



FAQs

2025 Open Enrollment

What is open enrollment?

Unless you have a qualifying event, open enrollment is your annual opportunity to update or choose the benefit options that best meet your needs for 2025.

You can elect or make changes to:

- Medical, dental, and vision insurance
 - Health Savings Account (HSA)
 - Flexible Spending Account (FSA)
 - Dependent Care Account (DCA)
 - Supplemental Life Insurance
 - Legal Insurance



What is a qualifying event?

A qualifying life event is a change in your life, either planned or unplanned, that has an impact on your insurance coverage.

- Losing existing health coverage through a spouse's plan
- Turning 26 and losing coverage through a parent's plan
 - Getting married or divorced
 - Having a baby or adopting a child
 - Death in the family

Qualifying events and supporting documents must be submitted to Human Resources within 30 days after the event

When is open enrollment?

Enrollment for the 2025 plan year begins on November 4th and ends on November 15, 2024.

All plan changes must be submitted to jestevez@sarahlawrence.edu by November 15, 2024 for a January 1, 2025 effective date.

How do my health benefits work?

- **edHealth:** Sarah Lawrence College is a member of a consortium of higher education institutions who work together in an effort to contain health insurance costs. In a consortium model through edHEALTH, the College, along with its consortium peers, have the ability to select a separate insurance network, third-party administrator (TPA), and pharmacy provider, resulting in increased competition for these services.
- **Cigna PPO:** Insurance network of doctors, hospitals and facilities that accept our plan, and provide negotiated rates for services.
- **Luminare:** A third-party administrator (TPA) is responsible for the customer-facing functions of a health insurance plan. These functions include claims processing and resolution and general customer service.
- **Optum Rx:** Pharmacy provider that determines the pricing of prescription medications.

*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 Luminare to verify your insurance coverage and employees will contact Luminare for any billing or claims questions.



What are the Cigna PPO plan options?

• **POS (highest cost plan)**: provides both in and out-of-network benefits. There is a small deductible and 20% coinsurance for out-of-network services. This plan provides the greatest out-of-network benefits and is often best suited for employees who would like the option to regularly access out-of-network care.

• **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 and may be best suited for employees who routinely access care from in-network physicians.

• **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). 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.

In 2025, 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.

How do I know which plan is right for me?

- Review and understand the 2025 plan offerings and differences.
- Consider creating an account through Luminare to access details regarding your insurance usage over the last year and help you understand:
 - **How often (if at all) you have accessed services out-of-network**
 - **Which types of benefits you have used most frequently**
 - **The costs and benefits associated with each of the individual plan options for your particular utilization of your insurance**
- Review the Cigna network of providers, which will allow you to confirm if your current doctors participate in the Cigna network.
- Contact the Office of Human Resources to request a meeting.

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

- The College does not benefit from an employee's enrollment in any given plan.
- The College contributes the same amount towards the cost of all single plans and the same amount towards the cost of all family plans.
- Insurance selections are a very personal choice, and the College encourages you to enroll in the plan that best suits your needs.

Will employee premiums (payroll deductions) for health insurance coverage change in 2025?

- Health insurance premiums were initially increased by 13.8%, however, as a result of adjustments to prescription coverage, there will be a **9.8% increase** in medical premiums.
- 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).

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

- The College's three tier prescription coverage and pharmacy formulary **will change effective January 1, 2025.**
 - Prescription tiers will change to \$15/30/\$50
 - The College's plan will utilize the premium formulary
- There are **no changes** to office visit co-payments, deductibles, or the PPO Cigna insurance network for the College's health insurance coverage.

Why is the College's prescription coverage changing?

- The edHEALTH consortium has been working to align its member institutions' benefit offerings.
- Sarah Lawrence is currently the only member institution with a three-tier pharmacy benefit of \$10/\$20/\$35, with all others providing coverage minimally at the \$15/\$30/\$50 level.
- In addition, more than eighty percent of edHEALTH's member schools currently utilize the premium formulary for their prescription coverage.
- Making these adjustments to the College's health insurance plan will also reduce the premium increase for employees from 13.8% to 9.8%.

What is three tier prescription coverage?

- Health insurance plans typically have three tiers for covered prescriptions, as described below:
 - **Tier 1: The least expensive drugs, usually generic drugs, with a low or no copay**
 - **Tier 2: Higher-priced generic drugs and lower-priced brand-name drugs, with a medium copay**
 - **Tier 3: Higher-priced brand-name drugs and some higher-cost generic drugs, with the highest copay**
- The dollar value of each of the tiers is a cap on the out-of-pocket cost paid by plan participants per prescription.
- In most cases, participants pay less than this cap as a result of further discounting at the pharmacy.
- In addition, participants who elect to fill their eligible prescriptions by mail will receive more than a 30% discount on a 90-day supply of medication.
- For more information on the mail order prescription benefit, contact OptumRX. The mail order prescription form is available on MySLC.

What is a pharmacy formulary?

- A pharmacy formulary is a list of prescription drugs that are covered by a health insurance plan. Premium formularies are typically developed with the understanding that some very expensive specialty medications often have lower-cost, chemically identical alternatives.
- In the rare case that there is no alternative prescription in the premium formulary, participants have a pathway to request that an exception be made for their specific medication to allow for coverage.
- Participants who take medications that are impacted by this change in formulary will be notified directly by OptumRX. Less than 10% of participants in the College's health plan will be impacted by this change in formulary.
- If you have questions about whether a specific medication will be included in the premium formulary, please contact the College's benefit consultant, Meghann Dockum at mdockum@risk-strategies.com.
- Beginning January 1, 2025, the College's prescription coverage will utilize a premium formulary for prescription coverage.

Will there be any changes in the cost of dental or vision coverage?

- There will be no change in the cost of coverage for Aetna Dental nor Vision VSP.

What if I was just hired or don't need to make any changes. Do I have to enroll again for 2025?

- Sarah Lawrence College's benefit plans renew on a calendar year.
- No action needed if you are staying in the same medical (HDHP, EPO, PPO), dental, and vision plans. You will automatically be defaulted into all of your current benefit elections for 2025.

Reminder: Even if you are currently enrolled in a health savings account, flexible spending account, or a dependent care account, new enrollment forms must be submitted every year.

What elections can I make anytime, outside open enrollment?

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 (HSA)
- Enrollment in Aflac, auto and home, pet, or identity theft insurance
 - TransitChek elections

Need more info?

- Visit the Open Enrollment page on MySLC (*login required*) for documents and materials.
- Contact Jimar Estevez, Associate Director for Human Resources, for a 1:1 meeting.