Annual Enrollment for 2022 Benefits



Important Dates



Annual Enrollment Begins 10/27/2021

Passive Enrollment

Your current benefits *will* rollover to 2022, except FSAs, unless you make changes between October 27 – November 5, 2021.

If you decide not to make changes:

- Dental will transfer to the new 2022 Base Plan
- Vision will transfer to the new 2022 Plan

REMINDER: Medical and Dependent Care FSA elections must be made each year during open enrollment to have coverage.

After the Annual Enrollment period ends, you cannot make changes to your benefits until the next annual enrollment period unless you experience a Qualifying Life Event (QLE). QLEs include changes such as marriage, divorce, birth or adoption, loss of coverage.

Enrollment is online with bswift: http://warrenwilsoncollege.bswift.com

Who is eligible for benefits?

 Full-time employees working 40 hours per week and Part Time I employees working 30 – 39 hours per week. This includes full-time and ³/₄ time faculty.

Dependents

- Legal Spouse
- Domestic Partner (Note that you must complete the posted affidavit and provide requested documentation. After-tax premiums apply and the value of the benefit will be reported on your W-2 and is subject to Social Security, Federal, and State Withholdings.)
- Dependent children through the end of the month in which they turn 26
- Adopted children, step children, foster children or children for whom you are considered their legal guardian
- Children 26 and older who are supported by you and incapable of self-support

2022 Benefits

Benefit	Highlights	Plan Administrator
Health Plan	 Two Options (no changes for 2022) Point of Service Plan (POS) & High Deductible Health Plan (HDHP) Premium Changes 	Medical: Aetna Rx: CVS Caremark
Accident	No changes	Aflac
Critical Illness	No changes	Aflac
Hospital Indemnity	No changes	Aflac
Dental	2 Plan Options for 2022	Delta (no change)
Vision	New Plan for 2022	VSP (new vendor)
Long Term Disability	No changes (Paid by Warren Wilson – no enrollment)	Lincoln
Short Term Disability	No changes (Paid by Warren Wilson – no enrollment)	Lincoln
Supplemental Life	No changes	Lincoln
Dependent Life (spouse/Domestic Partner & child/ren)	No changes	Lincoln
Flexible Spending Account healthcare	Must Enroll Annually	Flores
Flexible Spending Account dependent	Must Enroll Annually	Flores



Dental



	Delta Base Plan	Delta Buy-Up Plan
Deductible (S/F)	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,500	\$2,000
Preventive	100%	100%
Basic Services	80% after ded	80% after ded
Major Services	50% after ded	50% after ded
Orthodontic Services (up to age 19)	50% (\$500 lifetime)	50% (\$1,500 lifetime)

2022 Monthly Dental Plan Premiums

Payroll Deductions on the 15th of the Month

Base Plan	Total Monthly	WW Pays	Employee Pays
Employee	\$39.20	\$19.60	\$19.60
Employee + Spouse or DP	\$79.14	\$19.60	\$59.54
Employee + Child(ren)	\$92.85	\$19.60	\$73.25
Family	\$145.41	\$19.60	\$125.81

Buy-Up Plan	Total Monthly	WW Pays	Employee Pays
Employee	\$44.19	\$19.60	\$24.59
Employee + Spouse or DP	\$89.56	\$19.60	\$69.96
Employee + Child(ren)	\$108.13	\$19.60	\$88.53
Family	\$168.06	\$19.60	\$148.46

- Notes:
- Pre-Tax Premiums
- Meets ACA Minimum requirements



Vision

Benefit	Plan
Exam every 12 months	\$10 copay
Lenses every 12 months	\$30 Frame / Lens Copay
Frame every 12 months	\$250 Frame Allowance
Contact Lenses every 12 months (Instead of lenses and frame)	\$250 Contact Lens Allowance

