

OBERLIN COLLEGE

2018 BENEFITS OPEN ENROLLMENT

FREQUENTLY ASKED QUESTIONS

2019 INSURANCE PROVIDER CHANGES

Oberlin College recently released a request for proposals (RFP) to competing medical, pharmacy, dental and vision providers. As a result of that process, we were able to negotiate new partnerships that will help to sustain the comprehensive health benefits that we have historically enjoyed. We are pleased to communicate that we successfully negotiated medical benefits consistent with the current plan designs while expanding in-network providers. Additionally, the College negotiated lower premiums for the voluntary vision and dental benefits on behalf of employees. As reported on June 11, 2018, the Oberlin College Board of Trustees approved an operating budget for fiscal year 2018-2019 which includes necessary reductions in employee benefit expenses.

For 2019, **Medical Mutual** will replace Cigna as the medical plan administrator. **CVS Caremark** will be the new prescription drug benefit manager. Our vision plan will change to **Medical Mutual/EyeMed**. We have extended our relationship with **Superior Dental Care** for administration of all dental plans.

MEDICAL PLANS

Who is Medical Mutual?

Medical Mutual of Ohio has been a trusted health insurer for more than 80 years. As a mutual company, they operate for the benefit of their members without needing to meet the demands of stockholders or Wall Street analysts. Headquartered in Cleveland, Ohio, Medical Mutual:

- Offers the largest preferred provider organization (PPO) network in Ohio, including Cleveland Clinic and University Hospitals
- Covers more than 1.5 million members.
- Maintains accreditation from the National Committee on Quality Assurance (NCQA) – an independent, not-for-profit organization and leading evaluator of America’s health plans.
- Meets or exceeds NCQA customer service standards meet or exceed NCQA with nearly 95 percent of calls resolved during initial contact and processes thousands of claims every day, with 99 percent accuracy.

How can I find out if my physician or hospital is in the network?

Medical Mutual has the broadest network of physicians and facilities in the state of Ohio. You can access Medical Mutual’s online provider search tool by clicking [here](#) to verify that your physician or a healthcare facility is included in Medical Mutual’s SuperMed PPO (Plus) network.

When conducting your search, choose the **SuperMed PPO** network for Ohio Providers and **Aetna Open Choice PPO** when outside Ohio. You can also call Medical Mutual’s pre-enrollment customer service number, 877.480.3110 to ask about the network status of your healthcare provider.

Will I experience any “transition of care” issues?

In most circumstances, the doctor or hospital that you currently visit will be in Medical Mutual’s SuperMed PPO network. Medical Mutual’s network includes Cleveland Clinic and University Hospitals. It is always important to confirm that your physician and/or healthcare facility is in-network. Please be certain to provide your Medical Mutual ID card to your provider for any services beginning January 1, 2019.

Transition of Care Waivers are available in the unlikely event that you are in the midst of treatment from a non-network doctor or hospital. If you are engaged in a course of treatment with a physician, are pregnant, or have a surgical procedure scheduled with a non-network healthcare provider, you need to obtain a Transition of Care Waiver form from the Oberlin College Human Resources Department. The form will allow you to continue your care with the non-network provider for a designated period of time.

I have a medical procedure scheduled for a date after January 1, do I need to obtain prior authorization from Medical Mutual?

When you visit an in-network doctor or facility, all necessary steps to obtain prior authorization or pre-certification should be handled by the healthcare provider. It is important that you inform both the doctor and the facility where you will seek treatment that you have switched to Medical Mutual in advance of the scheduled procedure so they can initiate the appropriate steps to obtain any required prior authorizations or pre-certifications. If you have already received written prior authorization from CIGNA, provide that information to Medical Mutual.

My family also has health insurance with another insurance carrier. How do I let Medical Mutual know that I (or a family member) have additional coverage?

You will receive a mailing from Medical Mutual that asks if you or a family member has health insurance with another insurance plan. This is referred to as a Coordination of Benefits (COB) letter. Please be certain to respond to the COB letter when you receive it in the mail. Your response will only take a few moments to complete.

I am currently enrolled in the College’s Consumer-Driven Health Plan. What happens to my Health Savings Account (HSA)?

Medical Mutual will take over the administration of the Consumer-Driven Health Plan and Health Savings Accounts. The funds that you have accumulated in your HSA will roll over and continue to be available for your use. If you re-enroll in the Consumer-Driven Health Plan for 2019, your HSA balance will be transferred to our new HSA bank, Alegis. If you do not re-enroll with the Consumer-Driven Health Plan, your Health Savings Account will remain with HSABank. The College is working closely with Cigna and Medical Mutual to implement this change with minimal disruption. More information will be shared with HSA account holders after open enrollment is complete.

Who can I call if I have questions regarding my medical benefits?

During the Open Enrollment period, you can call Medical Mutual’s pre-enrollment customer number, 877.480.3110 with your questions.

When will I get my new identification card and when should I start using it?

