ANNUAL ENROLLMENT

PLAN YEAR 2019-2020

WHAT'S NEW

WHAT YOU NEED TO KNOW

HOW TO ENROLL

WHAT'S NEW

+ NO MEDICAL PLAN INCREASES

+ EMPLOYEE SUPPLEMENTAL AND SPOUSE LIFE PRICES DOWN 5%

+ ENHANCED DMO COVERAGE

+ remove preventive care visit copay
+ coverage for implants now available

+ GROUP LEGAL PLAN FROM ARAG

+ covers employee and any eligible dependents
$22.25/month

+ EXPERT MEDICAL OPINION

+ covers all benefits-eligible employees and dependents
+ no cost to the employee
+ brought to you by Best Doctors

+ NEW ENROLLMENT COMMUNICATIONS

+ simpler annual enrollment booklet to let you know what you need to know in order to enroll
+ detailed information about each plan option, how they work and rules surrounding them will be available on the benefits.rice.edu website before July 1
+ you will receive a notification when they are available

WHAT YOU NEED TO KNOW

PASSIVE ENROLLMENT

If you are happy with the benefits you have this year you don't need to do anything, with the exception of the **flexible spending accounts**, which must be elected every year. We recommend that you log in to the benefits portal to check on your benefits.

ELIGIBILITY

Details on eligibility can be found in university policy 403.
Eligible Dependents are spouse, domestic partner, eligible children up to age 26.
Eligible children are natural children, legally adopted children, stepchildren, children for whom you are the legal guardian (including grandchildren), foster children, children placed with you for adoption, and children of your domestic partner (subject to limitations).
You will be required to prove dependent status when you add new dependents to the plan.

VISION PLANS

Aetna Preferred Vision Plan	What You Pay (monthly)
Employee only	**$4.87**
Employee plus spouse/partner	**$9.25**
Employee plus child(ren)	**$9.73**
Employee plus family	**$14.31**

FLEXIBLE SPENDING ACCOUNTS (FSA)

Wage Works: Save on your taxes! Set aside pre-tax dollars to help you pay for unreimbursed medical, dental, vision, or daycare costs for you and your tax dependents. "Use it or Lose it," so plan carefully. Keep your receipts as you may be required to submit them to verify they are eligible charges.
Medical: Maximum is $2,700. Can use the easy debit card option or request reimbursement by check or direct deposit. Is for unreimbursed medical, dental, and vision costs for you and your tax dependents
Dependent Care: $5,000 is the family limit or $2,500 of filing a separate return for a married person. Is for day care costs for you and your tax dependents.

HEALTH SAVINGS ACCOUNT

You can contribute up to $3,500 to an HSA if you have single coverage or up to $7,000 for family coverage in 2019. If you are 55 or older anytime in 2019, you'll be able to continue to contribute an extra $1,000 for either level. Payflex manages this for Rice.

SURVIVOR PROTECTION

Unum

Employee	**1 - 5 times your salary (up to $1M)**
Spouse	**$100K payable to you**
Child(ren)	**$5K or $10K payable to you**

If you have eligible employee supplemental coverage today, you can take your election up one time without evidence of insurability (EOI). For spouse life, you can take it up $5K (max of $50K) without EOI. Child Life requires no EOI. If EOI is required for your selection, it will be requested from you as you enroll. Instructions will be provided on the enrollment portal.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

You can cover yourself only, add your spouse, or cover the entire family. For death, AD&D pays the entire face value as indicated below. For dismemberment (loss of arm, leg, eye, etc.) AD&D pays according to a schedule. Coverage is available to the lesser of 10 times your salary or $500K.

Who's Covered	Benefit Amount	Cost (only available in multiples of $10K)
Employee only	100% of employee coverage	**$.20 /$10K of coverage**
Employee & Spouse		**$.40/$10K of coverage**
Employee	100% of employee coverage	
Spouse	60% of employee coverage up to $250K	
Family		**$.40/$10K of coverage**
Employee	100% of employee coverage	
Spouse	50% of employee coverage up to $250K	
Each child	10% of employee coverage up to $25K	
Employee & Child(ren)		**$.40/$10K of coverage**
Employee	100% of employee coverage	
Each child	15% of employee coverage up to $25K	

DENTAL PLAN OPTIONS COMPARISON GUIDE

Aetna DHMO Plan

Providers	**Network providers only**
Deductible	**None**
Preventive Care	**No co-pay**
Basic Care	**According to a copay schedule***
Major	**According to a copay schedule***
Orthodontics (Adults & Children)	**$2,000 copay**
Annual Maximum	**None**

