



# Open Enrollment Guide 2018 Plan Year

Election Period: Now through November 17th  
Effective Date of Coverage: January 1, 2018

Open enrollment is the time of year that you can make changes to your benefits, such as changing plans, dropping coverage, enrolling in coverage or adding and deleting dependents. All changes made during the open enrollment election period become effective on January 1, 2018.

Please review your benefit options carefully and attend one of the following sessions to make informed decisions about your health coverage.

## Open Enrollment Meetings

**Date:** November 9, 2017  
**Time:** 1:00 p.m.  
**Location:** Flohr Lecture Hall  
(Library 204)

**Date:** November 14, 2017  
**Time:** 9:00 a.m.  
**Location:** Morris University  
Center (Room 215)

**1:1 Assistance with HORAN & Anthem**  
November 9, 2017 2:30 p.m. – 5:00 p.m.  
November 14, 2017 10:30 a.m. – 12:00 p.m.  
To schedule, call or email Megan Ketter at ext. 3167 or  
[mketter@shawnee.edu](mailto:mketter@shawnee.edu)

## What's New for 2018?

- eBenefits Enrollment System: BearTrax
- Shawnee State University Health Savings Account contribution increase
- Employee contribution increases
- IRS maximums have increased for Flexible Spending Account, Limited Flexible Spending Account and Health Savings Account
- Move to Anthem's Essential Formulary
- New advocacy services provided by HORAN Engagement Team

## What Action is Required?

Action	Steps Required
Enrolling in Coverage for the First Time	Submit Elections in BearTrax: <a href="#">Make Benefit Elections Job Aid</a>
Changing Plans or Covered Dependents	Submit Elections in BearTrax: <a href="#">Make Benefit Elections Job Aid</a>
Waive Coverage – REQUIRED Annually to Receive Waiver Payment	Submit Elections in BearTrax: <a href="#">Make Benefit Elections Job Aid</a> & Upload Proof of Other Coverage in BearTrax: <a href="#">Upload A Document Job Aid</a>
Enrolling in a Flexible Spending Account (FSA) – REQUIRED Annually	Submit Elections in BearTrax: <a href="#">Make Benefit Elections Job Aid</a>
Enrolled and Not Making Changes	No Action Required. We do recommend you view your current enrollments (including dependents and beneficiaries) to ensure they are accurate: <a href="#">View Current Enrollment Job Aid</a>
Add or Update Beneficiaries for Life Insurance Purposes	Submit Beneficiary Designations in BearTrax: <a href="#">Update or Add Beneficiary Job Aid</a>



## MEDICAL INSURANCE | ANTHEM

Shawnee State University offers employees, legally married spouses and dependent children to the age of 26 the choice between two medical plans: a traditional Preferred Provider Organization (PPO) and a High Deductible Health Plan that is supplemented by a Health Savings Account (HSA). The chart below illustrates a brief summary of in-network benefits. There are no changes to the PPO or HDHP plan designs. There are contribution changes for both plans.

The chart below illustrates a brief summary of in-network benefits.

Benefits	PPO Plan	HDHP
<b>Preventive Care Services</b>	Covered in full	Covered in full
<b>Deductible</b>	\$1,000 per person \$2,000 max per family	\$3,000 per person \$6,000 max per family
<b>Coinsurance after Deductible</b>	You Pay: 20% Plan Pays: 80%	You Pay: 10% Plan Pays: 90%
<b>Out-of-Pocket Annual Maximum</b>	\$3,000 per person \$6,000 max per family	\$6,350 per person \$12,700 max per family
<b>Office Visits</b>	Deductible, then 20%	Deductible, then 10%
<b>Hospital &amp; Physician Charges</b>	Deductible, then 20%	Deductible, then 10%
<b>Emergency Room</b>	\$75 copay	Deductible, then \$75 copay
<b>* Urgent Care</b>	Deductible, then 20%	Deductible, then 10%
<b>Prescription Drug Coverage</b>		
<b>Preventive Medications</b>	See below for copays	Covered in full
<b>Retail (30 Day Supply) Mail Order (90 Day Supply)</b>	\$10/\$35/\$60/25% max \$250 \$20/\$70/\$120/25% max \$250	Deductible, then \$10/\$35/\$60/25% Deductible, then \$20/\$70/\$120/25%

