

Open Enrollment

October 15 – December 7, 2023

Changes made will be effective January 1, 2024

No action is needed if you are not making changes. We encourage you to review the information provided, even if you do not make any changes to your benefits. Helpful resources, forms, and materials are also available online by going to our [Open Enrollment Website](https://www.oberlin.edu/human-resources/open-enrollment) <https://www.oberlin.edu/human-resources/open-enrollment>, you will also find [Annual Notices](#) and [Summary Annual Reports](#)

What's changing and not changing in 2024?

Medical and Prescription – No changes to the cost of coverage.

RAMP Schedule January 1, 2024 - December 31, 2024					
Age at the time of Retirement	Single Coverage Under 65	Single Coverage Over 65	Family Coverage Under 65*	Family Coverage 1 Over 65 *	Family Coverage 2 Over 65 *
52	\$ 877	\$ 477	\$ 1,872	\$ 1,110	\$ 904
53	\$ 824	\$ 449	\$ 1,762	\$ 1,042	\$ 849
54	\$ 771	\$ 420	\$ 1,648	\$ 977	\$ 796
55	\$ 718	\$ 391	\$ 1,536	\$ 910	\$ 742
56	\$ 667	\$ 362	\$ 1,423	\$ 844	\$ 688
57	\$ 613	\$ 334	\$ 1,312	\$ 776	\$ 633
58	\$ 560	\$ 308	\$ 1,199	\$ 711	\$ 611
59	\$ 508	\$ 275	\$ 1,085	\$ 644	\$ 525
60	\$ 469	\$ 248	\$ 869	\$ 576	\$ 469
61	\$ 403	\$ 219	\$ 861	\$ 511	\$ 416
62 or older	\$ 350	\$ 191	\$ 749	\$ 443	\$ 361
* Family coverage is the employee + spouse + any dependent children					

Surviving Spouse of a Retiree Premium - No changes to the cost of coverage.

- 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 = \$877
 - Single Age 65 or older = \$477
 - Family = \$1873



MedMutual Medicare Advantage Plan with SilverScript

	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 (No change from 2023) Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 (No change from 2023) Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.
Deductible	\$500	\$500 – except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$3,000 From network and out-of-network providers combined: \$3,000	From network providers: \$3,000 From network and out-of-network providers combined: \$3,000
Doctor office visits	<u>In Network and Out of Network</u> Primary care visits: 15% of the total cost per visit Specialist visits: 15% of the total cost per visit	<u>In Network and Out of Network</u> Primary care visits: 15% of the total cost per visit Specialist visits: 15% of the total cost per visit
Inpatient hospital stays	<u>In Network and Out of Network</u> Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost.	<u>In Network and out of Network</u> Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost.

Continued

2023 (this year)

2024 (next year)

Partial hospitalization and intensive outpatient services	<u>In Network and Out of Network</u>	<u>In Network and Out of Network</u>
	After the \$500 deductible is met, you pay 15% of the total cost for each covered partial hospitalization visit.	After the \$500 deductible is met, you pay 15% of the total cost for each covered partial hospitalization visit or intensive outpatient service visit.

SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330

2023 (this year)

2024 (next year)

Part D prescription drug coverage	You have no deductible.	You have no deductible.
You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (30-day)</p> <ul style="list-style-type: none"> Generic: \$10.00 Preferred Brand: \$50.00 Non-Preferred Brand: \$75.00 Specialty (High Cost): \$100.00 <p>Network Retail Pharmacy (90-day)</p> <ul style="list-style-type: none"> Generic: \$30.00 Preferred Brand: \$150.00 Non-Preferred Brand: \$225.00 Specialty (High Cost): N/A <p>Mail Order (90-day)</p> <ul style="list-style-type: none"> Generic: \$20.00 Preferred Brand: \$100.00 Non-Preferred Brand: \$150.00 Specialty (High Cost): N/A 	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (30-day)</p> <ul style="list-style-type: none"> Generic: \$10.00 Preferred Brand: \$50.00 Non-Preferred Brand: \$75.00 Specialty (High Cost): \$100.00 <p>Network Retail Pharmacy (90-day)</p> <ul style="list-style-type: none"> Generic: \$30.00 Preferred Brand: \$150.00 Non-Preferred Brand: \$225.00 Specialty (High Cost): N/A <p>Mail Order (90-day)</p> <ul style="list-style-type: none"> Generic: \$20.00 Preferred Brand: \$100.00 Non-Preferred Brand: \$150.00 Specialty (High Cost): N/A

SilverScript continued

2023 (this year)

2024 (next year)

Your share of the cost during the Catastrophic Coverage Stage:	Your share of the cost during the Catastrophic Coverage Stage:
<p>During this payment stage, the plan pays most of the cost for your covered drugs.</p> <p>You pay 5% of the cost for a covered drug but not greater than the cost share amounts listed in the Initial Coverage Stage.</p>	<ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered Part D drugs. You may have cost sharing for drugs that are covered under the additional coverage provided by Oberlin College, which is called your Non-Part D Supplemental benefit.