Aetna Dental PPO Plan

Providers	**In and out-of-network providers but out of pocket costs are lower with network providers**
Deductible	**$50/$150 (waved for basic and preventive care)**
Preventive Care	**100%**
Basic Care	**80%**
Major Services	**50%**
Annual Maximum	**$1,500**
Orthodontics	**50%**
Orthodontics Lifetime Maximum	**$1,500**

Rates for Dental Coverage

Aetna Dental PPO Plan	What You Pay (monthly)
Employee only	**$49**
Employee plus spouse/partner	**$100**
Employee plus child(ren)	**$104**
Employee plus family	**$143**

Aetna DHMO Plan

Employee only	**$13.68**
Employee plus spouse/partner	**$24.64**
Employee plus child(ren)	**$25.67**
Employee plus family	**$35.42**

Employees who earn less than $40,000 per year (as of April 1 of each year, on a full-time equivalent basis) qualify for a 50% discount on dental premiums for both the Aetna DMO and the PPO dental plans (which will be paid for by the university).

MEDICAL PLAN OPTIONS COMPARISON GUIDE

	ACO	HMO	CDHP		POS	
	Aetna Whole Health Plans Memorial Hermann Accountable Care Network - Elect Choice	Aetna Standard Plans Aetna Select	Aetna Open Access Plans Aetna Choice POS II (Open Access)		Aetna Open Access Plans Aetna Choice POS II (Open Access)	
General Plan Provisions			**Network**	**Non-Network**	**Network**	**Non-Network**
Deductible						
Individual	None	None	$2,700	$7,800	$500	$2,000
Family	None	None	$8,100	$23,400	$1,000	$4,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum						
Individual	$1,500	$3,000	$5,000	$9,000	$4,000	$6,000
Family	$3,000	$6,000	$12,500	$27,000	$8,000	$18,000
Physician Services	referral required for specialist					
Preventive Services	Covered 100%	Covered 100%	Covered 100%	60% after ded. (limits may apply)	Covered 100%	60% after deductible
Primary Care Office Visit	$30 copay	$35 copay	80% after deductible	60% after deductible	$40 copay	60% after deductible
Specialist Office Visit	$40 copay	$45 copay	80% after deductible	60% after deductible	$50 copay	60% after deductible
X-Ray & Laboratory at Facility	$40 copay	$45 copay w/PCP referral	80% after deductible	60% after deductible	$50 copay after ded.	60% after deductible
Laboratory at Doctor's Office	Included w/OV copay	Included w/OV copay	80% after deductible	60% after deductible	Included w/OV copay	60% after deductible
Outpatient Physical/ Speech/Occupational Therapy	$40 copay	$45 copay	80% after deductible	60% after deductible	$50 copay	60% after deductible
Outpatient Dialysis/ Chemotherapy	$40 copay	$45 copay	80% after deductible	60% after deductible	$50 copay after ded.	60% after deductible
Allergy Testing/ Treatment	$40 copay ($30 for injection at PCP office)	$45 copay ($35 for injection at PCP office)	60% after deductible	60% after deductible	$50 copay after ded. ($40 for injection at PCP office)	60% after deductible
Emergency Services						
Emergency Room	$200 copay	$200 copay	80% after deductible	Same as preferred care	$200 copay	Same as preferred care
Urgent Care	$50 copay	$50 copay	80% after deductible	60% after deductible	$50 copay	60% after deductible
Ambulance	No copay	No copay	80% after deductible	Same as preferred care	No copay after ded.	No copay
Hospital Services						
Inpatient Hosp. Visit (semiprivate room)	$300 copay	$350 copay	80% after deductible	60% after deductible	$450 copay after ded.	60% after deductible
Skilled Nursing Fac. (in lieu of hosp. limits may apply)	$300 copay	$350 copay	80% after deductible	60% after deductible	$450 copay after ded.	60% after deductible
Maternity OB Visit (initial visit)	$40 copay (initial visit)	$45 copay (initial visit)	80% after deductible	60% after ded. (initial visit)	$50 copay after ded.	60% after deductible
Hospital (includes newborn services)	$300 copay	$350 copay	80% after deductible	60% after after ded.	$450 copay deductible	60% after after ded.
Outpatient Surgery	$100 copay	$175 copay	80% after deductible	60% after deductible	$200 copay after ded.	60% after deductible
Home Health (outpat.) (limits may apply)	No copay	No copay	80% after deductible	60% after deductible	No copay after ded.	60% after deductible
Hospice (inpatient/ outpatient)	No copay	$350 copay/ No copay	80% after deductible	60% after deductible	$450 copay/ No copay after ded.	60% after deductible
Rates for Combined Medical and Pharmacy Coverage	**What You Pay (monthly)**	**What You Pay (monthly)**	**What You Pay (monthly)**		**What You Pay (monthly)**	
Employee only	$83	$101	$128		$172	
Employee plus spouse/partner	$318	$377	$388		$611	
Employee plus child(ren)	$277	$329	$375		$537	
Employee plus family	$541	$642	$665		$1,035	

Prescriptions drugs provided by ExpressScripts. Retail 30-day supply; generic $10 copay, formulary brand $40 copay, non-formulary brand $60 copay, speciality medication 25% up to $150 copay. Mail order 90-day supply; generic $25 copay, formulary brand $100 copay, non-formulary brand $150 copay. Consumer-directed plan copay applies once deductible has been met.

