



# Benefits Update for 2014 Officers

Fall 2013 Information Session



## Today's Discussion

- Benefits Open Enrollment
- What's New in 2014
- Medical Plan Costs



# Benefits Open Enrollment

- Open Enrollment runs from November 4<sup>th</sup> – November 22<sup>nd</sup>
- Exchange Notices mailed prior to October 1<sup>st</sup>
- Postcard mailed home
- Video postcard emailed October 24<sup>th</sup>
- Open Enrollment Guide posted online; mailed home  
<http://hr.columbia.edu/news/oe2014>
- Benefits Highlights posted online

[New Mobile Contact List  
https://cubenefitsenrollment.ehr.com/Ess/MobileWalletCard/mobile/index.html](https://cubenefitsenrollment.ehr.com/Ess/MobileWalletCard/mobile/index.html)



# Benefits Open Enrollment

- Benefit Expos & **free** Biometric Screenings
  - CUMC: November 7<sup>th</sup> and 13<sup>th</sup> , 11 am to 4 pm
  - Morningside: November 6<sup>th</sup> and 14<sup>th</sup> , 10 am to 3 pm
  - LDEO Benefits Forum: November 4<sup>th</sup> , 10 am to 1 pm
- Open Enrollment Informational Sessions
  - CUMC: October 17<sup>th</sup> , 9 to 10 am; 24<sup>th</sup> , 4 to 5 pm
  - Morningside: October 14<sup>th</sup> 10 to 11 am; 31<sup>st</sup> , 2 to 3 pm
  - LDEO: November 4<sup>th</sup> , 10 to 11 am
  - Studebaker: October 21<sup>st</sup> , 2 to 3 pm



## What's New in 2014?

- Regulatory changes
  - Health Savings Account contribution increases to \$3,300 for individuals and \$6,550 for families. *Remember* : your account balance rolls over\*
- ACA required changes
  - Every medical plan must have an annual out-of-pocket maximum for in-network services
  - Certain *Essential Health Benefits* must be covered without annual or lifetime dollar limits
- \* FSA account balances do *not* roll-over
  - Health Care and Dependent Care claims for 2013 must be submitted by March 31, 2014, otherwise you will forfeit your account balance



## What's New in 2014?

- Other changes
  - Cigna's provider network is now national (replaces the tri-state network)
  - Vision benefits under Cigna are now administered by Cigna Vision (replaces VSP)
  - The out-of-network reimbursement basis is reduced from 200% to 190% of Medicare MAC
  - The out-of-network reimbursement for outpatient Mental Health/Substance Abuse services is increased from 60% to 70% of the reimbursement basis
  - The Child Care Benefit is increased from \$1,000 to \$1,500 per year



## New in-network OOP Maximum for POS 100

- All medical plans currently include an in-network OOP maximum, *except* the POS 100 plans
- The ACA requires an in-network out-of-pocket maximum on all medical plans in 2014, and to which
  - Medical copays accumulate in 2014
  - Rx copays additionally accumulate in 2015
- The in-network OOP maximum is \$3,000 single/\$6,000 family for the POS 100 plans (by law it can be as much as \$6,350 single/\$12,700 family)
- The out-of-network OOP maximum remains at \$3,500 single/\$7,000 family for the POS 100 plans



## New Infertility and Pediatric Vision Benefits

- Under the ACA certain benefits are Essential Health Benefits, on which annual and lifetime dollar limits cannot apply
- Infertility benefits
  - Basic infertility services are covered without limit
  - Associated prescription drugs are covered without limit
  - Advanced reproductive treatments (IVF, GIFT, ZIFT) are covered up to a lifetime maximum of \$30,000
- Pediatric (< age 19) vision benefits vary by health plan/vendor
  - One routine eye exam every 12 months, with coinsurance or copays
  - Eyeglasses, frames or CLs vary, but one pair per year in general



# New out-of-network (OON) Reimbursements

- OON Basis
  - Current basis for OON reimbursement is 200% of Medicare MAC
  - New basis for OON reimbursement is 190% of Medicare MAC
- OON Reimbursement for Mental Health/Substance Abuse (MH/SA) services
  - Current OON reimbursement for all services is 60% of 200% of Medicare MAC
  - New OON reimbursement for outpatient MH/SA services is 70% of 190% of Medicare MAC
  - Includes out-patient programs and out-patient counseling



## Medical Plan Costs

- Medical plan contributions will increase in 2014 as a result of claims experience and overall health care trend
- Tiered contribution structure unchanged
  - Less than \$45,000
  - \$45,000 to \$78,999
  - \$80,000 to \$134,999
  - \$135,000 to \$174,999
  - \$175,000 to \$224,999
  - \$225,000 and above



# Monthly Contributions

Example: Single coverage, salary of \$40,000

Health Plan	2013	2014	Increase
Aetna HDHP	\$3	\$3	n/a
All POS 80	\$14	\$15	\$1
Aetna POS 90	\$18	\$20	\$2
Cigna POS 90	\$32	\$34	\$2
UHC POS 90	\$57	\$60	\$3
Cigna POS 100	\$65	\$73	\$8
UHC POS 100	\$108	\$120	\$12



# Monthly Contributions

Example: Yourself + spouse/SSDP, salary \$70,000

Health Plan	2013	2014	Increase
Aetna HDHP	\$89	\$94	\$5
All POS 80	\$171	\$179	\$8
Aetna POS 90	\$206	\$231	\$25
Cigna POS 90	\$327	\$350	\$23
UHC POS 90	\$414	\$435	\$21
Cigna POS 100	\$445	\$494	\$49
UHC POS 100	\$599	\$665	\$66



# Monthly Contributions

Example: Family, salary \$90,000

Health Plan	2013	2014	Increase
Aetna HDHP	\$121	\$127	\$6
All POS 80	\$254	\$265	\$11
Aetna POS 90	\$309	\$346	\$37
Cigna POS 90	\$533	\$571	\$38
UHC POS 90	\$680	\$714	\$34
Cigna POS 100	\$731	\$811	\$80
UHC POS 100	\$967	\$1074	\$107



# Monthly Contributions

Example: Family, salary \$150,000

Health Plan	2013	2014	Increase
Aetna HDHP	\$127	\$133	\$6
All POS 80	\$266	\$278	\$12
Aetna POS 90	\$325	\$364	\$39
Cigna POS 90	\$543	\$581	\$38
UHC POS 90	\$714	\$750	\$36
Cigna POS 100	\$768	\$852	\$84
UHC POS 100	\$1016	\$1127	\$111



# Appendix



## HSA versus Health Care FSA

- The health care FSA limit is \$2,500 annually for 2014
  - Use it or lose-it approach; cannot invest funds
- The HSA is limited to \$3,300/\$6,550 subject to change by the IRS annually
  - Can roll over funds; account is portable; can invest funds
- Cannot participate in *both* HSA and FSA
- If enrolled in HDHP, can participate in HSA *or* FSA
- If enrolled in a POS plan, can *only* participate in FSA
- If over age 65, and in the HDHP, can *only* elect the FSA
  - Can use HSA account to pay for qualified medical expenses, but can no longer make contributions to the account