The background features a large, light blue watermark of the University of Virginia seal. The seal is circular and contains the text "UNIVERSITY OF VIRGINIA" around the perimeter. In the center, there is a depiction of a classical building with columns and a pediment, with the year "1819" below it. Two yellow stars are positioned on either side of the central building.

**Open Enrollment 2009**  
**November 2 to November 20**



*UHR Office of Employee Benefits*

# UVA Health Plan: Changes to the Plan




## In both programs:

### Changes to Office Visit copayments:

-  PCP office visit \$20 (from \$15)
-  Specialist office visit \$40 (from \$30)

### Addition to dental benefits:

-  Additional Services for those with a diagnosis of maternity, heart disease, stroke, diabetes, transplant, and respiratory disease; includes an additional cleaning as well as enhanced non-surgical periodontal coverage
-

# Some helpful definitions



## ● Copayment:

- A fixed dollar amount you pay each time you receive a particular medical or Rx service.
- Copayments do not accumulate to any kind of maximums so no limit the amount of copayments you would owe.

## ● Coinsurance:

- A fixed percentage of allowable you must pay towards the cost of covered services.
- Coinsurance accumulates toward a maximum out-of-pocket for coinsurance. The medical maximum out-of-pocket for coinsurance excludes deductibles, copayments, prescriptions, and dental.




## ● Deductible:

- A fixed dollar amount you must incur before the plan begins to pay for the cost of covered services. Individual and family amounts.
-

# Rx Changes



## In both programs:

-  Copayments for generic drugs remain the same
  -  Brand name drugs will move from copayments to coinsurance
  -  Brand name drugs purchased at retail will have a \$100 deductible.
-

# UVA Health Plan: Rx changes, continued



## Retail pharmacy (30-day supply)

Generic

\$6

Formulary Brand

20% after deductible

(coinsurance minimum \$24, maximum \$100)

Non-Formulary Brand

20% after deductible

(coinsurance minimum \$48, maximum \$100)

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# UVA Health Plan: Rx changes, continued



## Mail Order (90-day supply)

Generic	\$14
Formulary Brand (minimum \$56, maximum \$300)	20%
Non-Formulary Brand (minimum \$112, maximum \$300)	20%

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# UVA Health Plan: Rx changes, continued



## Specialty (30-day supply)

For Generic, Formulary, Non-Formulary Brand

- 20% coinsurance
  - Minimum \$50, maximum \$100
-

# Rx examples

## Formulary Drug at retail

Lipitor

current copayment	\$24
if deductible not met	\$124.00

Full cost \$193.32

Deductible \$100.00

Balance after deductible \$93.32

20% coinsurance on balance \$18.66

Apply minimum copay \$24.00

Total \$124.00

if deductible met (20% of \$193.32)	\$38.66
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# Rx examples



## Non-Formulary Drugs at retail

### Vytorin

current copayment	\$48
if deductible met, with 20%	\$48

### Aciphex

current copayment	\$48
if deductible met, with 20%	\$49.36

### Cozaar

current copayment	\$48
if deductible met, with 20%	\$48

---

# Rx examples



## Specialty Drugs

### Copaxone

current copayment

\$50

With 20%

\$100

### Advate

current copayment

\$75

With 20%

\$100

### Humira

current copayment

\$50

With 20%

\$100

---

# UVA Health Plan: Mental Health Changes



- In both programs:
    - Mental Health Parity compliance
      - Eliminates plan maximums to be in compliance with Federal Parity
    - New Mental Health vendor
      - Currently United Behavioral Health
      - New vendor is MHNet
      - Preauthorization required
-

# UVA Health Plan: Changes to the High Premium Plan



## Changes to Copayments

- 🏠 In-patient copayment \$300 (from \$200)
- 🏠 Emergency Room and Outpatient Procedures \$125 (from \$75)

Addition of \$100 Deductible

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# UVA Health Plan: Changes to the High Premium Plan



## Addition of Co-insurance

- Some services now covered at 100%, will move to mirror other HP with deductible and coinsurance of 90%/10%; examples include cardiac rehab, respiratory therapy, chemotherapy, dialysis, IV infusion therapy and medications administered in conjunction with any of these services
  - Specialty diagnostic services including but not limited to MRA, MRI, CAT Scan, PET Scan will move to mirror other diagnostic services with deductible and 90%/10% coinsurance
-

# UVA HEALTH PLAN

## Premiums 2009 and 2010



	2009 Low Premium Program	2010 Low Premium Program	2009 High Premium Program	2010 High Premium Program
<b><u>Employee</u></b>				
● Single	\$12	\$12	\$42	\$47
● EE + child	\$47	\$47	\$147	\$166
● EE + spouse	\$54	\$54	\$171	\$193
● Family	\$116	\$116	\$327	\$370
● Double State	\$80	\$80	\$291	\$334

