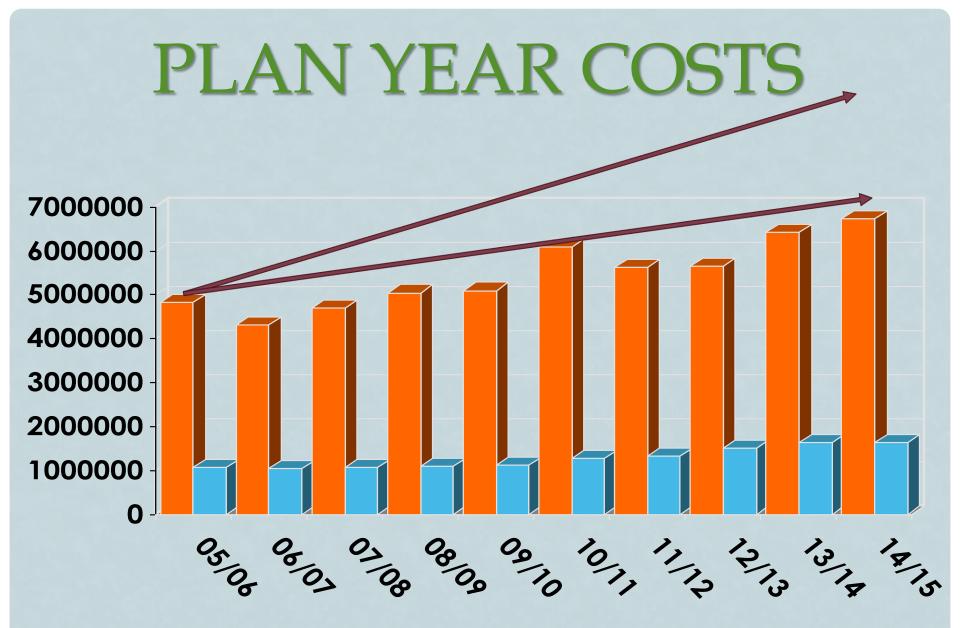
ANDREWS UNIVERSITY

EMPLOYEE BENEFITS
OPEN ENROLLMENT 2014



PLAN REPORT CARD

HOW ARE WE DOING???



Includes Medical, RX, Vision & Dental 2013/2014 & 2014/2015 estimated

PLAN YEAR COSTS PEPM



Includes Medical, RX, Vision & Dental 2013/2014 & 2014/2015 estimated

EMPLOYEE BENEFITS FOR 2014 AND BEYOND



FINANCIAL PRESSURES

- Trend on healthcare costs
 - Aging population
 - Cost shifting
 - Technology
- Affordable Care Act (ACA)
 - Estimated 2014/2015 Taxes/Fees
 - \$148,602

HOW DO WE ADDRESS THE ADDITIONAL FINANCIAL PRESSURES??

- Better plan management
 - Provider contracts
 - Discounts & access
 - Pharmacy plan management
 - Promote consumerism
 - Participant education & tools
 - Health Management (Wellness)
 - Appropriate cost containment



ANDREWS UNIVERSITY

2014/2015 HEALTH MANAGEMENT PROGRAM

THE GOAL

To be the healthiest campus in the US

Stay focused on our goals!!!

- Encourage employee participation
 - Engage the whole family
 - Modify health behavior of employee/family
- Impact healthcare costs
- Reduce absenteeism
- Improve work-related productivity (presenteeism)
- Measure outcome trends
- Measure ROI
- Be an active participant in your care

WELLNESS DISCOUNT ON EMPLOYEE CONTRIBUTIONS!!!

You will receive a 35% discount if you:

- 1. Are screened (if required)
 - Not all employees need to be screened!
- 2. Complete the alternate satisfaction activities
 - for those who don't meet the standard
- 3. Meet with a benefit counselor and make your enrollment selections



NOT EVERYONE WILL BE SCREENED

oWho doesn't need to be screened??

