



Benefits Open Enrollment

November 2–13, 2020

COLGATE UNIVERSITY

Human Resources Department



Open Enrollment will be held November 2–13.

This is your opportunity to make changes to benefit plans and annual flexible spending account elections. These changes become effective **January 1, 2021**.

2021 UPDATES — A QUICK LOOK

- Health insurance premium increase of 2.5%
- Modest health insurance plan changes increase annual out-of-pocket maximum by \$25 for a single and \$50 a for family
- \$0 (no copay) telemedicine for acute medical treatment. Telemedicine physicians provided by MDLive; be sure to register on [ExcellusBCBS.com](https://www.excellusbcbs.com)
- Dental and Vision premiums and coverage remain the same
- Health FSA maximum \$2,750
- Health FSA has added over-the-counter products and menstrual products eligible for reimbursement
- CU Well program completers will receive \$300 in a flexible spending account to use for health care expenses
- Wellness and Benefits Fair has been canceled for this year

Online Benefits System

For 2021, changes to benefit elections must be made by logging into the Colgate portal at portal.colgate.edu and selecting the **2021 Online Open Enrollment** link. **You must complete the flex enrollment for 2021 in order to participate.** Step-by-step instructions can be found [here](#).

Colgate employees will utilize the online platform provided through our benefit consultants, Relph Benefit Advisors/Alera Group. The platform utilizes your Colgate email and network password and provides easy access for benefit-related information and resources, including:

- Open Enrollment Elections:
 - Change the benefits you enroll in
 - Add or delete dependents from your benefits
 - Flexible spending — health & dependent care (reelection required)
 - Enroll in or make updates to optional and/or dependent life insurance (spouse, children, and stepchildren)
- 24/7 access
- Benefit resources — contact information, websites, and phone numbers for benefit service providers
- A Reference Center, with plan summaries and compliance documentation
- Many self-service items:
 - Current and historical benefit summaries and deductions
 - Ability to change life insurance beneficiaries
 - Ability to submit qualifying event changes such as marriage/divorce, birth, loss/gain of coverage, etc.

2021 Guardian/VSP Vision Plan

- No premium or coverage changes.

A voluntary vision benefit provided through Guardian, utilizing the Vision Service Plan (VSP) network, can be elected to cover you and your eligible family members including dependents to age 26. The plan provides you with access to affordable, quality vision care coverage by allowing you to receive a routine eye examination and, if needed, glasses or contact lenses, up to the plan limits.

You can choose to receive care from a VSP participating provider (in-network) or from any doctor of your choosing (out-of-network). You get the best value from your benefit when you visit an in-network provider.

Employees newly enrolling in the plan will receive an ID card prior to January 1. In-network providers may also verify plan coverage levels by contacting Guardian under the group number 00531647.

2021 Health Plan

A modest increase to the out-of-pocket maximum will be applied for 2021 as a way to address cost of living increases for health insurance. Health and prescription drug premiums will increase 2.5% in 2021. Single premiums will increase to \$32.28 per month, with the University continuing to pay 95% of the total single premium. For those electing dependent coverage, the 2021 contributions calculator is available on the Reference Center of the benefits system.

MEDICAL

- MDLive Telemedicine available at \$0 copay (no cost) for acute medical treatment. Register and use the service anytime at ExcellusBCBS.com/Telemedicine or call 866-692-5045. This telemedicine service does not apply to telehealth visits with your own local doctors. Telehealth visits will be processed as office visits under the health plan and members will be subject to the applicable copay or coinsurance cost share.
- The single annual out-of-pocket limit for in-network services is increasing by \$25 to \$1,400. If a member reaches the limit, Excellus will then pay all in-network claims with no member share.
- The family plan limit will increase \$50, so the annual out-of-pocket maximum is \$2,800. In addition, an embedded maximum means that each individual member of a family plan will also be capped and cannot exceed \$1,400 toward the family maximum.
- Excellus will continue to administer the plan.
- Under the plan, for most in-network services, members will pay 20% of the medical expense and the health plan will pay 80%.
- Maternity Services: physician, lab, and radiology services will be covered at no member cost. Maternity hospitalizations will be charged 20% to a maximum of \$600.
- Preventative services under the Affordable Care Act will be covered in full by the plan.
- The out-of-network deductible and coinsurance remain at \$750/single, \$2,250 family, 30%.
- A complete benefit summary is available in the Reference Center of the benefits system.
- Diabetic medications and supplies will continue to be covered through OptumRx. OptumRx will process the claims based on their formulary and members are responsible for the applicable copay. Please check the OptumRx list for your medications and supplies to determine coverage and any preferred alternatives. In addition, OptumRx will mail communication to impacted members regarding formulary changes. Members currently using a OneTouch meter will receive a Contour meter in the mail along with new testing strips. Contact OptumRx with questions on coverage.