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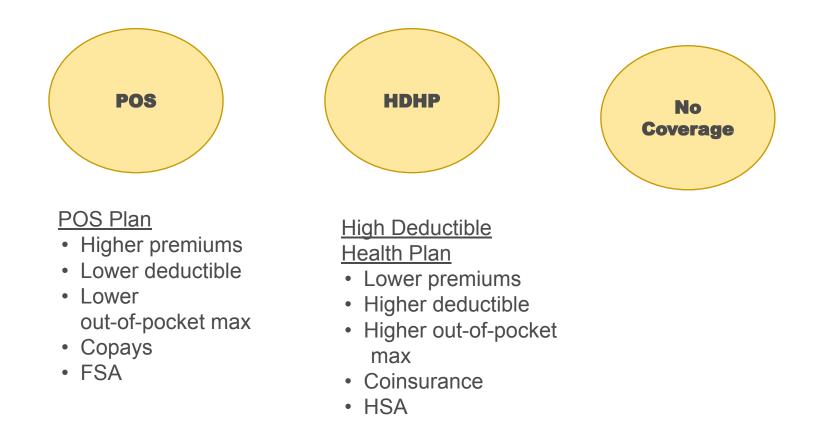
*2nd pair of glasses with \$20 copay

Tier	Monthly Premium
Employee	\$19.89
Employee + Spouse / DP	\$31.82
Employee + Child (ren)	\$32.48
Family	\$52.37

Health Plan and ACA

Warren Wilson provides a health plan that meets the minimum value and affordability requirements under the Affordable Care Act (ACA), therefore, you are not eligible for an employer subsidy to purchase coverage on the exchange.

Health Plan Options



Aetna Whole Health – Mission Health

- Aetna plans are multi-tier
 - Tier 1 Mission Health Partners network
 - Tier 2 Aetna's national network
 - Tier 3 Out-of-Network providers
- Tier 1 includes 500+ PCP's, 1700+ Specialists, and 8 hospitals affiliated with MHP
- Tier 2 includes all other Aetna contracted providers nationwide
- (NC) Aetna Whole Health Mission Health Partners
- Aetna's public directory: <u>www.aetna.com/docfind</u>

POS Health Plan Design

	Maximum Savings (MHP Network)	Standard Savings (Aetna National Network)	Out-of-Network
Deductible (S/F)	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Max OOP (S/F)	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (after deductible)	20%	40%	50%
Preventive Care	0%	0%	30%, after deductible
PCP Office Visit	\$20 copay	\$30 copay	30%, after deductible
Specialist Office Visit	\$40 copay	\$60 copay	30%, after deductible
Hospital Inpatient & Outpatient	20%, after deductible	40%, after deductible	50%, after deductible
Emergency Room	\$250 copay	\$250 copay	\$250 copay
Urgent Care	\$75 copay	\$75 copay	30%, after deductible
Walk-In Clinic*	\$20 copay	\$30 copay	30%, after deductible

*Services performed at CVS Minute Clinic are covered 100%, no copay or deductible

HDHP Health Plan Design

	Maximum Savings (MHP Network)	Standard Savings (Aetna National Network)	Out-of-Network
Deductible (S/F)	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000
Max OOP (S/F)	\$4,000/\$6,000	\$6,900/\$13,800	\$13,500/\$27,000
Coinsurance (after deductible)	20%	40%	50%
Preventive Care	0%	0%	30%, after deductible
PCP Office Visit	20%, after deductible	40%, after deductible	50%, after deductible
Specialist Office Visit	20%, after deductible	40%, after deductible	50%, after deductible
Hospital Inpatient & Outpatient	20%, after deductible	40%, after deductible	50%, after deductible
Emergency Room	20%, after deductible	20%, after deductible	20%, after deductible
Urgent Care	20%, after deductible	20%, after deductible	50%, after deductible
Walk-In Clinic	20%, after deductible	40%, after deductible	50%, after deductible

Important Rx Reminders

- CVS Caremark is your Pharmacy Benefits Manager (PBM)
- National network of pharmacies (not just CVS)
- Mail Order via CVS Caremark
- Rx Member Services: 888-792-3862
- www.aetna.com/formulary
- Compare prescription costs using Aetna Health



Rx Comparison

	HDHP (you pay)	POS (you pay)
Value Drugs	N/A	\$3 copay
Preferred Generic	20%, after deductible	\$10 copay
Preferred Brand	20%, after deductible	\$35 copay
Non-Preferred	20%, after deductible	\$60 copay
Specialty	20%, after ded. to \$300/\$500 Max	20%, \$300/\$500 Max
Mail Value Drug	N/A	\$6 copay
Mail Preferred Generic	20%, after deductible	\$20 copay
Mail Preferred Brand	20%, after deductible	\$70 copay
Mail Non-Preferred	20%, after deductible	\$120 copay