- Participated last year and met the standard
- •Who needs to be screened this year??
 - Did not participate in 2013
 - Participated last year but had:
 - A critical value
 - An actionable valueOr
 - 3 or more health risks



2013/2014 HEALTH MANAGEMENT

- Program Requirements
 - Your physician can complete the biometrics
 - Form required



Screening Criteria	Health Standard	Healih Risk	Actionable Value	Critical Value
Blood Pressure	< 140/90	≥ 140/90	≥ 160/100	≥ 180/105
HbA1c	< 6.0%	≥ 6.0 – 7.5%	≥ 7.5 – 8.9%	≥ 9.0
Triglyceride	< 150 mg/dl	≥150	≥300	<u>></u> 500
LDL	< 130 mg/dl	≥130	≥160	>190
ВМІ	< 30.0	≥ 30.0	≥ 35.0	≥ 40.0

MEETING THE STANDARD

- 1 2 health risks
- No action required
- Keep up the good work!!!



NOT MEETING THE STANDARD

- 3-5 health risks
- An actionable value
- A critical value



 Engage in the reasonable alternative

REASONABLE ALTERNATIVE

- Engage a Health Management Advisor
- Follow the plan of care which may include a visit with your physician
- Encourage effective access and engagement with healthcare providers
- Provide resources and education for healthy lifestyles
- Completely confidential no information is shared with Andrews

SCREENINGS



- Blood draw will be a venipuncture
 - Fasting
 - Initial encounter will be brief
 - 2nd encounter will be scheduled at that time
 - April 9th, 10th and 11
 - Follow-up appointment will be remainder of biometrics and lab results

SCREENING DATES

When:

March 26th, March 27th

Time:

• 6:30AM-11:00AM

Where:

Dining Services

Sign-ups:

Link and instructions will be available soon

A health professional will review your results with you!



2013 | 2014 BEME 7175

2013/2014 PLAN YEAR

MINIMAL PLAN CHANGES FOR 2014!!

- Only changes are ACA requirements:
 - Added a "True Maximum Out of Pocket"
 - ER co-pay \$250, then 100%
 - Removed the IP and OP surgical co-pay



\$550/\$1,100

80%

\$3,700/\$7,400

\$30

35% \$0-\$60

QHDHP

\$1,350/\$2,700

80%

\$3,150/\$6,300

Ded, 80/20

Ded, 80/20

NO CHANGES 10:						
Plan	Premier Plan	Standard Plan				

\$400/\$800

90%

\$2,850/\$5,700

\$20

25% \$0-\$60

Deductible

Co-Insurance

Co-Insurance Max

Office Visit Co-Pay

RX Co-pay

QHDHP/HSA

- Employee must be enrolled in a QHDHP
 - Family deductible
 - One deductible covers all members of a family and must be met before the plan pays
 - All services must apply to annual deductible prior to insurance payments
 - Exception: preventive benefits paid at 100%
- Maximum contribution for 2014 plan year
 - \$3,300/\$6,550

HSA 454

- Can be interest bearing
 - Left-over HSA funds roll over from year to year
 - Learn more at: <u>www.treas.gov</u>
- Andrews HSA Bank contributions/month:
 - Employee Only: \$45
 - Employee + 1: \$90
 - Employee + 2 or more: \$90
 - Reminder FSA participation is on a "post deductible" basis only

2013/2014 EMPLOYEE CONTRIBUTIONS



2014/2015 EMPLOYEE CONTRIBUTIONS*

Employee contribution	Premier	Standard	QHDHP
Employee Only	\$96	\$67	\$50
	\$147	\$103	\$77
Employee Plus One	\$143	\$102	\$91
	\$218	\$155	\$140
Employee Plus Two or	\$190	\$135	\$91
More	\$292	\$208	\$140