## Health Care Employee Contributions (For Medical, Rx, Dental and Vision)

Faculty (9-Month, 18 pays)					Waiver	Waiver
	PPO (Per Pay)	PPO (Annual)	HDHP (Per Pay)	HDHP (Annual)	(9-Month)	(12-Month)
Single	\$73.00	\$1,314.00	\$14.00	\$252.00	\$200	\$150
Employee + 1	\$146.00	\$2,628.00	\$28.00	\$504.00	\$266.66	\$200
Family	\$256.00	\$4,608.00	\$50.00	\$900.00	\$333.33	\$250

Support Staff (12-Month, 24 pays)					Waiver
	PPO (Per Pay)	PPO (Annual)	HDHP (Per Pay)	HDHP (Annual)	Monthly
Single	\$54.75	\$1,314.00	\$10.50	\$252.00	\$100
Employee + 1	\$109.50	\$2,628.00	\$21.00	\$504.00	\$150
Family	\$192.00	\$4,608.00	\$37.50	\$900.00	\$200

Admin/Security (12-Month, 24 pays)					Waiver
	PPO (Per Pay)	PPO (Annual)	HDHP (Per Pay)	HDHP (Annual)	Monthly
Single	\$54.75	\$1,314.00	\$10.50	\$252.00	\$100
Employee + 1	\$109.50	\$2,628.00	\$21.00	\$504.00	\$150
Family	\$192.00	\$4,608.00	\$37.50	\$900.00	\$200

## Dental & Vision Plans

No plan changes! Those enrolled in a medical plan will automatically be enrolled in dental and vision.

### DENTAL | ANTHEM



	In-Network
Annual Maximum	\$1,000
Deductible	\$50 Single; \$150 Family
Preventive	Covered in full
Basic Services	Deductible, then 20%
Major Services	Deductible, then 50%
Orthodontia	40% to a lifetime maximum of \$1,000

*\*Your Anthem ID card covers Medical, Rx and Dental benefits*

### VISION | Vision Service Plan



Benefit	In-Network
Exam	\$10 copay
Standard Plastic Lenses	\$25 copay
Lens Option	Additional Copays & Discounts Apply
Frame Allowance	\$120 allowance + 20% off additional balance
Contact Lens Allowance	\$120 allowance

*\*No vision ID card required, you can use your SSN*



Tax-advantage savings accounts allow you to save and pay for qualified expenses on a pre-tax basis. All of the tax-free savings accounts offered through Shawnee State are administered by Ameriflex. Below is a brief summary of the accounts available to you.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

### Health Care FSA

Compatible with the PPO plan and available to those that waive coverage, this plan allows you to pay for health, dental and vision care tax free. You can contribute up to \$2,650 per year. Funds do not rollover.

### LIMITED Health Care FSA

Compatible with the HDHP, this plan allows you to pay for only dental and vision care tax free. You can contribute up to \$2,650 per year. Funds do not rollover.

### Dependent Care FSA

Compatible with the PPO, HDHP and available to those that waive coverage, this plan allows you to be reimbursed for dependent care expenses tax free. You can contribute \$5,000 if single or married filing jointly (\$2500 if filing separately). Funds do not rollover.

**More Info on Dependent Care FSA (DCA):** When you choose to participate in a DCA, you will elect a total dollar amount to contribute to your account, funded in the form of pre-tax payroll deductions. Your election will be taken out of each paycheck incrementally over the course of the year. You will be reimbursed only for expenses that are covered by your current account balance. If you incur expenses that exceed your account balance, you will be reimbursed gradually as funds become available.

