



OPEN ENROLLMENT FY2014

EMPLOYEE BENEFITS

Open Enrollment FY 2014
Effective July 1, 2013

Please read carefully so that you can make the choice that is most beneficial to you and your family.

Details

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In order to assist you with questions or anything you may need, Stonehill College’s Office of Human Resources is available throughout Open Enrollment.

Please call (508) 565-1105 to speak with someone or stop by the HR Office:

Monday - Thursday

from 7:30 am to 4:30 pm

Friday

from 7:30 am to 3:00 pm

Stonehill College values our faculty and staff members and recognizes that it is your dedication that makes our success possible. Each year, we engage in a detailed review of our employee benefits programs balancing costs while meeting the needs of you and your family. We continuously strive to offer our employees a competitive benefits package.

We are extremely excited to announce that there will be NO CHANGES to your current HEALTH, DENTAL AND VISION CONTRIBUTIONS for the upcoming plan year.

Health Insurance – NEW BENEFIT ENHANCEMENTS!

- Smoking Cessation prescriptions will be covered at no member cost share on both medical plans.
- Certain women’s preventive health services will be covered at no member cost share on both medical plans.
- Preventive/annual physicals with your primary care physician will be covered at no cost share on the HMO plan ONLY

Dental Insurance – There will be no changes to the Dental plan benefits or per paycheck cost!

Vision – There will be no change to the Vision plan or per paycheck cost!

Life / AD&D and Disability - Life/AD&D and Disability benefits will no longer be offered through Prudential. These benefits will now be offered through Lincoln Financial Group

- We will continue to provide this coverage at no cost to you!

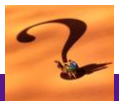
2013 Open Enrollment will be held from Friday May 31st – Friday June 21st

Please remember that Open Enrollment is the one time during the year that you can make changes to your Health, Dental, and Vision coverage without experiencing a Qualifying Event.

Changes can include:

- Enrolling in, changing or terminating your Health, Dental, and Vision coverage

EMPLOYEE BENEFIT RESOURCES



Benefit Specialists from Tufts Health Plan, Delta Dental, EyeMed, and Aflac will be available to answer any questions you may have about your benefits:

Clery Dinning Room - Wednesday June 12, 2013 10 am to 1 pm



HEALTH AND PHARMACY COVERAGE

You Choose Which Plan Best Suits Your Needs - Both the HMO and PPO use Tufts "Standard" Network.

- If you choose the **HMO**, each covered family member must elect a Primary Care Physician (PCP). Your PCP is responsible for coordinating all of your care. For example, if you need a specialist's care, hospitalization, an outpatient procedure, lab work or X-rays you must get a referral from your PCP. Benefits are provided for In-Network services performed by your PCP and services referred by your PCP. There is no coverage for Out-of-Network Services, except for emergencies. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.tuftshealthplan.com.
- If you choose the **PPO**, you do not need to select a Primary Care Physician to coordinate your care or receive referrals to see a specialist. This plan offers you both In-Network and Out-of-Network level of benefits.

	Tufts Health Plan PPO		Tufts Health Plan HMO
	In-Network <i>you pay...</i>	Out-of-Network <i>you pay...</i>	In-Network <i>you pay...</i>
<u>Calendar Year Deductible</u>			
Individual	None	\$250	None
Family	None	\$250 per member	None
<u>Out of Pocket Maximum</u>			
Individual	\$600 day surgery copay max/individual	\$2,250 per member	\$600 day surgery copay max/individual
Family	\$1,000 inpatient copay max/individual	\$5,000 per family	\$600 inpatient copay max/individual
Office Visits	\$25 copay	20% after ded.	\$15 copay
Preventive Routine Physicals	\$25 copay	20% after ded.	NEW! Covered in Full
Preventive Women's Health	NEW! Covered in Full	20% after ded.	NEW! Covered in Full
Emergency Room Visits	\$50 copay	\$50 copay	\$50 copay
Day Surgery	\$150 copay	20% after ded.	\$150 copay
Inpatient Hospital	\$250 copay	20% after ded.	\$150 copay
Prescription Drugs	NEW! Smoking Cessation RX - No Copay	N/A	NEW! Smoking Cessation RX - No Copay
Retail (30 day supply)			
<i>Generic</i>	\$10 copay		\$10 copay
<i>Preferred</i>	\$25 copay	N/A	\$25 copay
<i>Non-Preferred</i>	\$40 copay		\$40 copay
Mail (90 day supply)			
<i>Generic</i>	\$20 copay		\$20 copay
<i>Preferred</i>	\$65 copay	N/A	\$65 copay
<i>Non-Preferred</i>	\$100 copay		\$100 copay

* The above illustration is intended as a brief overview of benefits only. Contract provisions will prevail.

We are pleased to announce there will be no changes to the per paycheck cost for your medical coverage!

PPO Bi-Weekly Employee Contributions

Individual: \$75.71 / pay period
Family: \$196.84 / pay period

HMO Bi-Weekly Employee Contributions

Individual: \$68.83 / pay period
Family: \$178.95 / pay period



DENTAL COVERAGE

Our Dental coverage is offered through Delta Dental of Massachusetts. Delta Dental offers an extensive network of dentists both within and outside of Massachusetts. You are not required to use a dentist that is part of the network, however, when you do, you will be able to take advantage of negotiated provider discounts which will allow you to take full advantage of plan maximums.

Provider information can be found at www.deltadentalma.com

Dental Plan	
Calendar Year Deductible	\$25 per Individual / \$75 per Family
Calendar Year Maximum	\$1,200 per Participant
Preventive Services Exams, Cleanings, X-Rays	100 % Coverage (deductible waived)
Basic Services Fillings, Extractions, Surgery	80% Coverage after deductible
Major Services On-lays, Crowns, Prosthodontics	50% Coverage after deductible
Orthodontia Services (up to age 19) Orthodontia Lifetime Maximum	50% Coverage (deductible waived) \$1,000 per Participant

* The above illustration is intended as a brief overview of benefits only. Contract provisions will prevail.