Represents a 5% increase

The Bolded number indicates wellness requirements have been met

*(Bi-Weekly) Based on 24 deductions

2014/2015 OPT-OUT BENEFIT

- Opt-Out Payment
 - \$87.50 Per Pay (24 pays)
- You must enroll as an opt-out to receive the opt-out payment



DENTAL AND VISION (OPTIONAL)

- Combined Benefit
- No change to current benefit/coverage levels
- Requires a 2 year enrollment
 - Contribution per pay
 - Single \$5
 - 2 Person \$10
 - Family \$15





DENTAL & VISION BENEFITS

- Dental Benefit
 - 100%/75%/75%/50%
 - \$1,000/\$1,760 max benefit
- Vision
 - \$15 Co-pay for routine exams
 - 100% \$250/participant/plan year





GLOBAL HEALTHCARE



- Coverage coordinated through ACM (Akeso Care Management)
 - Hows
 - All services must be coordinated and preapproved (call precert # on ID Card)
 - >Must be a JCI (Joint Commission International) accredited facility
 - >Must be deemed "cost-effective" by ACM
 - >ACM can also coordinate emergency services for immediate care outside the US

GLOBAL HEALTHCARE

- What do I need to know?
 - Initial Diagnosis should be provided by an in-network provider here in the states



- Must be a good candidate for travel
- Typically non-emergent care
- Follow-up care should also be provided by an in-network provider here in the states
- Services must meet the cost effective threshold
- \$7,000 payment to employee (taxable)



FLEXIBLE SPENDING ACCOUNTS

7/1/2014

FLEXIBLE SPENDING ACCOUNT (FSA)

- Voluntary Pre-tax deduction
 - Healthcare Reimbursement
 - \$2,500 maximum
 - Daycare Reimbursement
 - \$5,000 maximum
- ASR Administered
 - MBI Debit Card (non QHDHP participants)
- Determine your plan year contributions
- FSA Contributions are payroll deducted
- IRS requires a proof of expense
- "Post Deductible" medical expenses for HSA participants



FSA IRS REGULATIONS

- OTCs only reimbursable with a prescription
- Participant Elections
 - No change until next open enrollment or change in status
- "Use-it-or-lose-it" rule
- Careful planning review prior & expected expenses
- Health Care FSA advance reimbursement
- Dependent Care FSA no advance reimbursement
 - > You must re-enroll every year

LIFE AND DISABILITY

- AU paid coverage:
 - Life
 - Employee \$100,000 or \$50,000
 - Spouse \$50,000 or \$2,000
 - · Dependents \$10,000/\$5,000/\$2,000
 - Long Term Disability
 - 66 2/3% \$6,000
 - 90 Day elimination period



THE HARTFORD

- Voluntary Supplemental Life Ins
- Employee
 - \$10K Increments to \$750,000 not to exceed 7 X annual income
- Spouse
 - \$5K Increments to \$250,000 not to exceed 100% of employee election
 - Dependent Children
 - \$5,000 increments not to exceed \$25,000

THE HARTFORD

- Supplemental Life Guarantee Issue
 - Employee Guarantee Issue:
 - •\$250,000 (or 3X earnings) for all employees
 - If you currently have elected at least \$10K in coverage, you will not be subject to evidence of insurability for additional coverage \$150,000
 - Additional coverage on your Spouse:
 - Medical Underwriting Required

THE HARTFORD

- Value-added services
 - Travel Assistance
 - Identity Theft
 - Ability Assist
 - Estate Guidance
 - Life Conversations
 - Brochures available!!!



Voluntary Disability Voluntary Critical Illness Voluntary Accident Plan

ADDITIONAL BENEFITS

DISABILITY INSURANCE

- Why do you need it?
 - Insurance for your paycheck!!!

