

Healthcare/Dental/Vision Open Enrollment

To: Faculty and Staff
From: Office of Human Resources
Date: October 31, 2011

The open enrollment period for plan year 2012 for the medical, dental, and vision plans is from **November 1 through November 30, 2011**.

As was explained at the information sessions held this month, our medical premiums in 2012 will decrease 2.7% for the POS II plan as well as the HRA plan. As usual, we employed the consulting services of Aon/Hewitt to help us review the renewal and work with Aetna to contain cost and improve pricing as much as possible. Because our claims experience this last year was significantly less than what was expected, our premiums are decreasing to reflect this positive experience.

The Dental PPO program will remain the same for 2012 and the Dental DMO program will increase 15%. The Dental DMO program continues to experience a high increase in utilization and cost and we, therefore, have a higher than usual increase to the premium.

There will be no increase to the VSP vision plan for 2012. We have a rate guarantee through December 31, 2012.

Plan Design Changes

The plan design changes are:

1. The in-network deductibles for the POS II (PPO) plan are increasing from \$350 to \$375 per person and from \$700 to \$750 per family. The out-of-network deductibles are increasing from \$525 to \$565 per person and from \$1,050 to \$1,125 per family.
2. The in-network out-of-pocket maximums for the POS II (PPO) plan are increasing from \$1,450 to \$1,600 per person and from \$2,175 to \$2,400 per family. The out-of-network out-of-pocket maximums are increasing from \$2,900 to \$3,200 per person and from \$4,350 to \$4,800 per family.
3. The base plan design for the drug plan is not changing – generic drugs still cost only \$5 per month, preferred drugs still cost only 20%, and non-preferred drugs still cost only 30%. The maximum copay for preferred drugs also remains \$40 and the maximum copay for non-preferred drugs is \$65. The maximum copays for mail-order prescriptions (90 day supply) have not changed. The maximum copays are \$80 for preferred drugs and \$130 for non-preferred drugs.

To find more information on the 2012 premiums and additional resources about Aetna and the plans available, including the benefits enrollment form, please visit our [HR web site](#).

Health Care Reform

A change that remains in effective is the expanded definition, which is part of the Patient Protection and Affordable Care Act of 2011. The change is:

- Dependent Definition Change – Children up to age 26 are eligible to be added to the medical insurance programs. Dependents *do not* have to be full-time students, *do not* have to be IRS dependents, and *do not* have to be single or living in the parent's household. ***To add a dependent child, you must complete an enrollment form by November 30.***

Open Enrollment Meetings – Make an Informed Choice

1. Tuesday, November 1, 2011 – Burton-Morgan Lecture Hall
 - 7:30 to 8:30 a.m.
 - 10:00 to 11:00 a.m.
 - 2:00 to 3:00 p.m.
 - HR representatives will be available before and after all meetings to answer questions

Benefit Plan Reminders for 2012

1. Aetna Health Fund (HRA) Plan – Essentially, the plan includes an employer funded health reimbursement account (HRA) which pays your first dollar health care expenses. After the HRA, the plan is comprised of a PPO arrangement with a high deductible and 80/20 coinsurance for in-network claims. Any funds not used in the HRA roll over to the next plan year to help offset the deductible and potentially other health expenses. So, there is an incentive to use your funds carefully because unused funds are available for the next plan year. Additionally, preventive services are covered 100% by the plan – you do not have to use your HRA funds for preventive services. You should attend an open enrollment meeting to learn more about this option.
2. Aetna Choice POS II – The POS II plan is simply another name for a PPO plan. We've been offering a PPO medical plan since the mid 1990's. Please refer to the plan design changes for 2012 listed above. You can check whether your doctor is in-network by searching the physician directory available at our [HR web site](#).
3. Drug/Pharmacy Plan – The drug plan operates independently from the medical plans. The plan design for 2012 did not change. Please refer to the plan design changes section above. You can find a full list of drugs and the tier of each (1 is generic, 2 is preferred brand, and 3 is non-preferred brand) at our web site.
4. Dental PPO Plan – We are increasing the basic services benefit from 60% to 80% as well as increasing the annual benefit maximum to \$1,250 from \$1,000 to be more competitive to comparable employers. In addition, we are changing the

annual deductibles from \$50/\$100 for an individual/family to \$50/\$100/\$150 for individual/two members/family. Remember, orthodontia care is now a covered expense. The plan will pay 50% of services up to \$1,000 per person for child or adult orthodontia care. This is a lifetime maximum. Please visit our web site to review a list of in-network dentists. While you can receive care from any dentist under this plan, your benefits are greater if you use an in-network dentist. You can find a summary of the plan on our [open enrollment](#) web site.

5. Dental DMO Plan –Under the Dental DMO plan, you have to choose an in-network primary dentist who will manage your care. This plan also offers orthodontia care. You should visit our [HR web site](#) to review in-network Dental DMO dentists and to find a summary of benefits.
6. Voluntary Vision Plan - We offer faculty and staff a voluntary vision plan through VSP. VSP is a leading vision carrier with an excellent reputation. Their network of providers is extensive in the Licking County and Columbus metropolitan area. Faculty and staff enjoy competitive group premium rates that are paid with pre-tax dollars through payroll. Faculty and staff are responsible for the total premium. For a complete description of the VSP Plan B benefits, visit our [open enrollment](#) web site.
7. Aetna Navigator – Aetna Navigator is how you view and manage your medical, dental, pharmacy, flex spending claims and access health and wellness resources that Aetna offers. Simply visit [Aetna](#) on the web and follow the link to “Member Log In”.
8. Wellness Counts! –As you know, we sponsor many programs at Denison to help you lead a healthy lifestyle and we know many faculty and staff engage in programs on their own outside of Denison. Just a few reminders regarding wellness and the effective use of health care:
 - 24 Hour Nurse Line – Not feeling well and unsure if you need to go to the doctor? Call the toll-free nurse line to discuss your situation and get advice 1-888-318-2349
 - Choose Generic Drugs – Generic medications cost you only \$5.00. Talk with your physician regarding the availability of generic medications.
 - Health Risk Appraisals – We have offered faculty and staff a health risk appraisal the last few years and will be doing so again in February/March of 2012. This is a great way to measure key indicators of health and to receive suggestions and resources to improve your health status.
 - Fitness Assessments – Our Wellness Coordinator, Stephanie Agosta, conducts fitness assessments for faculty and staff a couple of times per year. Participate in an assessment and let it be a springboard for change!
 - Wellness Activities – We coordinate many fitness activities, programs, and information sessions. For the latest list of scheduled programs and events, please visit our [Wellness](#) web site.

Options for Part-time Employees

Part-time faculty and staff working the equivalent of at least 15 hours per week can participate in the healthcare, dental, and vision programs; however, they **must pay the total cost** of the program(s). Please consult with the Office of Human Resources regarding your eligibility to purchase this insurance and/or on how to enroll.

Finding Aetna and VSP Providers

You can search for in-network providers at our [Open Enrollment](#) web site.

How Do I Enroll?

If you want to change your medical, dental, or vision plan or if you want to add or drop a dependent, you must complete an enrollment form. All forms must be completed and turned in to the Office of Human Resources **by November 30.**

If you have any questions, please call the Office of Human Resources at ext. 6725 or 6299 or simply stop by our office on the 3rd floor of Doane. Thank you.