Open Enrollment

What is annual open enrollment?
Annual open enrollment is the time of year when benefit plans renew.

What do I need to do during this time?
- Enroll in a New Plan
- Add or Drop a Dependent
- Waive Coverage
Open Enrollment

Can I make changes to my plan decisions throughout the year?

Generally, you will not be able to enroll until the next open enrollment period. However, if you have a *qualifying life event* throughout the year, you will be able to make a change.

What is a qualifying event?

- Marriage
- Birth
- Adoption
- Divorce
- Loss of Coverage
- Death

*You must submit this change in BenefitFocus within 30 days of the qualifying event date to make a change.*
How to Enroll

Action Required

All Employees should elect or waive benefits.

Enroll online by going to Employee Hub and following the Single Sign-On (SSO) instructions for Xavier benefits portal:

1. Login into benefits.xavier.edu
2. Enter your Xavier User Name
3. Enter your Xavier Password
4. Click Sign In and use your Xavier User ID and Xavier Password

All enrollments must be completed between October 27th and November 10th!

For technical questions call BenefitFocus at 1.877.336.8082
Changes for 2021

Benefit Plan Changes:
• Increase the deductible and out of pocket maximum for PPO and HDHP
• Add new plan, Blue Connection

Pharmacy Benefit Changes:
• A prescription drug plan change from National Formulary to Essential formulary. Employees impacted by this change will receive notification directly from Anthem
• Walgreens removed from pharmacy network

Spousal surcharge
• Spousal surcharge increase from $80 to $120 per month
## Medical Plans

In-network benefits only. Blue Connection has no non-network benefit except for urgent care and emergency room.

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>In-Network</th>
<th>In-Network</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plan Type</strong></td>
<td>PPO</td>
<td>HDHP</td>
<td>Blue Connection PPO</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$1,250/$2,500</td>
<td>$3,500/$7,000</td>
<td>$750/$1,500</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80/20</td>
<td>100/0</td>
<td>80/20</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum - Medical</strong></td>
<td>$2,500/$5,000</td>
<td>$3,500/$7,000</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>Individual/Family</td>
<td>Yes – Medical</td>
<td>Yes - Med &amp; Rx</td>
<td>Yes – Medical &amp; Rx</td>
</tr>
<tr>
<td>Copays Included?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>Ded, 80/20</td>
<td>Ded, 100/0</td>
<td>Ded, 80/20</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Ded, 80/20</td>
<td>Ded, 100/0</td>
<td>Ded, 80/20</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 Copay</td>
<td>Ded, 100/0</td>
<td>$150 Copay</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$35 Copay</td>
<td>Ded, 100/0</td>
<td>$35 Copay</td>
</tr>
<tr>
<td><strong>Primary Care / Specialist Visit</strong></td>
<td>$20/$40 Copay</td>
<td>Ded, 100/0</td>
<td>$20/$40 Copay</td>
</tr>
<tr>
<td><strong>Prescription Drugs Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
<td>Integrated Med &amp; Rx Ded</td>
<td>None</td>
</tr>
<tr>
<td><strong>Pharmacy Out of Pocket (OOP)</strong></td>
<td>$2,500/$5,000</td>
<td>Integrated Med &amp; Rx OOP</td>
<td>Integrated Med &amp; Rx OOP</td>
</tr>
<tr>
<td><strong>Tier 1 / Tier 2 / Tier 3</strong></td>
<td>$15 / $40 / $60 / 25% up to $250</td>
<td>Ded, 100/0</td>
<td>$15 / $40 / $60 / 25% up to $250</td>
</tr>
<tr>
<td><strong>Mail-Order</strong></td>
<td>$30 / $100 / $150 / 25% up to $250</td>
<td>Ded, 100/0</td>
<td>$30 / $100 / $150 / 25% up to $250</td>
</tr>
</tbody>
</table>
Blue Connection

- **HMO Plan Design**, no out of network coverage except for Urgent Care and Emergency Room

- **Network Only**: This plan offers network only coverage. If you access services with a provider that is not in the network, the member will pay 100% of the service cost and cost will not apply to your out of pocket maximum

- **Providers in the network**
  - TriHealth
  - St. Elizabeth
  - Cincinnati Children’s

- **PCP selection required** – no gatekeeper (no referrals for specialty care required)

- Plan Design matches 2020 PPO plan and all pharmacy cost apply to the medical plan out of pocket maximum
How to Select a Blue Connection PCP

• Members can call customer service after 1/1 to designate a PCP

• You can elect a PCP for each member and it can be different

• If you don’t designate a PCP: The first claim, regardless of type or provider, will generate an automatic letter asking you to assign your PCP