CDHP with HRA (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/DP	\$3,000	Employee + Spouse/DP	\$6,000
	Employee + Child (ren)		Employee + Child (ren)	
	Family	\$4,000	Family	\$8,000

MEDICAL COINSURANCE

IN-NETWORK

OUT-OF-NETWORK

Coinsurance 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		60% plan
	20% employee		40% employee

➤ No changes to the coinsurance amount.

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 essential health benefits. This limit must include deductibles, coinsurance, or similar charges.	Single Employee	\$4,000	Single Employee	\$8,000
	Employee + Spouse/DP	\$6,000	Employee + Spouse/DP	\$12,000
	Employee + Child (ren)		Employee + Child (ren)	
	Family	\$8,000	Family	\$16,000

➤ No changes to the coinsurance amount.

CDHP with HRA continued

PREVENTIVE CARE		IN-NETWORK		OUT-OF-NETWORK	
Preventive care 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	
PRESCRIPTION DRUG COST		Preventive Drugs Maintenance Drugs Generics or Name Brand	Most Other Generics	Brand Drugs	Drugs subject to the Deductible Amount
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 essential health benefits. This limit must include deductibles, coinsurance, or similar charges.		Single Employee	\$4,000	Single Employee	\$8,000
		Employee + Spouse/DP		Employee + Spouse/DP	
		Employee + Child (ren)	\$6,000	Employee + Child (ren)	\$12,000
		Family	\$8,000	Family	\$16,000

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

- Oberlin College will contribute the following amounts into an HRA account in January 2024.
 - Amounts are based on how you are being billed for coverage.
 - Retiree only \$1,000
 - Retiree + Child (ren) \$1,500
 - Retiree + Spouse/Domestic Partner \$1,500
 - Family (retiree + spouse/dp + 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.

Dental – Superior Dental Care

- Beginning January 1st the maximum dependent age limit will increase from age 23 to age 26.

	Network Only Plan	Core Plan	Enhanced Plan	No changes to the cost of dental coverage per month.
Retiree	\$22.18	\$25.99	\$ 32.33	
Retiree + 1	\$44.37	\$52.09	\$ 64.56	
Family 3 or more	\$79.85	\$95.05	\$ 117.82	

Vision – EyeMed

- Beginning January 1st the maximum dependent age limit will increase from age 23 to age 26.

	Vision Plan	No changes to the cost of vision coverage per month.
Retiree	\$6.92	
Retiree + 1	\$13.84	
Family 3 or more	\$19.04	

Retiree Healthcare Stipend - in lieu of medical and prescription coverage - **Health Reimbursement Account (HRA)** – No changes to the amounts.

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

- If you have any 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.

2024 Options - No action is needed if you are not making changes.

1. **Medical and Prescription Coverage** - A choice to enroll in or cancel medical and prescription coverage.
 - a. MedMutual Medicare Advantage Plan with SilverScript prescription coverage. Those enrolled in Medicare.
 - b. CDHP with HRA plan. Those not enrolled in Medicare.
2. **Healthcare Stipend Option** - In lieu of medical and prescription coverage. To participate you must meet the following eligibility criteria:
 - You are age 62 or older; and
 - You are not eligible for -or- enrolled in other employer-sponsored health coverage; and
 - You are current on your Oberlin College monthly premium payments.
3. **Deferral Option** - RAMP Retirees have the option to defer healthcare coverage before reaching the age of 62. You will have the opportunity to re-enroll in retiree health and prescription coverage upon reaching age 62.
4. **Voluntary PPO Dental Coverage** – A choice to enroll in or cancel dental coverage. [Three options available with different levels of coverage.](#)
5. **Voluntary PPO Vision Coverage** – A choice to enroll in or cancel vision coverage. [One plan option available.](#)

HOW to make changes? If you need to make changes, enclosed are forms you may complete and send to HR. Our contact information is on the bottom of this form. Email is preferred. Original is not needed.

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

If you dis-enroll from our Medicare Advantage Plan with SilverScript you need to contact our office. If you want the HRA stipend for 2024, complete this form and send it to HR.

[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.

[Summary of Benefits and Coverage for Dental](#) and [Vision coverage.](#)



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