2022 Monthly Health Plan Premiums

Payroll Deductions on the 15th of the Month

POS Plan	Total Monthly	WW Pays	Employee Pays
Employee	\$821.74	\$616.31	\$205.43
Employee + Spouse or DP	\$1,645.10	\$987.06	\$658.04
Employee + Child(ren)	\$1,482.99	\$889.79	\$593.20
Family	\$2,131.40	\$1,278.84	\$852.56

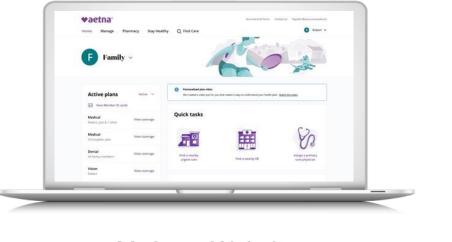
High Deductible Plan	Total Monthly	WW Pays	Employee Pays
Employee	\$615.88	\$461.91	\$153.97
Employee + Spouse or DP	\$1,232.93	\$832.23	\$400.70
Employee + Child(ren)	\$1,111.46	\$750.24	\$361.22
Family	\$1,597.42	\$1,078.26	\$519.16

- Notes:
- Pre-Tax Premiums
- Meets ACA Minimum requirements

The Aetna Health Digital Platform

Aetna's Member Website

Aetna Health App



Manage
VICE PLAN BROMMYDN
VICE PLAN BROMMYDN

Member DD: W123456-789
Concer PDS 8

MANC 1910-BLOR DD: M123456-789
CONCER PDS 8

MANC 1910-BLOR DD: M123456-



www.MyAetnaWebsite.com

Search Providers – Book Appointments – Compare Costs – Review & Pay Claims Order Prescriptions – Digital ID Cards – Member Services

ID Cards

- ID cards will mail to employee homes by mid-December to all 2022 enrollees
- If covering a spouse/Domestic Partner, two ID cards will be mailed
- Cards will contain employee plus up to four dependents; any remaining dependents will be listed on additional cards

	Whole Health ^{am} Customer Logo
CUSTOMER NAME LINE TWO CUSTOMER NAME LINE TWO GRP: 111111-011-00101 Issuer (80840) 9140860054 ID	Managed Choice Open Access
NAME 01 JOCALIN Q SAMPLE-TESTCARD 02 JOCELIN Q SAMPLE-TESTCARD 03 JACKSON Q SAMPLE-TESTCARD 04 GRAYSON Q SAMPLE-TESTCARD 05 DANIELLE Q SAMPLE-TESTCARD	PCP: ABC FAMILY PRACTICE PCP: ABC FAMILY PRACTICE PCP: ABC FAMILY PRACTICE PCP: ABC FAMILY PRACTICE PCP: ABC FAMILY PRACTICE
RX BIN# 610502	DEDUCTIBLE MAY APPLY PCP \$ 25.00 SPC \$ 40.00 RX \$5\$9984/5\$\$9984/5\$\$9984/5\$59984 Variable copays may apply

• Additional or replacement cards can be requested via Aetna's member services phone number or via the Aetna Member Website

Benefits to supplement medical payments

- Accident: Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan. Pays cash to help with medical and out-of-pocket costs that add up after an accidental injury.
- **Critical Illness:** Coverage provides added financial resources to help with medical costs or ongoing living expenses following the diagnosis of a covered condition like a heart attack, cancer or stroke.
- Hospital Indemnity: Provides a cash benefit when you're admitted to the hospital. You're covered immediately. If you're in an accident, have an illness or you're pregnant, you're covered.



Life Insurance

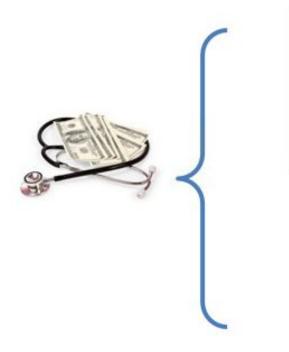
Wilson automatically pays for **Basic Life and AD&D** coverage of: 2 Times Basic Annual Earnings up to a maximum of \$550,000 with a minimum of \$10,000.