• If a PCP is not assigned within first 30 days then Anthem will assign a PCP for the member

• The member can call customer service to change PCP
Blue Connection Network

Locating a Blue Connection Provider

- [www.anthem.com](http://www.anthem.com)
- [Click on the Individual & Family](http://www.anthem.com)
- Click on Find Care
- Click on “Guests”
- In ‘What type of care are you searching for’, click the drop down button, then click on ‘Medical’
- In ‘What state do you want to search in?’, click the drop down button, then click your desired state
- In “What type of plan do you want to search with?” click the drop down button, then click “Medical (Employer-Sponsored)”
- In ‘Select a plan/network’, click ‘Blue Connection’
- Then click ‘Continue’
Essential Formulary

Essential Drug List

• Excludes drugs with over the counter and/or lower-cost formulary alternatives

• Includes FDA-approved prescription drugs in the same therapeutic classes

• Letters will be mailed to members taking prescription drugs no longer covered on the plan in November

• Essential formulary list in PDF format will be available between 10/15-10/31
Pharmacy Network

• Currently, Xavier University members access the National Network, includes 66,000 pharmacies
• Changing to Standard Network, includes 59,000 pharmacies, excludes Walgreens
  ✓ CVS will be the anchor chain and other major chains will remain in-network (Kroger, Walmart, Costco, Target, Meijer etc...)
• All members using Walgreens in 2020 will be notified by IngenioRx of the change, letters will be mailed in November
• If you currently utilize Walgreens:
  ✓ Choose a new in-network pharmacy and ask them to contact Walgreens to transfer prescription
  ✓ When you see your physician change your preferred pharmacy
  ✓ After 1.1.2021, if you go to Walgreens to fill the prescription member the out-of-network benefit for the PPO and HDHP of 50% which will apply to the out of network out of pocket maximum
  ✓ Blue Connection plan has no out of network benefit so member will pay 100% of prescription cost at Walgreens
Medical Employee Contributions (monthly)

<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>Blue Access PPO</th>
<th>Blue Access HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
<td>Wellbeing</td>
</tr>
<tr>
<td>Employee</td>
<td>$219.00</td>
<td>$169.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$400.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$372.00</td>
<td>$322.00</td>
</tr>
<tr>
<td>Family</td>
<td>$601.00</td>
<td>$551.00</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Medical Plans</th>
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<tr>
<td>Family</td>
<td>$601.00</td>
</tr>
</tbody>
</table>

If your spouse is benefit eligible at their employer, you must elect the spousal surcharge of $120 which will be added to your monthly medical premium.
Register at anthem.com or on the Anthem Sydney Health mobile app to get personalized information online and on the go.

**Use the self-service tools to:**

- Find an in-network doctor.
- Check the price of a drug or refill a prescription.
- Update your email address for fast, easy access to plan information you need.
- Take a health assessment to get tips for staying healthy.
- Estimate your costs before you step into the doctor’s office.
- Sydney connects you to everything you need to know about your health plan — all in one place.
Estimate Your Costs

After registering online, you can use our Estimate Your Cost tool to find out what a test, procedure or other type of care will cost before visiting a doctor.

See the average costs for common procedures and services in almost 1000 services—plus, get quality information for hospital-based procedures.

Compare doctors and facilities based on the cost and quality-of-care ratings for these procedures.

Stay informed so you can make the right choice for your health and your budget.
LiveHealth Online

See board certified doctor or licensed therapist through live video!

**LiveHealth Online Medical**
- Visit with a doctor 24/7
- Doctors can write prescriptions
- Examples: Pink eye, strep throat, poison ivy
- PPO and Blue Connection: $20, HDHP: $59

**LiveHealth Online Psychology**
- Visit a therapist/ Psychiatrist 24/7
- Examples: Stress, Grief, Depression
- Therapist: PPO: $20, HDHP: $80-$85
- Psychiatry: PPO: $20, HDHP: $175 initial visit, $75 follow-up
Health Saving Account

What is a Health Savings Account (HSA)?

• A HSA is an account that allows you to save pre-tax money to help pay for qualified medical expenses.
• It provides the opportunity to save for health care expenses and/or retirement by allowing you to invest funds.

Who is eligible for HSA coverage?

• You can use your HSA on yourself, your spouse and your tax-dependent children.
• You must be enrolled in the HDHP.
HSA Contribution Limits

<table>
<thead>
<tr>
<th></th>
<th>2021 IRS Maximum HSA Contribution Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,600</td>
</tr>
<tr>
<td>Family</td>
<td>$7,200</td>
</tr>
</tbody>
</table>

Over 55? You can contribute an additional $1,000

Funds rollover from year to year!
There is no maximum account balance.
You are not eligible to contribute to an HSA if...

