

Retiree Open Enrollment

October 15 – December 7, 2024

Changes made will be effective January 1, 2025, 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 in 2025? Medical and Prescription – **Lower premiums effective January 1, 2025.**

RAMP Schedule					
January 1, 2025 - December 31, 2025					
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	\$ 168	\$ 1,872	\$ 1,087	\$ 336
53	\$ 824	\$ 168	\$ 1,762	\$ 1,019	\$ 336
54	\$ 771	\$ 168	\$ 1,648	\$ 954	\$ 336
55	\$ 718	\$ 168	\$ 1,536	\$ 887	\$ 336
56	\$ 667	\$ 168	\$ 1,423	\$ 821	\$ 336
57	\$ 613	\$ 168	\$ 1,312	\$ 753	\$ 336
58	\$ 560	\$ 168	\$ 1,199	\$ 688	\$ 336
59	\$ 508	\$ 168	\$ 1,085	\$ 621	\$ 336
60	\$ 469	\$ 168	\$ 869	\$ 553	\$ 336
61	\$ 403	\$ 168	\$ 861	\$ 488	\$ 336
62 or older	\$ 350	\$ 168	\$ 749	\$ 420	\$ 336

* Family coverage is the employee + spouse + any dependent children

Surviving Spouse of a Retiree Premium – Lower premiums effective January 1, 2025.

- 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 = \$168
 - Family = \$1872

MedMutual Medicare Advantage Plan with Part D prescription coverage

Cost	2024 (this year)	2025 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$3,000	<p>\$3,000</p> <p>(No change from 2024)</p> <p>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 network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers and deductibles count toward your maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your combined maximum out-of-pocket amount for medical services.</p>	\$3,000	<p>\$3,000</p> <p>(No change from 2024)</p> <p>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 network or out-of-network providers for the rest of the calendar year.</p>
<p>Maximum out-of-pocket amounts</p> <p>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.)</p>	<p>From network providers: \$3,000</p> <p>From network and out-of-network providers combined: \$3,000</p>	<p>From network providers: \$3,000</p> <p>From network and out-of-network providers combined: \$3,000</p>
<p>Doctor office visits</p>	<p><u>In Network and Out of Network</u></p> <p>Primary care visits: 15% of the total cost per visit</p> <p>Specialist visits: 15% of the total cost per visit</p>	<p><u>In Network and Out of Network</u></p> <p>Primary care visits: 15% of the total cost per visit</p> <p>Specialist visits: 15% of the total cost per visit</p>
<p>Inpatient hospital stays</p>	<p><u>In Network and Out of Network</u></p> <p>Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost</p>	<p><u>In Network and Out of Network</u></p> <p>Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost</p>

Our MedMutual Medicare Advantage Plan now includes Part D prescription drug coverage.

Prescription Drug Benefits (Part B)	
<p>Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements)</p>	<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: 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.</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 \$2,000. 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

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) \$4,000	Employee + Child (ren) \$8,000
	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

➤ 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 Employee + Spouse \$6,000 Employee + Child (ren) Family \$8,000	Single Employee \$8,000 Employee + Spouse \$12,000 Employee + Child (ren) Family \$16,000

➤ No changes to the coinsurance amount.

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 Employee + Spouse \$6,000 Employee + Child (ren) Family \$8,000	Single Employee \$8,000 Employee + Spouse \$12,000 Employee + Child (ren) 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 2025.
 - 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 - Beginning January 1 the cost of coverage increased. No changes to the plan design.

2025 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

2024 rates	Network Only Plan	Core Plan	Enhanced Plan
Single	\$22.18	\$25.99	\$32.33
Employee + Spouse or Child	\$44.37	\$52.09	\$64.56
Family	\$79.85	\$95.05	\$117.82

Vision – EyeMed - Beginning January 1 the cost of coverage increased. No changes to the plan design.

	2025 rates	2024 rates
Single	\$7.06	\$6.92
Employee + Spouse or Child	\$14.12	\$13.84
Family	\$19.42	\$19.04

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

This year’s enrollment is the last time you will have the option to switch coverage between the Health Reimbursement Account (HRA) Stipend, the CDHP with HRA (under 65) or Medicare Advantage (over 65). You can choose to opt out of the Medicare Advantage plan or CDHP with HRA in favor of the HRA stipend, OR you can switch from the HRA stipend back to the CDHP with HRA or Medicare Advantage (depending on age). Starting 1/1/2025, your choice for retirement health coverage will be locked in, and you will no longer have the option to switch coverage in the future.

- There are no changes to the amounts of the HRA stipend
- 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.

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

2025 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.
 - MedMutual Medicare Advantage Plan with prescription coverage. Those enrolled in Medicare.
 - CDHP with HRA plan. Those who have 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.
- 5. Voluntary PPO Vision Coverage** – A choice to enroll in or cancel vision coverage.

How to make changes?

- No action is needed if you are not making changes.
- To make 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 2025, 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.
- Summary of Benefits and Coverage [for Dental](#).
- Summary of Benefits and Coverage [for Vision](#).

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