

Retiree Open Enrollment period : October 15 – December 7, 2025

👉 **No action is needed** if you do not wish to make any changes—your existing benefits will continue into 2026. However, we **strongly encourage everyone to review this letter** to learn about any updates. No action is needed if you are not making changes.

Where to review resources, forms, and annual reports online at Oberlin’s Open Enrollment page: 👉 <https://www.oberlin.edu/human-resources/open-enrollment>

What’s changing in 2026? Medical and Prescription **premium will increase** by 10%. Rates are listed below.

RAMP Schedule January 1, 2026 - December 31, 2026					
Age at the time of Retirement	Single Coverage Under 65	Single Coverage Over 65	Family Coverage	Family Coverage	Family Coverage
52	\$ 965	\$ 185	\$ 2,059	\$ 1,196	\$ 370
53	\$ 906	\$ 185	\$ 1,938	\$ 1,121	\$ 370
54	\$ 848	\$ 185	\$ 1,813	\$ 1,049	\$ 370
55	\$ 789	\$ 185	\$ 1,690	\$ 976	\$ 370
56	\$ 733	\$ 185	\$ 1,566	\$ 903	\$ 370
57	\$ 674	\$ 185	\$ 1,443	\$ 828	\$ 370
58	\$ 617	\$ 185	\$ 1,319	\$ 757	\$ 370
59	\$ 559	\$ 185	\$ 1,194	\$ 683	\$ 370
60	\$ 516	\$ 185	\$ 956	\$ 608	\$ 370
61	\$ 444	\$ 185	\$ 947	\$ 537	\$ 370
62 or older	\$ 385	\$ 185	\$ 824	\$ 462	\$ 370
* Family coverage is the employee + spouse + any dependent children					

Surviving Spouse of a Retiree – **premium will increase** by 10%.

The rate for the first year after the retiree has passed will be retiree rate.

The rate after one (1) year of Retiree's passing will be:

- Single under age 65 = \$965
- Single Age 65 or older = \$185
- Family = \$2059

MedMutual Advantage PPO plan (Medicare eligible retiree and spouse)

No plan design changes.

Deductible	This plan has a deductible for some hospital and medical services: <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$500 annually
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs. Please refer to page six of this document.)	You pay no more than: <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$3,000 annually Includes copays and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.
Inpatient Hospital Care (Services may require prior authorization.)	<ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance per day applied days 1 and after (after deductible is met)
Outpatient Hospital Services (Services may require prior authorization.)	<ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance
Ambulatory Surgical Center (Services may require prior authorization.)	<ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance
Doctor's Office Visits (Services may require prior authorization.)	<p>You have the option to get these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a provider who offers the service by telehealth.</p> <p>Primary care provider (PCP) visit:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance <p>Specialist visit:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance <p>There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit when performed at an in-network provider.</p>

Preventive Care	<p>In-network and out-of-network: \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse screening and counseling ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease testing ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screening ▪ Depression screening ▪ Diabetes screening ▪ HIV screening ▪ Immunizations, including flu shots, COVID-19, hepatitis B and pneumonia shots ▪ Lung cancer screening ▪ Medical nutrition therapy services ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy ▪ Prostate cancer screening exam ▪ Sexually transmitted infections screening and counseling ▪ Smoking and tobacco use cessation counseling ▪ Welcome to Medicare preventive visit (one-time) <p>Other preventive services are available. There are some covered services that have a cost.</p>
Emergency Care	<p>\$120 copay for each covered emergency room visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay the \$120 copay. You may get covered emergency medical care whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
Urgently Needed Services	<p>\$30 copay for each covered urgent care center visit.</p> <p>An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
Diagnostic Services, Labs and Imaging (Services may require prior authorization.)	<p>Diagnostic medical tests:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance <p>Diagnostic radiological services (CT/MRI/PET scans):</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance for each covered service <p>Lab services:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance (after deductible is met)
Hearing Services	<p>Original Medicare-covered hearing exams:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: 15% coinsurance (after deductible is met)

Our MedMutual Advantage PPO continues to include **Part B & Part D drug coverage.**

Prescription Drug Benefits (Part B)	
Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements).	<p>Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D out-of-pocket costs.</p> <p>If you receive a Part B drug at the pharmacy, you are responsible for 100% of the cost of the drug until you meet your medical deductible on page two. Once you meet your medical deductible, you will be responsible for paying up to 15% coinsurance until you reach your medical maximum out-of-pocket amount. From there, you will pay nothing.</p> <p>For chemotherapy and other drugs covered by Medicare Part B:</p> <ul style="list-style-type: none"> In-network and out-of-network: Up to 15% coinsurance (after deductible is met) <p>For Part B Insulin:</p> <ul style="list-style-type: none"> In-network and out-of-network: You will pay no more than a \$35 copay for a one-month supply of insulin. The in-network and out-of-network deductibles do not apply to insulin delivered through an insulin pump. <p>To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAGroup and enter group number, 590467.</p>