- You are enrolled in a NON-qualified HDHP or a Medical FSA through a spouse or other source.
- You are enrolled in VA, CHIP, Medicare or Medicaid benefits.
- You already made the IRS maximum contribution that calendar year.
- You can be claimed as a dependent on another person’s tax return.

Please note: These eligibility requirements are determined by the IRS and only apply to the Health Savings Account. These eligibility requirements DO NOT APPLY to the medical/prescription plan.
HSA Portability

- If you quit or are terminated the account and remaining funds belong to you
- Funds continue to earn interest and you can continue to invest
- Contributions cannot be made unless you continue to be covered by an IRS defined HDHP
- Continue to make withdrawals for qualified expenses
**How to Use Your HSA Card**

**PRESCRIPTIONS**
Show the pharmacist your medical ID card and obtain your prescription.

Use your HSA card to pay for your prescription(s) at the pharmacy.

**IN-NETWORK MEDICAL SERVICES**
You receive care from your provider.

Provider submits the claim to the carrier. Compare your Explanation of Benefits (EOB) to the bill from the provider.

Use your HSA card to pay the provider.

**OTHER HEALTH SERVICES**
Other eligible health care expenses (i.e. eyeglasses and dental services).

Use your HSA card to pay for your health services.
Flexible Spending Accounts

What is a Flexible Spending Account?
• Allows employees to set aside pre-tax money to help pay for medical, dental and vision out-of-pocket expenses. *You can pair this with PPO or Blue Connection and can also elect if you waive coverage as long as you are not a qualified HDHP.*

What is a Limited Flexible Spending Account?
• Allows employees to set aside pre-tax money to help pay for dental and vision out-of-pocket expenses. *You can pair an HSA with this account.*

What is a Dependent Care Spending Account?
• Allows employees to set aside pre-tax money to help pay for daycare expenses for dependents.
Maximum Contribution Limits

Healthcare FSA and Limited FSA: Maximum contribution limit per person: $2,750

Dependent Day Care: Maximum contribution limit per person: $5,000

You have 90 days after the plan year ends on December 31\textsuperscript{st} to submit, not incur, claims for reimbursements that occurred during the plan year. Any funds not used by this point will be forfeited.
## Dental Plan Options

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Basic Plan</th>
<th>Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Annual Max</strong></td>
<td>$1,000</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td>Deductible, then 50%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>Not covered</td>
<td>Deductible, then 60%</td>
</tr>
<tr>
<td><strong>Orthodontia (up to age 19)</strong></td>
<td>Not covered</td>
<td>50% $500</td>
</tr>
<tr>
<td>• Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• LIFETIME Maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dental Employee Contributions (Monthly)

<table>
<thead>
<tr>
<th>Dental Plans</th>
<th>Standard</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$28.14</td>
<td>$21.94</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$54.16</td>
<td>$42.24</td>
</tr>
<tr>
<td>Family</td>
<td>$95.40</td>
<td>$74.40</td>
</tr>
</tbody>
</table>
## Vision Plan

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Network/Plan Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard Lenses</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Contact Lens Allowance</td>
<td>$150 allowance</td>
</tr>
</tbody>
</table>

**Frequency**
- **Exams**: 12 months
- **Frames**: 24 months
- **Lens OR Contacts**: 12 months
## Vision Employee Contributions (monthly)

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>$5.82</td>
</tr>
<tr>
<td><strong>Employee +1</strong></td>
<td>$10.64</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$16.18</td>
</tr>
</tbody>
</table>
Ancillary Plan Offerings
Basic Life and AD&D

Life Insurance is an important part of your financial well-being, especially if others depend on you for support. **Xavier University will continue to provide Basic Life and AD&D coverage at no cost to you.**

**Life AD&D Insurance**
Offered through CIGNA

Life and Accidental Death and Dismemberment Benefit | 1x salary up to $150,000

**Do you know who is listed as your beneficiary?**

Open Enrollment is the perfect time to update your beneficiary records. You will do this through the enrollment portal.
Long-term disability (LTD) insurance helps protect your paycheck by replacing a portion of your income when you are unable to work because of an illness or injury. **Xavier University will continue to provide LTD coverage at no cost to you.**

<table>
<thead>
<tr>
<th>Long Term Disability Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Period</td>
</tr>
<tr>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Maximum Benefit</td>
</tr>
</tbody>
</table>
Voluntary Life