We are pleased to announce there will be no changes to the per paycheck cost for your dental coverage!

<u>Bi-Weekly Employee Contributions:</u>	
Single	\$14.46 / pay period
Family	\$36.65 / pay period



EMPLOYEE ASSISTANCE PROGRAM

Stonehill College is committed to providing our community with valuable, quality resources – for both our work and for our lives. One important part of The College’s Work Life package is the Employee Assistance Program (EAP). We are pleased to announce that, *The Wellness Corporation* will continue to provide EAP services for Stonehill College. All staff, faculty and your household members are eligible for **free, confidential assistance** with almost any problem or challenge you face. Here is a sample of some of the resources available to you:

- Budget and Debt Assistance
- Personal Legal Advice
- New Parent Transition Program
- Personal Counseling

WELLNESS WORK/LIFE ... provides referrals, skilled guidance and research tools to help you and your family with important life events www.WellnessWorkLife.com All of these services are available to you and your household members simply by calling the toll free number **800-828-6025**. Licensed, trained counselors are available 24/7 to take your call.



VISION INSURANCE

The vision plan through EyeMed Vision Care saves you money on all of your eye care and eyewear needs. From glasses to cleaning supplies, members and their eligible dependents never have to pay full price. To see a list of participating providers near you, go to www.eyemedvisioncare.com and choose “SELECT” from the provider locator drop down box. You can also call 1-866-299-1358.

	EyeMed Vision Care	
	In-Network	Out-of-Network Reimbursement
Vision Exam (Once every 12 months)	\$10 copay	Up to \$50
Frames (Once every 24 months)	\$0 copay (\$130 allowance and 20% off balance)	Up to \$74
Lenses (Once every 12 months)	\$25 copay	Single - Up to \$42 Bifocal - Up to \$48 Trifocal - Up to \$130
Contact Lenses (Once every 12 months)	\$0 copay (\$130 allowance and 15% off balance)	Up to \$104

* The above illustration is intended as a brief overview of benefits only. Contract provisions will prevail.

* Additional fees may apply to lens options.

We are pleased to announce there will be no changes in the per paycheck cost for your vision insurance!

Bi-Weekly Employee Contributions:	
Single	\$2.76 / pay period
Family	\$7.04 / pay period

Additional EyeMed Benefits:

- **Eyeglasses** – 40% off the retail price when you purchase additional pairs of glasses (frames, lenses and lens options)
- **Frames** – 20% discount off of any remaining balance over the frame allowance*
- **Conventional Contact Lenses** 15% discount off of any remaining balance over conventional contact lens allowance
- **Non-covered Items** – 20% off retail price of vision care items purchased at provider locations, including non-prescription sunglasses, cleaning supplies and accessories**
- **Laser Vision Correction** – 15% off regular price or 5% off promotional price on laser vision correction performed at the U.S. Laser Vision Network providers. Call 1-877-5LASER6 or visit www.eyemedlasik.com for more details

* Frames, lenses or lens options purchased separately are 20% off retail price.

** Discount does not apply to doctor’s services or contact lenses.

For more information, please visit www.eyemedvisioncare.com and if you log in as a member, you can view benefits, see the next eligible date of service, locate a provider, download an out-of-network claim form (if applicable), order additional ID cards, and much more!

Contact: For questions about any of the information conveyed above, please contact Lisa Conroy in Human Resources at (508) 565-1336.

HIPAA Special Enrollment Period

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources department.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Patient Protection

Stonehill College's HMO plan offered through Tufts Health Plan generally requires the designation of a primary care provider and PPO plan generally does not require the designation of a primary care provider.

You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, list of the participating primary care providers or list of the participating health care professional who specialize in obstetrics or gynecology, contact Tufts Health Plan at (800) 462-0224 or visit www.tuftshealthplan.com.

Elimination of Lifetime Limits

The lifetime limit on the dollar value of benefits under Tufts Health Plan PPO and HMO no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. Enrollment will be effective July 1, 2013.

Medicaid and the Children’s Health Insurance Program (CHIP)

Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2013. You should contact your State for further information on eligibility

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid

<p>Website: http://www.azahcccs.gov/applicants</p> <p>Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437</p>	<p>Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268</p> <p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150</p>
<p>IDAHO – Medicaid and CHIP</p>	<p>MONTANA – Medicaid</p>
<p>Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588</p>	<p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084</p>
<p>INDIANA – Medicaid</p>	<p>NEBRASKA – Medicaid</p>
<p>Website: http://www.in.gov/fssa Phone: 1-800-889-9948</p>	<p>Website: http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx Phone: 1-877-255-3092</p>
<p>IOWA – Medicaid</p>	<p>NEVADA – Medicaid</p>
<p>Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>	<p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>
<p>KANSAS – Medicaid</p>	
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884</p>	
<p>KENTUCKY – Medicaid</p>	<p>NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p>Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-5218</p>
<p>LOUISIANA – Medicaid</p>	<p>NEW JERSEY – Medicaid and CHIP</p>
<p>Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561</p>
<p>MAINE – Medicaid</p>	<p>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-572-3839</p>	
<p>MASSACHUSETTS – Medicaid and CHIP</p>	
<p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p>	<p>NORTH CAROLINA – Medicaid and CHIP</p>
<p>Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629</p>	<p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p>MISSOURI – Medicaid</p>	<p>NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604</p>

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid www.dol.gov/ebsa www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Ext. 61565

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