Outpatient Prescription Drugs (Part D)	
Deductible	This plan does not have a Part D prescription drug deductible.
Initial Coverage	<p>During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share. Your share of the cost will vary depending on the drug and where you fill your prescription. You pay the following until your total out-of-pocket yearly drug costs reach \$2,100. You may get your drugs at any network retail or mail order pharmacy.</p>
Retail Pharmacy Cost Sharing	
Tier 1 (preferred generic drugs)	
One-month supply:	\$10 copay
Three-month supply:	\$30 copay
Tier 2 (generic drugs)	
One-month supply:	\$10 copay
Three-month supply:	\$30 copay
Tier 3 (preferred brand and generic drugs)	
One-month supply:	\$50 copay
Three-month supply:	\$150 copay
Tier 4 (non-preferred drugs)	
One-month supply:	\$75 copay
Three-month supply:	\$225 copay
Tier 5 (specialty tier drugs)	
One-month supply:	\$100 copay
Three-month supply:	Not covered
Tier 6 (select care drugs)	
One-month supply:	\$10 copay
Three-month supply:	\$30 copay

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Initial Coverage	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share. Your share of the cost will vary depending on the drug and where you fill your prescription. You pay the following until your total out-of-pocket yearly drug costs reach \$2,000. You may get your drugs at any network retail or mail-order pharmacy.
	Retail Pharmacy Cost Sharing
	Tier 1 (preferred generic drugs)
	One-month supply: \$10 copay Three-month supply: \$30 copay
	Tier 2 (generic drugs)
	One-month supply: \$10 copay Three-month supply: \$30 copay
	Tier 3 (preferred brand and generic drugs)
	One-month supply: \$50 copay Three-month supply: \$150 copay
	Tier 4 (non-preferred drugs)
	One-month supply: \$75 copay Three-month supply: \$225 copay
	Tier 5 (specialty tier drugs)
	One-month supply: \$100 copay Three-month supply: Not covered

Outpatient Prescription Drugs (Part D)	
Initial Coverage (continued)	Mail-Order Cost Sharing
	Tier 1 (preferred generic drugs)
	One-month supply: \$20 copay Three-month supply: \$20 copay
	Tier 2 (generic drugs)
	One-month supply: \$20 copay Three-month supply: \$20 copay
	Tier 3 (preferred brand and generic drugs)
	One-month supply: \$100 copay Three-month supply: \$100 copay
	Tier 4 (non-preferred drugs)
	One-month supply: \$150 copay Three-month supply: \$150 copay
	Tier 5 (specialty tier drugs)
	One-month supply: \$100 copay Three-month supply: Not covered
	You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.
Catastrophic Coverage	When you (or those paying on your behalf) have spent a total of \$2,000 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

Consumer Driven Health Plan (CDHP) with Health Reimbursement Account

Under age 65

DEDUCTIBLES	IN-NETWORK		OUT-OF-NETWORK	
Your <i>deductible</i> is the amount you owe for covered health care services before your health plan begins to pay. The deductible may not apply to all services.	Single Employee	\$2,000	Single Employee	\$4,000
	Employee + Spouse	\$3,000	Employee + Spouse	\$6,000
	Employee + Child (ren)		Employee + Child (ren)	
	Family	\$4,000	Family	\$8,000

PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
<i>Preventive care</i> is routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.	Covered at 100% with no deductible	Not covered

MEDICAL COINSURANCE	IN-NETWORK	OUT-OF-NETWORK
<i>Coinsurance</i> describes the share of the costs of a covered health care service after reaching the deductible, calculated as a percent of the allowed amount for the service.	80% plan 20% employee	60% plan 40% employee

PRESCRIPTION DRUG COST	Preventive Drugs		Drugs subject to the Deductible Amount
	Maintenance Drugs Generics or Name Brand	Most Other Generics Brand Drugs	
Under the CDHP, prescription drugs are paid for with <i>coinsurance</i> , a percentage amount you pay for a covered health care service.	Free	80% plan 20% employee	Yes After deductible, 80%/20% coinsurance applies.