# Quick Comparison – In Network

	Low Premium Program	High Premium Program
<b>Primary Care Office Visits</b>	\$20 Copayment	\$20 Copayment
<b>Specialist Office Visits</b>	\$40 Copayment	\$40 Copayment
<b>Drugs</b>	\$6 generic \$100 deductible brand at retail, then 20% with coinsurance minimums and maximums	\$6 generic \$100 deductible brand at retail, then 20% with coinsurance minimums and maximums
<b>Diagnostic, lab, xRay, chemo, other</b>	\$350 Deductible + 20% co-insurance	\$100 Deductible + 10% co-insurance

# UVA Health Plan: Quick Comparison – In Network



	<b>Low Premium Program</b>	<b>High Premium Program</b>
<b>Wellness testing</b>	100% with no limit	100% with no limit
<b>Emergency Room</b>	\$350 Deductible + 20% co-insurance	\$125 Copayment; 10% coins (after deductible) +\$40 physician copay
<b>Inpatient Hospitalization</b>	\$350 Deductible + 20% co-insurance	\$300 Copayment
<b>Outpatient Hosp. Procedures</b>	\$350 Deductible + 20% co-insurance	\$125 Copayment
<b>Medical Co-insurance Out-of-Pocket Limits</b>	\$3,500 per person \$7,000 per family	\$2,500 per person \$5,000 per family



Service	Billed	Allowed	2010 Coinsurance	2010 Copay	2010 Deductible	HP 2010	2010 Coinsurance	2010 Copay	2010 Deductible	LP2010
<b>Outpatient Procedures</b>	\$3,413.00	\$1,099.25	\$0.00	\$125.00	\$0.00		\$149.85	\$0.00	\$350.00	
	\$160.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
	\$409.00	\$164.99	\$6.49	\$0.00	\$100.00		\$32.99	\$0.00	\$0.00	
<b>Total Due</b>			<b>\$6.49</b>	<b>\$125.00</b>	<b>\$100.00</b>	<b>\$231.49</b>	<b>\$182.85</b>	<b>\$0.00</b>	<b>\$350.00</b>	<b>532.84</b>
<b>Diagnostic</b>	\$125.00	\$34.23	\$3.42	\$0.00	\$0.00		\$6.85	\$0.00	\$0.00	
	\$120.00	\$22.15	\$2.22	\$0.00	\$0.00		\$4.43	\$0.00	\$0.00	
<b>Total Due</b>			<b>\$5.64</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5.64</b>	<b>\$11.28</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11.28</b>
<b>Inpatient</b>	\$2,466.00	\$2,096.10	\$0.00	\$300.00	\$0.00		\$419.22	\$0.00	\$0.00	
	\$164.67	\$139.97	\$0.00	\$0.00	\$0.00		\$27.99	\$0.00	\$0.00	
	\$214.00	\$181.90	\$0.00	\$0.00	\$0.00		\$36.38	\$0.00	\$0.00	
	\$1,030.00	\$875.50	\$0.00	\$0.00	\$0.00		\$175.10	\$0.00	\$0.00	
	\$2,652.00	\$2,254.20	\$0.00	\$0.00	\$0.00		\$450.84	\$0.00	\$0.00	
	\$60.00	\$51.00	\$0.00	\$0.00	\$0.00		\$10.20	\$0.00	\$0.00	
<b>Total Due</b>			<b>\$0.00</b>	<b>\$300.00</b>	<b>\$0.00</b>	<b>\$300.00</b>	<b>\$1,119.73</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,119.73</b>
<b>ER</b>	\$20.00	\$15.00	\$0.00	\$15.00	\$0.00		\$3.00	\$0.00	\$0.00	
	\$170.00	\$127.50	\$0.00	\$110.00	\$0.00		\$25.50	\$0.00	\$0.00	
	\$282.00	\$211.50	\$0.00	\$0.00	\$0.00		\$42.30	\$0.00	\$0.00	
	\$81.00	\$22.62	\$2.26	\$0.00	\$0.00		\$4.52	\$0.00	\$0.00	
	\$63.00	\$16.63	\$1.66	\$0.00	\$0.00		\$3.33	\$0.00	\$0.00	
	\$508.00	\$381.00	\$0.00	\$0.00	\$0.00		\$76.20	\$0.00	\$0.00	
	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00		\$4.00	\$0.00	\$0.00	
	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00		\$4.00	\$0.00	\$0.00	
	\$26.75	\$0.38	\$0.00	\$0.00	\$0.00		\$0.08	\$0.00	\$0.00	
	\$400.00	\$236.05	\$0.00	\$40.00	\$0.00		\$47.21	\$0.00	\$0.00	
			<b>\$3.92</b>	<b>\$165.00</b>	<b>\$0.00</b>	<b>\$168.92</b>	<b>\$210.14</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$210.14</b>
<b>TOTAL</b>						<b>706.05</b>				
							<b>1873.99</b>			