ADDITIONAL BENEFITS

BRIGHT HORIZONS BACK UP CARE

Have you ever been in a bind when the day care closes or your nanny is sick? What about needing care for an elderly parent or even yourself following surgery or an illness? The Bright Horizons Back up Care program provides for care in all of these situations, either at one of their centers or in-home. It can even help out with dependents who live in other cities. For more information, check it out here: http://people.rice.edu/benefits-rewards/other/back-up-care-advantage-program/

RETIREMENT PLAN

While not our focus this time of year, don't forget about the great retirement planning resources Rice provides for you through our partners, TIAA and Fidelity. Meet one on one with a financial planner to set your goals, envision your future, and ensure you are prepared to retire on your terms. For an appointment, TIAA can be reached at 1-800-732-8353; Fidelity can be reached at 1-800-343-0860.

EXPERT MEDICAL OPINION SERVICE

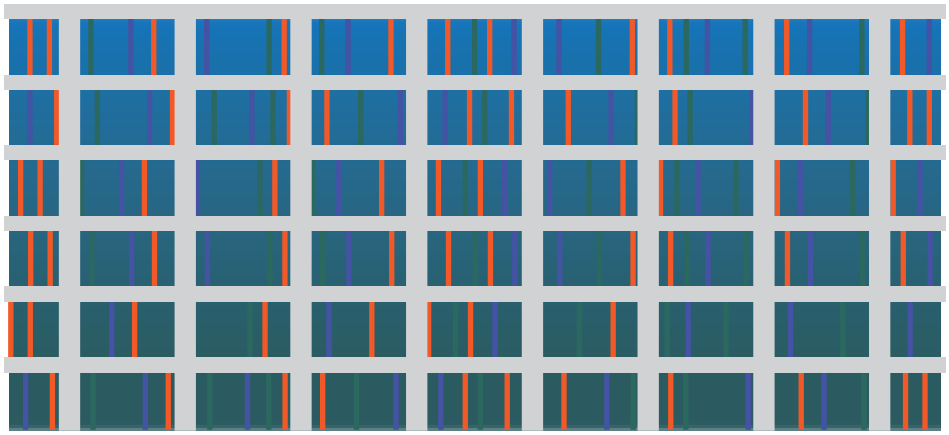
When you have a concerning diagnosis and want to get a second opinion from eminent expert in that field of medicine to ensure your diagnosis and treatment plan reflect the very best thinking available in medicine today from leading experts in their sub-specialties, Best Doctors is the service for you. More detailed information to come very soon on our website and in your mailbox.

HOW TO ENROLL

1. Visit **benefits.rice.edu**
2. Select the "Enroll in Benefits" icon located on the far right in order to access the Enrollment Portal
3. After logging in using your NetID and Password, you will be directed to the Benefits Portal
4. Select the "Enroll Now" icon on the far right
5. Click "Get Started"
6. Add **dependents** as needed.
7. Enroll in or edit your **medical coverage**
8. Make your election for or decline **medical flexible spending account**
9. Follow through for all other **remaining benefits** that are offered to you. For each benefit that is not fully employer funded, you may decline if you do not wish to enroll. If you are currently enrolled in an option, you can access it by selecting edit coverage. You will be required to view options that must be elected every year, new benefits, and the beneficiary designation section before you can continue your elections.
10. Once all sections have been completed and you have selected the green "Complete Enrollment" icon at the bottom of the screen, you will receive a confirmation number stating you have **completed your enrollment.**

CONTACT

CONTACT INFORMATION	PHONE
Benefit Service Center	**713-348-2363**
Aetna Concierge Medical Dental Vision	**1-800-905-7670**
Express Scripts (Rx)	**1-800-361-4542**
UNUM Disability Life Insurance AD&D Long Term Care	**1-888-857-1057**
Wage Works	
Medical FSA	**1-877-924-3967**
Dependent Care FSA	**1-877-924-3967**
COBRA	**1-877-502-6272**
Direct Bill	**1-877-502-6272**
ARAG (Group Legal)	**1-800-247-4184**
Health Savings Account	**1-844-PAYFLEX**



HUMAN RESOURCES