Provides the money you need to maintain your home and your lifestyle

- Mortgage
- Medical expenses
- Child care
- Credit card bills



VOLUNTARY DISABILITY

- You design the benefit:
 - You can choose:
 - A monthly benefit between \$400 and \$5,000
 - The waiting period before benefits begin
 - Duration of benefits
 - Your benefit counselor will help you calculate premiums/quotes



VOLUNTARY CRITICAL ILLNESS



- What is covered?
- Examples of critical illnesses covered under the base plan:
 - Heart attack, blindness, major organ failure, endstage renal (kidney) failure, coronary bypass, benign brain tumor, stroke, coma, permanent paralysis, cancer & carcinoma
- This benefit can pay \$50 per calendar year per insured individual for covered health screening tests, including:
 - Blood tests, stress tests, colonoscopies, mammograms & chest X-rays
- A full list of covered tests will be provided in your certificate

CRITICAL ILLNESS RATES:

Sample Rates for a 40 year old w/ \$5,000 benefit

\$1.90 per week

VOLUNTARY UNUM ACCIDENT PLAN

- Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including surgery
 - X-rays
 - Emergency room care (including related surgery)
 - Wellness benefit pays \$50 per insured per calendar year
 - You can also purchase a Sickness Hospital Confinement rider

ACCIDENT PLAN RATES:

Weekly Rates			
Plan	Employee	Spouse	Child
Accident	\$4.10	\$2.66	\$3.30
Sickness Rider	\$.48 /\$100		

NEW BENEFIT AVAILABLE Whole Life



WHOLE LIFE

Term life is for "if" you die Whole life is for "when" you die

- Level premiums and death benefit
- Coverage is individually owned
- Living benefit
- Cash value at 4.5%

WHOLE LIFE INSURANCE

- Long Term Care
 - Access 100% of the death benefit for Long Term Care needs (Paid out 16-25 months)
 - Optional Riders
 - Continuation Rider
 - Double the LTC duration 32-50 months
 - Restoration Rider
 - Restores the death benefit if exhausted due to LTC

SAMPLE RATES FOR "PAID-UP AT 70" (\$6 Of Weekly Premium)

Issue Age	Face Amount	Cash Value at age 65
25	\$35,821	\$14,098
35	\$23,301	\$8,249
45	\$13,898	\$3,969



OPEN ENROLLMENT

MADE POSSIBLE BY:

BENEFIT TECHNOLOGIES

IN COOPERATION WITH **bswift**

OPEN ENROLLMENT

- Opens
 - April 1st
- Closes
 - April 16th



SIMPLE STEPS TO ENROLLING

- Benefit Counselors
 - One-on-one assistance provided by BenTec
- Schedule a time to meet with a benefits counselor during Open Enrollment
 - Appointment times will be made available
 - Review benefit options
 - Make your selections
 - Update all personal information



OPEN ENROLLMENT DEADLINE

- Open Enrollment Process will be finalized April 16th at 5:00PM
- No changes after that date will be accepted



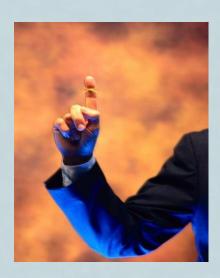
BENEFIT STATEMENTS

- Confirmation statements will be Provided
 - Review your confirmation statements and contact HR within 24 hours should you need a correction to your enrollment!!!



REMINDERS

- All participants have 30 days after a qualifying event to make changes to your enrollment status
 - Birth
 - Adoption
 - Marriage
 - Divorce
 - Change/loss of other coverage
 - etc. (See SPD & Amendments)



REMINDERS



- A covered person must call Physician's Care Health Management (# on the front of the ID card) before/for the following services:
 - Hospital admission
 - Therapies
 - Physical, Occupational, Speech, Chemotherapy, & Radiation
 - Rental or purchase of Durable Medical Equipment
 - Home Health Care
 - Purchase of a custom-made orthotic or prosthetic
- When in doubt make the call!!!

QUESTIONS???



Coldbrook Insurance Group provides a broad spectrum of Insurance and Risk Management services with a focus in Group Life & Employee Benefits and Commercial Property & Casualty Insurance. Our agents and counselors serve commercial, public sector and personal clients.

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