## HEALTH SAVINGS ACCOUNTS (HSA)

Compatible with the HDHP, an HSA is a medical savings account set up exclusively for you to help pay for qualified healthcare expenses on a tax-free basis. The Shawnee State HSA is through Ameriflex. The account is funded in two ways:

### Employer Contributions

#### Increased to:

Single: \$650

Employee + 1: \$1,200

Family: \$1,500

### Employee Contributions:

An amount that you specify is deducted from your paycheck pre-tax and placed into the account on your behalf. You can contribute as little or as much as you like as long as you do not exceed the IRS Maximum Annual Contributions.

- For 2018, the maximums increased to \$3,450 if you are enrolled as a Single and \$6,900 if you are enrolled as Employee + Spouse, Employee + Child(ren) or Family. The maximums are based on all contributions to the HSA (employer + employee).
- Anyone over age 55 can contribute an additional \$1,000 per year.
- Any unused funds remaining at the end of the year **ROLLOVER** into the next year, allowing you to save for future expenses.
- When you use your funds, **SAVE YOUR RECEIPTS!** You do not submit receipts for reimbursement. However, if you are audited by the IRS, they will require proof that you've used your funds on qualified expenses.

## ADDITIONAL BENEFITS AVAILABLE TO SHAWNEE STATE UNIVERSITY EMPLOYEES



**LIFE INSURANCE:** Shawnee State University provides employees a life and accidental death & dismemberment benefit at no cost to employees. For Administrative and Support Staff this benefit would pay your beneficiary a benefit of 2.5x your annual salary to a maximum of \$400,000 if you should pass away. The benefit for Faculty would pay your beneficiary a benefit of \$50,000. Open enrollment is a great time of year to update your beneficiary information.



**VOLUNTARY LIFE INSURANCE:** If you would like to purchase additional life insurance for yourself, or purchase coverage for your spouse and/or child(ren), you can do so through the Voluntary Life benefit. The cost of the coverage is based on your age and the amount of coverage selected. If you have declined coverage in the past and would like to enroll or increase coverage during open enrollment, you must submit your election in the BearTrax system. Those enrolling for the first time must complete an [Evidence of Insurability form](#). *\*Employee must be enrolled in voluntary life in order to elect dependent life coverage.*



**VOLUNTARY LONG TERM DISABILITY:** This benefit protects a portion of your income if you should be unable to work due to a disability. Through the Guardian, you can choose from four different plan options that protect 60% of your earnings up to a maximum benefit of \$6,000 per month. Cost for the benefit is based on your age, your income and the plan that you select.



**CRITICAL ILLNESS, ACCIDENT & WHOLE LIFE INSURANCE:** Shawnee State University offers employees access to individual & supplemental insurance policies through Humana. Please see the [Humana benefit outline](#) for more information. You must contact Humana directly in order to enroll in these benefits.

# Essential Drug List



## What is the Essential Drug List?

The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem's Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy choice while ensuring there are no gaps in care.

## How it works:

Formulary drugs are on different tiers depending on your cost-share. Generally, drugs on higher tiers have a higher cost-share.

## Why the Essential Drug List?

- Includes 60-65% of all prescription medications
- Offers a variety of brand and generic medication choices
- Excludes drugs that have lower-cost formulary alternatives, or over-the-counter (OTC) alternatives (such as nasal steroids, PPIs)
- Includes drugs that don't have OTC or lower-cost formulary alternatives
- Maintains clinical integrity without compromising quality and safety
- Was developed and is reviewed regularly through the Pharmacy and Therapeutic (P&T) process

## Do you have questions?

You can call the Member Services number on your Anthem ID card. They can also help you find out whether a drug is covered.



## Essential Drug List



### **Are all medications on the Essential Drug List?**

The Essential Drug List is a closed formulary/drug list. That means, sometimes, one or more of the medications you take may not be covered or you may have to pay more. But don't worry, you have other choices for your medication(s).