You will receive your new Medical Mutual ID card in the mail in late mid-December. ID cards are mailed in sets of 2. If you have dependents 18 years of age or older covered on your plan, you will receive an additional set of 2 cards. You can begin using your new ID card on January 1, 2019.

PRESCRIPTION DRUG PLAN

Who is CVS Caremark?

CVS Caremark is the nation's second largest pharmacy benefits manager serving more than 2,000 healthcare plan sponsors. CVS Caremark manages employer-sponsored prescription benefits just like a health insurance company manages your medical benefits. This means helping you get the medication you need, when you need it, whether it's once a month or once a year.

Do I have to get my prescriptions filled at a CVS store?

No. CVS Caremark's national retail pharmacy network includes 68,000 pharmacies including independent pharmacies and retail chains such as Costco, CVS, Discount Drug Mart, Giant Eagle, Rite Aid, Sam's Club, Wal-Mart, and Walgreen's.

How do I fill a 90-day prescription for my long-term medication.

You may use CVS Caremark's convenient home delivery option or utilize their 90-day retail pharmacies for your maintenance medication needs.

How can I find out if my medications will continue to be covered by CVS Caremark?

Each year the drug list is reviewed and updated to ensure you have access to safe, clinically effective and low-cost medications. View CVS Caremark's [Preferred Drug List](#).

Will I get a separate prescription drug ID card?

No, the prescription drug plan information will be included on your Medical Mutual ID card.

VISION CARE PLAN

Are vision benefits changing?

Effective January 1, 2019, Medical Mutual/EyeMed will administer the vision plan for Oberlin College. Medical Mutual/EyeMed will duplicate the benefits previously offered by Cigna. 2019 employee premiums are 20% lower than 2018. For coverage information, please review [Vision Plan Highlights](#).

Will I need to change vision care providers?

EyeMed's provider network is called **Access**. Find a participating provider by going here: [Eye Med Provider Locator](#)

Will I get a separate vision ID card?

Yes. If you enroll in the voluntary vision plan, ID **cards** will be mailed by Medical Mutual of Ohio (MMO) prior to January 1, 2019.

DENTAL PLANS

Are there any changes to the voluntary dental plans for 2019?

Superior Dental Care (SDC) will continue to administer our Core and Enhanced dental options. A **NEW Network Only Plan** option has been added for 2019 to replace the Cigna Dental HMO PLAN.

I am currently enrolled in the Cigna Dental HMO Plan. What are my options for 2019?

Superior Dental offers 3 plan options for 2019 – the existing Core and Enhanced plans *and a NEW Network Only Plan*. The 3 plans have benefit levels at different price points. *The Network Only Plan* is priced to replace the Cigna Dental HMO plan, but includes a much more expanded dentist network.

How can I compare the benefit levels and monthly premiums for the 3 dental plan options?

For coverage and cost information, please review [2019 Superior Dental Care plans](#).

Will I receive a new dental ID Card?

If you did not have dental coverage in 2018, and are enrolling in a dental option for 2019, you will receive new ID cards. If you had dental coverage in 2018, but are changing your option, you will receive new dental ID cards. If you are not making any changes to your existing Superior Dental coverage, you will **not** receive a new ID Card.

GENERAL OPEN ENROLLMENT INFORMATION

When is Open Enrollment?

Oberlin College and Conservatory’s open enrollment period begin **Monday, October 8th** and will continue through Friday, **November 2, 2018** at midnight. This is your annual opportunity to review and make changes to your benefits. Any changes made will be effective January 1, 2019.

What happens if I miss the open enrollment deadline?

Open enrollment is important because it may be the only time during the year you can make changes to your benefits. Once **November 2, 2018** has passed, your choices are binding until the next open enrollment period. The only exceptions allowed are if you have a qualifying event take place, such as marriage, divorce, birth/adoption of a child, change of dependent eligibility, change in employment status or loss of other coverage.

My spouse/domestic partner is employed and has medical insurance offered through his/her employer. Can I cover my spouse/domestic partner under Oberlin’s plan?

If your Spouse/Domestic Partner is eligible for an employer-sponsored health plan and the employer contributes at least 50% of the premium, he/she must carry primary coverage with

his/her employer. If these conditions are met you may cover your Spouse/DP on your medical plan for secondary medical coverage.

If you choose to enroll your Spouse/DP (primary or secondary) on your medical plan in 2019, a [Spousal Coordination of Benefits Form](#) must be completed. Return the form to HR by November 2, 2018 at 5:00 PM

I do not intend to enroll in medical insurance for 2019, even though I am eligible. Do I need to do anything?

If you **DECLINE** medical coverage in 2019, you are required to *document your waiver* by logging into [online open enrollment](#), or you may select “Waive Coverage” on our [benefits form](#). Return the form to HR by November 2, 2018 at 5:00 PM.

Where can I get additional information about open enrollment?

Please review your group specific open enrollment letter. Detailed information may also be found online by visiting the Department of Human Resources [website](#) and go to the Open Enrollment section. You may also contact Human Resources at (440) 775-8430.
