

2021 Health & Supplemental Insurance Open Enrollment

Frequently Asked Questions

1. What is open enrollment?

Open enrollment is your once-per-year opportunity to make changes to your health and supplemental benefits. Benefits that can be only changed during open enrollment include: medical, dental, vision, supplemental AFLAC and life insurance and flexible spending account contributions. You may add or drop dependents during open enrollment or change plan elections in these benefits. These benefits can only be changed at other times during the year in the case of a qualifying event (i.e. marriage, birth of a child, declaration of domestic-partnership, loss of coverage through a spouse, etc.). Other benefits that may be changed either during open enrollment **OR** throughout the year, without a qualifying event, include supplemental retirement contributions, health savings account contributions, and TransitChek elections.

2. When is the College's 2021 open enrollment period?

The College's 2021 open enrollment will begin on **Monday, November 2 and will conclude on Friday, November 20**. All plan changes must be completed by November 20, for a January 1, 2021 effective date.

3. What changes is the College making to health insurance plans this year?

As was announced in an email to all faculty and staff, there are no changes to the co-payments, prescription tiers, or plan designs for the current POS (high-cost), EPO (mid-cost), and HDHP (low-cost) plans, nor to the insurance network (Cigna) for our health insurance coverage.

4. Will employee premiums (payroll deductions) for health insurance coverage change in 2021?

There will be no increase to any of the three plan options (HDHP, EPO, POS) in 2021 and will remain at 2020 rates. As a reminder, benefit-eligible, long term guest faculty (those with 10 or more years of service) are eligible to enroll in health insurance coverage under the same terms as tenure- and tenure-track faculty (based upon salary tier).

5. Why did the College join a health care consortium last year?

In 2020 the College joined a consortium of higher education institutions in an effort to contain health insurance costs, in part by establishing greater purchasing power for our health insurance benefits. edHEALTH was founded in 2013 and currently has more than 30,000 enrolled participants in its consortium. Many schools, including Sarah Lawrence, who participate in this consortium have seen lower than average increases in health insurance costs.

Under many models of health insurance, the employers select a single provider as its insurance network, third party administrator of claims (TPA), and a pharmacy provider. All of these functions include an embedded profit for the provider. In a consortium model through edHEALTH, the College, along with its consortium peers, have the ability to select a separate insurance network, TPA, and pharmacy provider, resulting in increased competition for these services and the elimination of embedded profits. By joining a consortium, the College has also gained significant purchasing power for these services.

6. How do the insurance network, TPA and pharmacy provider work together?

The following is an explanation of how these aspects of your health insurance work together. For more details, click [here](#)

- A third-party administrator is responsible for the customer-facing functions of a health insurance plan. These functions include claims processing and resolution and general customer service. The College's third-party administrator for health coverage is Trustmark.
- The insurance network is the network of doctors, hospitals and facilities that accept our plan, and provide negotiated rates for services. The College's insurance network is CIGNA PPO.
- The pharmacy coverage determines the pricing of prescription medications. The College's pharmacy provider is OPTUMRX.

When you present your insurance card at the doctor's office or pharmacy it will be clear that your insurance network is Cigna and that your prescription carrier is Optum RX. Doctors and facilities will contact Trustmark to verify your insurance coverage and employees will contact Trustmark for any billing or claims questions.

7. Does the College benefit from me enrolling in the least expensive (HDHP) plan option?

The College will not benefit from an employee's enrollment in any given plan, since as of 2020, the College began contributing the same amount towards the cost of coverage across all plans. Insurance selections are a very personal choice, and the College encourages you to enroll in the plan that best suits your needs.

8. How will I know which plan is right for me?

First, it is important to review and understand the 2021 plan offerings. Please visit [MySLC](#) to help you understand the differences between the plans. In short:

- **POS (highest cost plan):** The POS plan provides employees with out-of-network benefits as well as in-network benefits that are identical to the EPO plan, including low co-payments for in-network services. There is a small deductible and 20% coinsurance for out-of-network services. This is the most expensive plan to employees through payroll deduction, and provides the greatest out-of-network benefits.
- **EPO (mid cost plan):** The EPO plan provides the same in-network benefits as the POS plan, **with an identical network of providers as the POS and HDHP**. Unlike the POS, the EPO has **no** out-of-network benefits. This is the mid-cost plan for employees, and also the plan off of which College contributions to employees' health insurance coverage are based.
- **High Deductible Health Plan (lowest cost plan):** This plan has the same provider network as the POS and EPO plans and will require enrolled participants to first meet a deductible (\$2,000 single / \$4,000 family) before the insurance company pays all in-network claims at 100% (with the exception of prescriptions, which will be covered at the three-tier structure of the EPO and POS plans). In 2021, the College will again contribute 50% of the deductible (\$1000 single / \$2,000 family) to a health savings account for employees who enroll in the HDHP option. While there is an out-of-network benefit on the HDHP plan, (unlike the EPO, where there is none) there is a significant deductible which must be met for out-of-network services. The HDHP plan has the lowest employee paycheck deduction of the three plan options. For an overview of how the HDHP/HSA plan works, click [here](#).

Second, consider creating an account through Trustmark to access details regarding your insurance usage over the last year. This will help you to understand how often (if at all) you have accessed services out-of-network, or which types of benefits you have used most frequently. It will also help you to understand the costs and benefits associated with each of the individual plan options for your particular utilization of your insurance. A guide on how to create your Trustmark account is available [here](#).

Third, review the Cigna network of providers, which will allow you to confirm if your current doctors participate in the Cigna network. As a reminder all three of the College's insurance plans will use the same Cigna PPO network. A guide on how to search the Cigna networks is available [here](#).

Fourth, contact the Office of Human Resources to request a meeting with any of the following:

- Sheena Tracey, Sarah Lawrence College Benefits Broker (available for zoom consultations)
- Danielle Coscia, Associate Vice President for Human Resources (dcoscia@sarahlawrence.edu)
- Lina Ferrito, Associate Director of Human Resources (cferrito@sarahlawrence.edu)

Individual and small group meetings (such as faculty group meetings or office meetings) are available upon request leading up-to and throughout the open enrollment period.

9. Will there be any change in the cost of the dental or vision coverage offered through the College?

There will be no change in the cost of the supplemental vision coverage offered through the College. The cost of the College's dental plans **will decrease by 6.4% in 2021**. Rates are available [here](#).

10. I am happy with my health insurance plan selection, and don't want to make any changes to my enrollment. What do I need to do?

There will be no change employee contribution rates for 2021. As a reminder, the detailed rate sheet is available [here](#). If you are making no changes to your plan selection, nor to any of your other supplemental benefits (dental, vision, etc), you do not need to do anything. You will automatically be defaulted into your all of your current benefit elections.

A reminder that anyone enrolled in a flexible spending account (FSA) for medical care or dependent or a health savings account care *must* re-enroll in those benefits each year. The election form for the FSA can be found [here](#). The election form for the HSA can be found [here](#).

11. I want to make changes to my health, dental, and/or vision insurance elections, or I want to enroll in the Sun Life Supplemental Life Insurance benefits. Where can I get the forms that I need in order to make these changes?

These forms are available on [MySLC](#). Please contact Associate Director of Human Resources, Lina Ferrito, for assistance with completing your forms.