### **Where can I see the list of drugs?**

For the full list go to [https://fm.formularynavigator.com/FBO/143/Essential\\_4\\_Tier\\_ABCBS.pdf](https://fm.formularynavigator.com/FBO/143/Essential_4_Tier_ABCBS.pdf).

### **What to do if a medication is not on the Essential Drug List**

There may be times when a medication isn't on the Essential Drug List and your doctor thinks that another option is not right. The prescriber can request an exception review, which usually requires trying two other covered drugs first. Specialty drugs will be subject to a trial of the preferred drug on our list, if available, and subject to prior authorization. Prior authorization is when the plan reviews a drug first before it's covered. You or your doctor can call the number on your member ID card or visit the web address listed above and download the Prior Authorization form in our drug list search tool.

### **Want to learn more?**

Check out the Essential Drug List 4-Tier at:

<https://www11.anthem.com/pharmacyinformation/>. Select Essential Drug List to see which drugs are covered and at what tier level, as well as information on dosage/strength options and prior authorization or step therapy requirements. Drugs in higher tiers usually cost more. If the list doesn't include the drug(s) you take, there may be a brand alternative, a generic equivalent or OTC options.

**Talk to your doctor.** Only you and your doctor can decide what drugs are right for you. If a medication you're taking is not covered, talk to your doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for you.

# Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.<sup>1</sup> When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

## Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

## Child preventive care

### Preventive physical exams

#### Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Vision screening<sup>2</sup> when done as part of a preventive care visit

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

## Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>6</sup>
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)<sup>3,4</sup>
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening<sup>4</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV<sup>4</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

*This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.*

## Adult preventive care

### Preventive physical exams

#### Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

## A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

### Child preventive drugs and other pharmacy items — age appropriate

- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 0-12 months

### Adult preventive drugs and other pharmacy items — age appropriate

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

### Women’s preventive drugs and other pharmacy items — age appropriate

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides <sup>4, 5</sup>
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)<sup>7</sup>

<sup>1</sup> The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Customer Service number on your ID card.

<sup>2</sup> Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

<sup>3</sup> Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

<sup>4</sup> This benefit also applies to those younger than 19.

<sup>5</sup> A cost share may apply for other prescription contraceptives, based on your drug benefits.

<sup>6</sup> Check your medical policy for details.

<sup>7</sup> Requires prior authorization. Coverage begins October 1, 2014.

## HORAN'S ENGAGEMENT TEAM

In the event you have a claim or billing question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call our Engagement Team:

Phone: 844-694-6726

or

[engagement@horanassoc.com](mailto:engagement@horanassoc.com)

**What information is needed to ask questions, research claims or resolve billing issues?** Due to HIPAA regulations, you can only inquire about services for you or your dependents under age 18. **You need a HIPAA release form to receive information related to your spouse or overage dependents.** HORAN, providers and insurance companies will require this authorization in order to release information to you.

When calling the insurance company or medical provider, you will need your member ID number or social security number, date of birth, date of service and billed amount. If you are questioning a provider bill, never hesitate to ask for an itemized statement.

HORAN can also help. When contacting the HORAN Engagement Team, include the information above and any other important information related to your question. For example, prior history or steps you've take to resolve. If you have a prescription related question, please include the name of the medication, dosage and frequency.

### IMPORTANT PLAN RESOURCES & CONTACT INFORMATION

For more detailed plan information please visit the

[Shawnee State Human Resources Employee Benefits website](#)

or contact Human Resources

#### Open Enrollment Questions:

Megan Ketter

Coordinator, Human Resources

[mketter@shawnee.edu](mailto:mketter@shawnee.edu)

Phone: (740) 351-3167

Malonda Johnson

Director of Human Resources

Email: [mjohnson@shawnee.edu](mailto:mjohnson@shawnee.edu)

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#### Claims and Billing Questions:

HORAN Engagement Team

Phone: 844-694-6726

or

[engagement@horanassoc.com](mailto:engagement@horanassoc.com)