# UVA Health Plan: Things to Consider



- Monthly cash flow
  - Average annual health costs (view your history at [www.southernhealth.com](http://www.southernhealth.com))
  - Tolerance for unexpected/unplanned expenses
  - Participation in the Flexible Spending Account Program
  - Have an opportunity to change next year
-

# UVA Health Plan: What Do You Do



- If you wish to change programs, complete a Program Election Form.
  - In addition, if you are adding or deleting dependents, complete a UVA Health Plan application.
  - Return forms and paperwork to the UHR Office of Employee Benefits by Friday November 20<sup>st</sup> by 5:00pm
-

# UVA Health Plan: Reminder about dependents



Drop ineligible dependents –

- Former spouse
  - Married children
  - Children not at home
  - Relatives other than legal spouse and children
  - Not an IRS dependent
-

# Other Open Enrollment Items

- Vision Insurance

- Davis Vision

- Flexible Spending Accounts

- Chard Snyder

- Tax Deferred Savings Plan

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# Davis Vision Insurance



- Automatic re-enrollment if you are currently enrolled in Davis Vision Insurance; must complete forms to drop coverage

- Who is eligible?

Benefits-eligible academic and Medical Ctr employees

Do not have to be enrolled in the Health Plan to enroll in the Vision Plan

- Once each calendar year you can receive

- Eye Examination for glasses with a specialist copay
- Spectacle lenses and frames OR
- Contact lenses

Employee only	\$5.66 per month
Employee and child	\$9.91 per month
Employee and spouse	\$10.20 per month
Family	\$15.86 per month

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# Flexible Spending Accounts: General



- You must re-enroll each year and can now enroll on-line
  - Programs are use or lose
  - Debit card or claim form with direct deposit
  - On-line account info available
  - \$2.75 per month administrative fee
  - Changes limited based on qualifying events
  - If you are enrolled in 2009 and elect to re-enroll in 2010, you will use your current debit card. New debit cards will not be issued.
-

# Flexible Spending Accounts: Debit card features



- Special-purpose pre-paid Master card to pay for qualified expenses
  - Works like a debit card with the value of your account contribution stored on it; when you use it, amount is deducted from your account
  - For Health Care FSA, the dollar value on the Card will be your annual election amount
  - For Dependent Care FSA, the card is funded each pay period , so you must be aware of your account balance
  - The Card will work only at locations with eligible merchant categories (ex: pharmacies, medical and vision providers, and hospitals)
  - Will not work at restaurants, hardware stores, book stores and gas stations, for example
  - Save your receipts in case of an audit—card could be suspended if receipts are requested and not provided
  - Receipts can be requested at anytime after the expense has been submitted
-

# Flexible Spending Accounts: Health






- Minimum: \$240; Maximum: \$5000
  - New employees can enroll immediately, no waiting period
  - Grace period until March 15<sup>th</sup> 2011 to incur claims ; until April 30<sup>th</sup> to file claims
  - Can be used for:
    - Drug copays, coinsurance, and deductibles
    - Vision care
    - Certain OTC costs
    - Uncovered dental
    - Chiropractic services
-

# Flexible Spending Accounts: Health, cont'd



 Cannot be used for:

-  Cosmetic surgery
  -  Premiums
  -  Vitamins and herbal supplements
-

# Flexible Spending Accounts: Dependent Care

- Minimum: \$240, Maximum: Depends on tax status
  - Can be used for:
    - Before & after school programs
    - Nursery school, preschool, in-home care
    - Summer camp (not overnight)
    - Adult daycare
-

# Flexible Spending Accounts: Dependent Care, cont'd



- Can not be used for:
    - Child support payments
    - Educational supplies or activity fees
    - Private school tuition (after preschool)
  - The Dependent Care program is intended to allow both parents to work or attend school full-time.
-

# Tax Deferred Savings Program



- Limits for 2009:are:
    - Age 49 and younger: \$16,500
    - Age 50 or older: \$22,000
    - Limits for 2010 not yet available
  - Reminder for biweekly; will defer more in 2010 unless you make a change
  - **MUST** complete a new TDSP Authorization Form if you wish to change deferral amount
  - Can elect flat amount or percentage
-

# Questions?



- Contact the UHR Office of Employee Benefits
- E:mail: [openenrollment@virginia.edu](mailto:openenrollment@virginia.edu)
- Mail: PO Box 400127; C'ville 22904-4127
- Phone: 434/982-0123
- Fax: 434/924-4486

All forms must be received by the UHR Office of Employee Benefits by **5 p.m., November 20**

**Keep fax confirmation sheet!**

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