PRESCRIPTION DRUGS

- OptumRx remains the prescription drug vendor.
- Copay structure remains the same:
 - \$10/\$30/\$50 at retail per 30-day supply
 - \$20/\$60/\$100 at mail order per 90-day supply
- OptumRx ID card remains the same.

Prescription Formulary Those impacted by annual formulary changes, including prior authorizations, step therapy, quantity limits, drug exclusions, and specialty pharmacy, will receive communications directly from OptumRx by mail in mid-November. Participants should respond to all correspondence immediately to avoid any coverage disruption.

Formulary and drug copay information can be found in the Reference Center of the **Online Benefits System** located in the Colgate portal or at www.optumrx.com (where you will be required to create a login to manage your account) or by calling OptumRx at 855-227-8568.

2021 Dental Plan

- Delta Dental continues as the dental plan administrator with no coverage changes.
- Colgate continues to pay the full premium for single coverage.
- Ability for reimbursement for nonparticipating dentists continues.

2021 Flexible Spending Account

- Lifetime Benefit Solutions (LBS) continues as the plan administrator. Reenrolling participants will continue to use their existing debit cards.
- Annual (re)election required via benefits system.
- Effective January 1, 2020, the IRS has added over-the-counter items as eligible expenses such as pain relief medications, cold and flu products, allergy products, and menstrual products. Please refer to the Lifetime Benefit Solutions list of eligible expenses for more information.
- Elect up to \$2,750 tax-free dollar deductions to pay for eligible expenses.*
- Elect up to \$2,500 or \$5,000, depending on filing status, for tax-free dollar deductions to pay for qualifying daycare for dependent children under age 13.
- Use the Lifetime Benefit Solutions debit card, where accepted, to eliminate waiting for reimbursement.

**Eligible expenses include medical plan out-of-pocket costs, prescription drug copays, unreimbursed vision and dental care expenses, and over-the-counter items.*



The money reserved for these expenses is exempt from federal, state, and Social Security taxes.

New enrollees in the plan will receive two new health spending debit cards prior to January 1. Once you receive the debit cards, you may set up an online account, as well as download LBS's mobile app, available on both iTunes and Google Play.

Most debit card purchases can be substantiated or validated through the card transaction, but you may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations. LBS is affiliated with Excellus and will receive health plan claims data to help reduce the number of purchases requiring validation.

Lifetime's customer service hours are:

Monday–Thursday: 8 a.m.–5 p.m.

Friday: 9 a.m.–5 p.m.

Toll Free: 800-327-7130

Email: LBS.CustomerService@LifetimeBenefitSolutions.com

Website: LifetimeBenefitSolutions.com

REMINDER FOR 2019 FSA PARTICIPANTS:

All of 2020 was considered a grace period for the 2019 funds. Those claims are due by December 31, 2020. Claims for health care services or purchases should be submitted to Lifetime by December 31, 2020.

REMINDER FOR 2020 FSA PARTICIPANTS:

In the event that you do not use all your FSA funds, you have a grace period of 2.5 months (to March 15) following the 2020 plan year to incur expenses.

If you wish to continue your contributions to a **FLEXIBLE SPENDING ACCOUNT**, you must use the online system to reenroll, even if you currently participate in 2020.

CU Well Incentive

In our commitment to wellness and preventative health care each year, the CU Well program provides benefit-eligible employees the opportunity to earn 300 wellness points, an increase of 100 points, between December 1 and November 30. Program completers will receive \$300 deposited into a flexible spending account on January 1. The spending account is not taxed, may be used for health care expenses of the employee plus any tax dependents. Employees will have until March 15, 2022, to use their \$300 credit.

Participants must complete a Member Health Assessment (through connect.SimplyWell.com), a biometric screening, and preventative care services to earn 150 points, then the remainder of the points can be earned by additional activities such as online and wellness activities. All points must be logged into the online system no later than November 30 in order to receive the incentive. **Information will not be accepted after the deadline.**

For complete details, see the CU Well flyer in the benefits system or log into the site listed above.

Relph Benefit Advisors (RBA)/Alera Group

Save time and effort by allowing Relph Benefit Advisors to assist you with medical, prescription, dental, vision, and flexible spending plan questions. **This is a confidential service.**

RBA is available:

Monday–Friday: 8 a.m.–4:30 p.m.