Voluntary life is a product you buy not only for yourself but also to help take care of those who depend on your income. This affordable coverage can help to relieve the financial burden at a time of loss.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incremental Amount</td>
<td>$25,000</td>
<td>Options: $10,000, $15,000, $25,000, $30,000, $50,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>5x salary to $400,000</td>
<td>$50,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Guarantee Issue</td>
<td>$200,000</td>
<td>$30,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

- ✓ Guarantee issue, no medical questions asked, available for this open enrollment.
- ✓ If you are enrolled in voluntary life today you may increase your benefit for you and/or your dependents up to the guarantee issue with no medical questions.
- ✓ If you previously waived coverage, today you may elect coverage for you and/or dependents up to the guarantee issue with no medical questions asked.
- ✓ All amounts over the guarantee issue will require answering medical questions and based on the answers a person can be approved or denied coverage.
Critical Illness coverage pays a lump sum benefit if you are diagnosed with a covered critical illness.

- **Guarantee issue, no medical questions asked, available for this open enrollment.**
- **If you are enrolled in critical illness today you may increase your benefit for you and/or your dependents up to the guarantee issue with no medical questions.**
- **If you waive coverage today you may elect coverage for you and/or dependents up to the guarantee issue with no medical questions asked.**

### Covered Conditions
(lump sum payment at initial diagnosis)

- Heart attack
- Stroke
- Blindness
- Coronary bypass surgery (25%)
- Amyotrophic Lateral Sclerosis
- Kidney failure
- Major organ failure
- Permanent paralysis
- Cancer
- Carcinoma in Situ (25%)

### Coverage Options

- **Employee:** $5,000, $10,000, $20,000, $25,000, $30,000
- **Spouse:** 50% of employee amount
- **Child:** 25% of employee amount

### Guaranteed Issue

- **Employee:** Up to $20,000
- **Spouse:** Up to $15,000
- **Child:** All guaranteed issue

**Health Screening Benefit:** $100 per calendar year
# Accident

<table>
<thead>
<tr>
<th>Accident/Treatment</th>
<th>Low Plan</th>
<th>Mid Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Ambulance/Air Ambulance</td>
<td>$300/$1,200</td>
<td>$400/$1,600</td>
<td>$500/$2,000</td>
</tr>
<tr>
<td>Emergency Care Treatment</td>
<td>$100</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Diagnostic Exam (x-ray or lab)</td>
<td>$10</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Physician Office Visit</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Hospital Stay (per day)</td>
<td>$100</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Intensive Care Unit Stay (per day)</td>
<td>$200</td>
<td>$400</td>
<td>$600</td>
</tr>
<tr>
<td>Per covered surgically-repaired fracture</td>
<td>$100-$4,000</td>
<td>$200-$8,000</td>
<td>$300-$10,000</td>
</tr>
<tr>
<td>Per covered non-surgically repaired fracture</td>
<td>$50-$2,000</td>
<td>$100-$4,000</td>
<td>$150-$5,000</td>
</tr>
<tr>
<td>Chip Fracture (percent of fracture benefit)</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Per covered surgically-repaired dislocation</td>
<td>$100-$4,000</td>
<td>$200-$6,000</td>
<td>$300-$6,000</td>
</tr>
<tr>
<td>Per covered non-surgically repaired dislocation</td>
<td>$50-$2,000</td>
<td>$100-$3,000</td>
<td>$150-$3,000</td>
</tr>
<tr>
<td>Follow-up Visit to the doctor</td>
<td>$50</td>
<td>$75</td>
<td>$125</td>
</tr>
<tr>
<td>Follow-up physical therapy visits</td>
<td>$25</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Small Lacerations</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Large Lacerations</td>
<td>$400</td>
<td>$600</td>
<td>$800</td>
</tr>
<tr>
<td>Coma (lasting 7 days with no response)</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Concussion</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
</tr>
</tbody>
</table>

Accident coverage pays a lump sum benefit if you are involved in an accident.

- Guarantee issue, no medical questions asked, available for this open enrollment.
- If you are enrolled accident today you may change tiers (EE, EE/SP, EE/CH, Family).
- If you waive coverage today you may elect coverage for you and/or dependents with no medical questions asked.
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Questions?

Subscribe today!

Benefits: What, Like it’s Hard? is a podcast that breaks down the truths and misconceptions about all things benefits.

Visit www.horanassoc.com/tunein to learn more about the podcast.
In the event you have a question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call or e-mail HORAN.

**Xavier University**
Office of Human Resources
benefits@xavier.edu
513.745.3638