- You can also choose Optional Employee Life and AD&D coverage of: An amount in Increments of \$10,000 to a maximum of \$500,000 with a minimum of \$10,000, not to exceed 5 Times your annual earnings.
- **Evidence of Insurability (EOI)** is required with any increase greater than 2 increment levels during Open Enrollment.

You can purchase additional coverage for your spouse or domestic partner and dependent children up to age 26.

- **Spouse / Domestic Partner:** Increments of \$10,000 to a maximum of \$50,000 and a minimum of \$10,000, not to exceed 50% of the employee's optional life amount.
- **Dependent Child(ren):** Live Birth to 6 months \$500, 6 months to age 26 \$10,000 not to exceed 50% of the employee's optional amount.

Tax Savings Accounts



<u>Health Savings</u> Account (HSA)

- Enrolled in HDHP
- Meets other criteria

Healthcare FSA

- Enrolled in PPO
 - or waived
 - coverage

Dependent Care FSA

 All Eligible Employees



HSA (for participants in the HDHP only)

	2022 Contribution Limits
Employee	\$3,650
Family	\$7,300
*Catch-up Contributions	\$1,000

* If you are age 55 or older, you can make catch-up contributions

Wilson's HDHP plan qualifies for an HSA. In order to open an account:

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot have received medical benefits from Veterans Administration (VA) for any non-service connected disabilities at any time during the previous three months.*
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- You must be covered by the qualified HDHP on the first day of the month.
- Domestic Partners are not eligible.

Healthcare Flexible Spending Account (FSA)

- Contribution Jan. 1-Dec. 31, 2022
- Full contribution is available Jan. 1, 2022
- \$2,750 annual cap for 2022 (\$10 per pay period minimum)
- \$550 Rollover
- Debit Card
- Must use debit card or file claim with documentation / reimbursement to bank account
- Qualified medical, dental, or vision expenses eligible for reimbursement
- You cannot participate if you are enrolled in the HDHP or contributing to a HSA
- Domestic Partners are not eligible



Dependent Care Flexible Spending Account

- Pre-tax account to pay for dependent care expenses
- Eligible Dependents: tax dependents < 13 years old or disabled spouse or elderly parent who resides with you and is incapable of self care
- **Maximum**: \$5,000 if single or married filing jointly, or \$2500 if married and filing separately
- If you don't use it, you lose it!

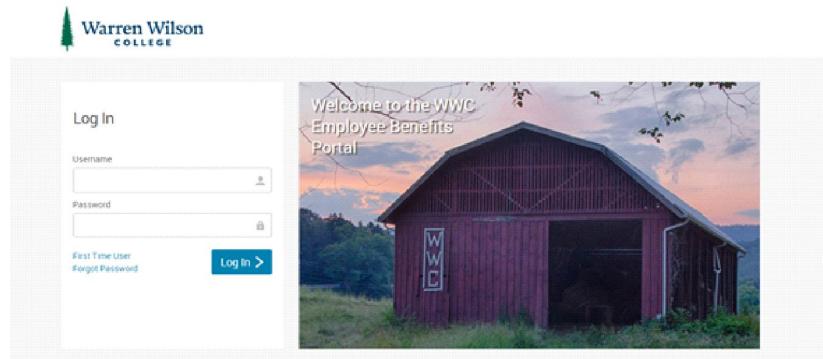
Ready to enroll?



Remember: Your 2021 benefits *will* rollover if you don't make changes except your Flexible Spending Accounts for healthcare and dependent care.

Enrollment : bswift

http://www.warrenwilsoncollege.bswift.com



To access the site, please use the following:

Username: Your username is First Initial + Last Name (ex: Jane Doe would be JDoe). Hint: If this does not work, try adding 1, 2, 3, etc to the end of the username (JDoe1, JDoe2, etc). You will be required to change your password following your initial login.

If you have any questions regarding the enrollment process or available options, please contact Mandy Kutschied at mkutschied@warren-wilson edu or Stephanie Johnson at sjohnson@warren-wilson.edu.