OUT-OF-POCKET MAXIMUMS	IN-NETWORK		OUT-OF-NETWORK	
The most you pay during a policy period before your health plan starts to pay 100% for covered health benefits. This limit must include deductibles, coinsurance, or similar charges.	Single Employee	\$4,000	Single Employee	\$8,000
	Employee + Spouse	\$6,000	Employee + Spouse	\$12,000
	Employee + Child (ren)		Employee + Child (ren)	
	Family	\$8,000	Family	\$16,000

The Health Reimbursement Account (HRA) that comes with the CDHP plan.

- Oberlin College will contribute the following amounts into an HRA account in January 2026.
 - Amounts are based on how you are being billed for coverage.
 - Retiree only \$1,000
 - Retiree + Child (ren) \$1,500
 - Retiree + Spouse \$1,500
 - Family (retiree + spouse + child(ren) \$2,000
- No action is required on your part to get a contribution from the college.
- You may continue to use the same debit card for your account.
- You will not be taxed on these amounts.
- Unused HRA funds will roll over year-to-year.
- When you become eligible for Medicare or dis-enroll from the CDHP plan, the HRA funds are forfeited.

Superior Dental Care - No changes to the premium or plan design.

2026 rates	Network Only Plan	Core Plan	Enhanced Plan
Single	\$23.18	\$27.16	\$33.78
Employee + Spouse or Child	\$46.37	\$54.43	\$67.47
Family	\$83.44	\$99.33	\$123.12

Vision – EyeMed – Premium will increase 4%. No plan design changes.

	2026 rates	2025 rates
Single	\$7.34	\$7.06
Employee + Spouse or Child	\$14.68	\$14.12
Family	\$20.20	\$19.42

Retiree Healthcare Stipend - in lieu of medical and prescription coverage.

- To participate, you **must** meet the following criteria: **1.** You are age 62 or older; **and** **2.** You are not eligible or enrolled in other employer – sponsored health coverage; and **3.** You are current on your Oberlin College premium payments.
- Once the Healthcare Stipend option is elected, your choice will be locked in, and you will not be able to come back onto the college medical and prescription plan.
- There are no changes to the amounts of the HRA stipend.
- If you have funds left in your account at the end of the year, **up to 10% of the initial amount** will carry over into the next calendar year.
- The College pays the administrative costs associated with the HRA that will be administered by Medical Mutual.

1	Retiree on Medicare	2,100	Spouse on Medicare	1,050	\$3,150
2	Retiree on Medicare	2,100	Spouse pre-Medicare	2,300	\$4,400
3	Retiree on Medicare	2,100	No spouse	-	\$2,100
4	Retiree pre-Medicare	4,600	Spouse on Medicare	1,050	\$5,650
5	Retiree pre-Medicare	4,600	Spouse pre-Medicare	2,300	\$6,900
6	Retiree pre-Medicare	4,600	No spouse	-	\$4,600
7	Retiree has died	-	Spouse on Medicare	1,050	\$1,050
8	Retiree has died	-	Spouse pre-Medicare	2,300	\$2,300

Forms and Resources - No action is needed if you are not making changes.

- [Medical and Prescription Coverage](#) - A choice to enroll in or cancel medical and prescription coverage.
 - MedMutual Medicare Advantage Plan with prescription coverage. Those enrolled in Medicare Part A and Part B.
 - CDHP with HRA plan. Those who have not enrolled in Medicare.
- [Healthcare Stipend Option](#) - In lieu of medical and prescription coverage.
- [Deferral Option Summary](#) - RAMP Retirees have the option to defer healthcare coverage before reaching the age of 62 and have the opportunity to re-enroll in retiree health and prescription coverage upon reaching age 62.
- [Voluntary Dental](#) – A choice to enroll in, cancel or change dental plan.
- [Voluntary Vision](#) – A choice to enroll in or cancel vision coverage.

How to make changes?

- No action is needed if you are not making changes.
- Enclosed are forms you may complete and send to HR.
- Email is preferred and may be sent to benefits@oberlin.edu

[Retiree Benefits Enrollment Form](#) – This form will replace what is currently on file.

- If you want the HRA stipend for 2026, complete this form and send it to HR.
- If you dis-enroll from our Medicare Advantage Plan, please contact our office.

[Cancellation Form](#) – To cancel coverage or remove someone off your plan.

[RAMP Deferral Form](#) – For Retirees under age 62 (only).

[Stipend Option Summary](#) – The Healthcare HRA stipend in lieu of coverage information.

[FAQ Health Reimbursement Arrangement \(HRA\)](#) – How to manage your HRA account.

IMPORTANT NOTE: The policies summarized here are subject to change. The College reserves the right to amend, modify, or withdraw in its sole discretion any provision contained herein.

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