Phone: 800-836-0026, ext. 7268

Services include:

- Assistance navigating the online benefits system
- Help understanding and navigating your health care plan
- Ordering replacement plan ID cards
- Locating providers and specialists
- Estimating out-of-pocket costs and plan coverage
- Assisting with provider billing and insurance claims
- Facilitating approvals and prior authorizations for services, as required
- Support with out-of-area services
- Any other related health care topic

Aflac Cancer Care® Protection Plan

According to the American Cancer Society, approximately 65% of cancer-related expenses are not covered by regular health insurance, including the primary caregiver's loss of income. You can protect yourself, your family, and your assets from the cost of cancer with a specified disease insurance policy with benefits such as first occurrence, hospital confinement, medical imaging, radiation/chemotherapy, cancer wellness screenings, etc. Payments you receive from this policy can be used toward medical bills, household expenses, etc.; they are in addition to your health plan.

Remember to submit for your wellness screening reimbursement of \$75 per year if you are already enrolled. If you are interested or have questions regarding this product, please contact Relph Benefit Advisors at 800-836-0026, ext. 7268.

Other Benefit Programs

Colgate continues to offer employees additional benefits, including:

- Employee Assistance Program (EAP)
- Voluntary retirement plan contributions (these can be adjusted at any time throughout the year with the completion of a Salary Reduction Agreement, found in the Reference Center on the benefits system)
- Education and development benefits



HEALTH CARE REFORM (AFFORDABLE CARE ACT [ACA])

- 2020 federal tax returns require information related to health insurance.
- Form 1095-C will be posted to the benefits system in January 2021.

Under the Health Care Reform Act, 2020 federal tax returns are required to provide specific information to demonstrate satisfaction of health insurance under the ACA obligation.

Colgate is required to provide the IRS with Social Security numbers of each employee and dependent covered under Colgate's health and prescription plan. While you are reviewing your Open Enrollment information, please verify and/or provide your dependents' Social Security numbers in the secure online benefits system.

By January 31, in addition to a W-2, covered employees will be able to print the Form 1095-C (Employer-Provided Health Insurance Offer and Coverage) from the benefits system. Information in Part III of this form will be needed to prepare your 2020 tax return.

COMPLIANCE DOCUMENTATION

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the Welfare Benefits Plan and the Flexible Spending Plan. A posted copy of the following documents can be found in the benefits system. In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is important that you familiarize yourself with the information contained within these documents.

- Welfare Benefits Plan Summary Plan Description & Summary of Material Modifications
- Flexible Benefits Plan Summary Plan Description & Summary of Material Modifications
- HIPAA Notice of Privacy Practices
- Premium Assistance-Medicaid & CHIP
- Annual Notices
- 2021 Health Plan Summary of Benefit Coverage (SBC)

Important Dates

November 2, 2020

Open Enrollment begins

- This will be your only opportunity to make health, dental, vision, life, and Aflac plan changes or to enroll in a flexible spending account for 2021.
- With the exception of your flexible spending accounts, if you do not make changes via the online Open Enrollment process, all of your current benefit selections will remain in effect. **You will need to set an amount to be contributed to your flexible spending account through the online process if you wish to have funds in this account for the coming year.**
- In the [Colgate portal](#), click on **2021 Online Open Enrollment**.

November 13, 2020

Last day to submit Open Enrollment changes for 2021

November 30, 2020

Last day to log 2020 CU Well points

December 31, 2020

Submit 2020 flexible spending expenses for expenses incurred in 2019 and 2020

January 1, 2021

All benefit changes are effective

Checklist

- ☐ Log on to the [Colgate portal](#) to elect your 2021 benefits and flexible spending options.
- ☐ Verify and/or provide your dependents' Social Security numbers in the secure online benefits system.
- ☐ Verify personal information is accurate and notify human resources of any changes in your address, telephone number, marital status, etc.
- ☐ Respond to all correspondence from OptumRx immediately to avoid any coverage disruption.

Notify human resources within 30 days of any qualifying events throughout the year, such as birth, marriage, child no longer an eligible dependent, divorce, and/or separation, that will require a change in eligibility and/or coverage. In some cases, dependents could be eligible for continued coverage under COBRA.

Reminder:

Log on to your retirement plan account to confirm or update your beneficiaries.

COLGATE UNIVERSITY

If you have any questions, please contact:

Human Resources

315-228-7565

benefits@colgate.edu

Monday–Friday: 8 a.m.–5 p.m.

Relph Benefit Advisors

800-836-0026, ext. 7268

cuservice@relph.net

Monday–Friday: 8 a.m.–4:30 p.m.