the unused amounts. \*\* Grace Period until March 15<sup>th</sup>, 2020 to submit claims.

# Managing Your Health

2019 Open Enrollment

# Managing Your Health Costs

**LiveHealth Online** (HSA \$49 and Base Copay) – No WAIT TIME or No Appointment

- MD Office (average cost: \$126)
- Urgent Care (average cost: \$149)
- Emergency Room (average cost: \$769 - Missouri)

## **Lower Cost Providers versus Hospital**

- (Free Standing Facilities)
  - Imaging Centers
  - Surgery Centers
  - Infusion Centers
  - Urgent Care Facilities

## **Pharmacy**

- Generic versus Brand
- Mail Order versus Retailer

# Managing Your Health

## ➤ **ConditionCare (Anthem Benefit)**

### ➤ Trained Nurses for Case Management – Phone Calls

- Diabetes
- Coronary Artery Disease
- COPD (Emphysema)
- Smoking-related illness
- Heart Failure

## ➤ **Behavior Health Support (Anthem Benefit)**

- 50% employees seek no treatment for depression
- Utilize other resources such as: EAP, Support Group, Counseling and Medication.

# Managing Your Health

## Tobacco Free

- Tobacco Usage increases risks of heart disease, stroke, lung cancer and diminished overall health.
- Quitting Tobacco Reduces Risk
  - Just 1 year after quitting smoking, your risk for a heart attack drops sharply.
  - Within 2 to 5 years after quitting smoking, your risk for stroke could fall to about the same as a nonsmoker's.
- Tobacco Cessation Support – See handout and visit [www.anthem.com](http://www.anthem.com) for more details



# Wellness

2019 Open Enrollment

# “Be Well” Wellness Program

- Incentive Program (tracked through CHC Wellness) – *Enroll in the January 2019 Program (more info. to come)*
- Take part in a program that rewards you for your health choices. Your participation will earn you points towards paid time off.
- Win prizes by participating in various events, challenges, & programs



# Step Challenge

(formally the Walking Challenge)

- Step Program includes: pedometer, challenges and wellness resources.
- Benefits of Walking/ Jogging / Running
  - Helps Maintain/Lose Weight
  - Reduces Stress
  - Improves sleep
  - Lightens mood
- Earn Paid Time Off and other incentives
- Alternatives Available
- See Handout for more information & How to sign up!



# Health and Wellness Offerings

## ➤ Wellness Trainings & Correspondences

➤ Lunch and Learn Workshops



➤ Monthly Challenges

➤ Wellness Resources/Newsletters

➤ Wellness Workshops



# Health and Wellness Offerings

## ➤ Fitness Center

➤ 3rd Floor / Donald Shook Student Center (DSSC)

## ➤ Flu Shots

➤ Scheduled every year around Sept/Oct.

## ➤ Walking Trail



# Employee Assistance Program – EAP

- The New Directions Employee Assistance Program (EAP) has the tools & resources designed to help you overcome life challenges that can affect your health, family, or job performance.
- Visit [ndbh.com](http://ndbh.com) or call 1-800-624-5544
- Enter the EAP Company Login Code: ECC
- EAP Counseling is available by telephone or in person. It's completely FREE, totally confidential, and fully available to you and your family members.



# Contacts for Questions

## **Call Insurance Provider Customer Service or search website**

Questions about network, what's covered, i.e.?

(See handouts for websites/contact info. Or call HR)

## **Call Human Resources**

Questions about the College Benefits

Wendy Landwehr / HR Specialist / (636) 584-6711

[wendy.Landwehr@eastcentral.edu](mailto:wendy.Landwehr@eastcentral.edu)

Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment and individuals with whom the Board of Trustees and College officials do business are hereby notified that East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information, or veteran status: East Central College is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities.