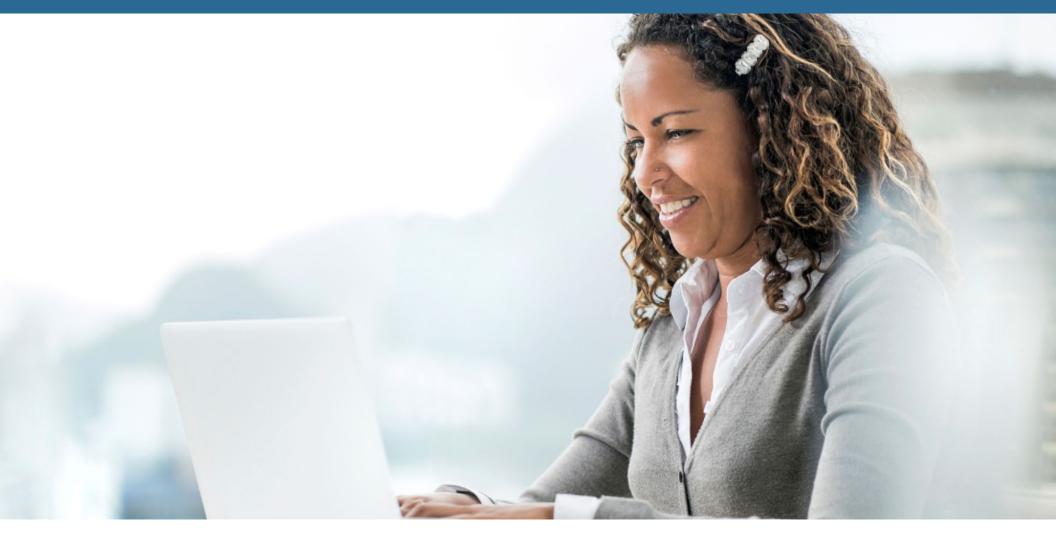
YOUR GUIDE TO OPEN ENROLLMENT 2016

Boston University

October 21 to November 18, 2015





Welcome

Open enrollment for 2016 benefits takes place **October 21 through November 18, 2015**. It's time to review your benefit options and select your coverage for 2016. This enrollment guide, together with other <u>resources</u>, provides information to help you make informed enrollment choices. This guide contains:

- Details about your Boston University <u>medical plan options</u>, including <u>what's new for 2016</u>
- <u>Contribution rates</u> for 2016
- How you can live healthier and make the most of your benefit dollars through the <u>Health Smart</u> program
- Important resources, including the <u>Blue Cross Blue Shield Coverage Advisor tool</u>
- Eligibility guidelines and coverage levels.
- Instructions on how to enroll

Read it thoroughly, review your other materials, and be sure to enroll by the November 18 deadline.

For More Information

Take advantage of all the resources available on **www.bu.edu/hr/oe**, including dates and times for educational meetings as well as <u>Your Guide to 2016 Medical Options</u>, which provides more in depth information on your medical plan choices for 2016.

The benefit plan descriptions here are summaries only. Full details of each plan's coverage are provided in plan publications available from **BU Human Resources**. Should there be any discrepancy in any of the enrollment materials; the information in the detailed plan summaries will govern plan provisions and payment of plan benefits. Boston University reserves the right to amend, change or terminate its benefit plans at any time.



TAKE ACTION BY NOVEMBER 18

If you don't take action during Open Enrollment, your medical coverage may default to a plan that may not match what you want or need. To enroll in the coverage of your choice, be sure to actively enroll by the deadline.

What's New for 2016

The following changes take effect January 1, 2016.

New PPO Plan	 BU will offer two medical options: A new PPO Plan — which combines the existing features of the current HMO and PPO plans The current BU Health Savings Plan with Health Savings Account (HSA) Both plans will continue to be administered by Blue Cross Blue Shield of Massachusetts (BCBS) and will continue to use the BCBS National PPO Network as in-network providers.
Prescription Drug Administrator	Prescription drug coverage will now be offered through a new administrator, OptumRx.
Health Savings Account (HSA) Contribution Limits	The IRS has increased the maximum HSA family contribution to \$6,750. The maximum HSA contribution if you elect individual coverage remains at \$3,350.
Long-Term Disability (LTD) Provisions	There will be new LTD Plan provisions for faculty and staff who become disabled January 1, 2016, or later.

Review Social Security Numbers for Your Family Members

As part of the Affordable Care Act, Boston University must report information about all family members enrolled in the BU Health Plan to the Internal Revenue Service. To help us with these reporting requirements, please review and update your family information at **www.bu.edu/buworkscentral**. Select the Employee Self Service tab and make changes in your Personal Profile, located in the Personal Information section.

If the Social Security Number of your spouse or dependent children is incorrect or missing, you may experience difficulty with your annual tax filing.



Benefits at a Glance

In this section, learn more about your options for:

- Medical and Prescription Coverage and the Health Savings Account (HSA)
- Dental Coverage
- Flexible Spending Accounts
- Survivor Insurance



Medical and Prescription Coverage and the Health Savings Account (HSA)

The following table highlights key features of your medical and prescription drug coverage for 2016. For more information, visit **www.bu.edu/hr/oe** and review **Your Guide to 2016 Medical Plan Options**

Service		New PPO Plan	BU Health S	avings Plan	
	BCBS National	PPO Network	Out-of-Network	BCBS National PPO	Out-of-Network
	BMC Providers	All Other Network Providers	Providers	Network Providers	Providers
Deductible (individual/family)	\$250/	/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000
FSA/HSA BU Contribution*					
<\$70,000		\$250/\$500		\$500 (individ	lual coverage)
\$70,000-\$100,000		\$125/\$250		\$1,000 (fam	ily coverage)
>\$100,000		No contribution			dministered HSA to receive tribution to your HSA
Out-of-pocket maximum (For PPO, does not include prescription drugs)	\$2,500/\$5,000		\$5,000/\$10,000	\$3,000/\$6,000	\$6,000/\$12,000
Preventive care	\$0 (plan pays 100%)	(plan pays 100%) \$0 (plan pays 100%)		\$0 (plan pays 100%)	30%, after deductible
Office/facility visits	\$15 copay \$30 copay		30%, after deductible	10%, after deductible	30%, after deductible
X-ray, labs, and related tests (diagnostic) • Non-hospital providers • Low-cost hospitals • High-cost hospitals	0%, after deductible	10%, after deductible 10%, after deductible 20%, after deductible	30%, after deductible	10%, after deductible	30%, after deductible
Emergency room visit	\$100 copay	\$100 copay	\$100 copay	10%, after deductible	10%, after deductible
Inpatient or outpatient care • Low cost hospitals • High-cost hospitals	0%, after deductible	10%, after deductible 20%, after deductible	30%, after deductible	10%, after deductible	30%, after deductible
Prescription drugs • Generic • Preferred • Non-preferred	\$8 copay 20% (min \$40 and max \$60) 30% (min \$60 and max \$80)		Not covered	10%, after deductible	Not covered
Mail order prescription drugs • Generic • Preferred • Non-preferred	\$16 copay 20% (min \$80 and max \$120) 30% (min \$120 and max \$160)		Not covered	10%, after deductible	Not covered
Prescription drug out-of-pocket maximum	\$2,000/	/\$4,000	Not applicable	Included in medical out-of-pocket maximum	Not applicable

*The FSA contribution to the BCBS PPO Plan depends on your base salary.

Filling a Prescription

Many preventive prescription medications are covered at 100%

For all other prescriptions, you share in the cost, as shown in the **Medical and Prescription Coverage** chart. Remember, using a generic version of a prescription will save money, regardless of the medical plan you choose.

If you are currently using mail order for your medications, and you have available refills for those medications as of the end of the year, your prescription will be transferred to OptumRx and you will be able to continue ordering your medications by mail order through OptumRx. For more information, visit **OptumRx** or call **1-888-863-8578**.

Blue Cross Blue Shield Member Central

As a member of a BCBS health plan, you have access to Member Central, a safe and secure web site designed to help you better manage your health care needs. Be sure to log on https://www.bluecrossma.com/wps/portal/members/my-account/ and set up your personal account. On Member Central, you'll find the BCBS Coverage Advisor Tool, which allows you to compare the out-of-pocket costs of various plan options and estimate your health care usage based on your family's health status.

If you are not yet on a BCBS health plan, you can still access the BCBS Coverage Advisor Tool.

BU Contributions to Your Tax-Savings Account

BU may contribute to a tax-saving account for you. The amount of that contribution, if any, depends on the medical plan you choose, your coverage and your annual earnings, as follows:

	Health Care Flexib	le Spending Account	Health Savi	ngs Account
Plan you must enroll in to qualify	PPC) Plan	BU Health S	Savings Plan
BU's contribution amount if you earn:	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Under \$70,000	\$250	\$500		\$1,000
\$70,000 - \$100,000	\$125	\$250	\$500	
Over \$100,000	No con	tribution		



<u>Click here</u> for more information on the Health Care Flexible Spending Account. <u>Click here</u> for more information on the Health Savings Account.

Health Savings Account (HSA)

If you elect the BU Health Savings Plan, you are eligible for the Health Savings Account (HSA). It's a tax-exempt account established primarily to pay for qualified out-of-pocket eligible expenses not covered by insurance. Money in your HSA can be used to pay for deductibles, coinsurance, and qualified health services such as doctor visits, hospital care, and prescription drugs. For a complete list of eligible expenses, see IRS **Publication 502**.

Funding Your HSA

When you open and contribute a minimum annual contribution of \$120 to an HSA with Fidelity, BU automatically makes a contribution to your account. Each year, you may contribute up to the following IRS limits:

Coverage Level	2016 IRS Limit	BU Contribution*	Maximum Employee Contribution
Individual	\$3,350	\$500	\$2,850
Family	\$6,750	\$1,000	\$5,750
Additional "catch-up" contribution for those age 55 and older	+ \$1,000	n/a	\$3,850/ individual \$6,750/family

If you have a Health Care FSA balance remaining from 2015, neither you nor the University can contribute to an HSA until April 1, 2016.

Important HSA Rules

To contribute to an HSA, you must meet the following criteria:

- You must be enrolled in a high-deductible health plan as defined by the IRS; the BU Health Savings Plan is intended to qualify as a high-deductible plan.
- You cannot be covered under any other medical plan.
- Neither you nor your spouse can have a health care flexible spending account (FSA) in 2016 to pay for medical expenses.
- You cannot be claimed as a dependent on anyone else's tax return.
- Neither you nor the University may contribute to the HSA once you attain age 65 if you enroll in Medicare Part A.

How Medicare Affects Your HSA:

- If you are enrolled in Medicare, you cannot contribute to the HSA or receive employer contributions to your HSA. However, you may continue to invest your money and be reimbursed for qualified expenses.
- If you decide to delay your enrollment in Medicare, you can continue to make contributions to your HSA past the age of 65, as long as you are still covered by a qualified high deductible health plan. In addition, you can also continue to make \$1,000 in yearly catch-up contributions.
- If you enroll in SSI (the income portion of Social Security), this automatically enrolls you in Medicare Part A and you would not be eligible to contribute to your HSA or receive employer contributions.

NOTE: In Alabama, California and New Jersey, state income taxes may apply to your Health Savings Account (HSA) contributions. For more information, consult your personal tax advisor.

Dental Coverage

The BU Dental Health Center Plan and the Dental Blue Freedom Plan will continue to be offered and there will be no changes to the benefits available under these plans in 2016. The following table highlights key features of these plans. For more information, visit <u>http://www.bu.edu/hr/health-wellness/dental</u>. Or for full details, refer to the <u>Faculty and Staff Benefits Handbook</u>.

Service	BU Dental Health Center Plan		Dental Blue Freedom Pla	in
	BU Dental Health Center Providers only	Tier 1: BU Dental Health Center Providers	Tier 2: BCBS Dental Providers	Tier 3: Out-of- Network Providers
Dental Deductible* (separate from your medical/prescription drug deductible)	None	None	\$50 pe	r person
Preventive/Diagnostic (exams, cleanings, fluoride, sealants, x-rays, consultations and space maintainers)	100%	100%	80%, no deductible 80%, no dedu	
Basic Restorative (fillings, root canal, oral surgery, denture repair and relining and treatment of gum disorders)	100%	80%	80% 60%, after 60%, deductible dedu	
Major Restorative (crowns, dentures, bridges, inlays, onlays and occlusal guards)	60%	50%	40% after deductible	40% after deductible
Orthodontia	50%	50%	Not covered	Not covered
Annual Maximum Benefit (the sum of all in-network and out-of-network benefits will not exceed the annual benefit maximum)	\$1,700 per person, per year	\$1,700 per person, per year		
Orthodontia Lifetime Maximum Benefit	\$2,000 per person, lifetime	9	2,000 per person, lifetin	ne
Provider Choice	If you join this plan, you must receive your dental treatment from one of the BU Dental Health Centers. There is no coverage for care received outside the Centers (except for emergency dental treatment at a participating BCBS Dental Blue provider). The Boston University Dental Health Centers are located at: 930 Commonwealth Avenue near the Charles River Campus Phone: 617-358-1000 AND 100 East Newton Street At the Boston University Medical Center Phone: 617-638-4670	In this plan, you may go to one of the BU Dental Health Centers of may choose any of the Blue Cross Blue Shield Dental Blue network providers. You can also choose to see an out-of-network dent provider. You pay less out-of-pocket if you go to one of the BU D Health Centers or choose a BCBS Dental Blue provider. Click here to find a Dental Blue provider.		

Flexible Spending Accounts

Flexible Spending Accounts, or FSAs, allow you to pay eligible expenses with pre-tax dollars:

- The Health Care FSA is for eligible medical, dental and vision care expenses like deductibles, copayments and coinsurance for you and your dependents. You are eligible to participate in this FSA only if you enroll in the PPO Medical Plan or waive medical coverage. You are not eligible to participate in the Health Care FSA if you enroll in the BU Health Savings Plan.
- The Dependent Care FSA is for dependent care expenses, such as day care or elder care costs, that enable you (and your spouse, if married) to work.

The following table highlights key features of the Flexible Spending Accounts. For more information, visit <u>www.bu.edu/hr/oe</u> and <u>http://www.bu.edu/hr/health-wellness/flexible-spending-accounts/</u>. To estimate your out-of-pocket health and dependent care expenses for the coming year — and how much you can save in taxes — use the <u>Flexible Spending Account Calculators</u>.

Key Features	Health Care FSA	Dependent Care FSA	
Maximum Contributions	You can contribute up to \$2,550 in pre-tax dollars for 2016.	You can contribute up to \$5,000 in pre-tax dollars (up to \$2,500 if you and your spouse both work and file separately)	If you have a Health Care FSA in 2015
(determined by the IRS)	If you enroll in the PPO Plan, BU may contribute to the Health Care FSA on your behalf: learn more		If you currently have a Health Care FSA balance
Making Changes	You may make a change during the year only if you have a qualified life event	You may make a change during the year only if you have a qualified life event	and enroll in the BU Health Savings Plan for
Funds Available	The entire amount elected for the plan year is available, less any claims paid to date	Funds are available as they are deposited to your account	2016, be sure use your full Health Care FSA by
Covered Expenses (visit www.irs.gov and see Publications 502 and 503)	Eligible health care, dental and vision expenses incurred under the plan throughout the year.	 Eligible expenses for qualified dependents, including: Children up to age 13 (older if disabled) Your spouse Your tax-dependent domestic partner Your parents, if they live with you and are mentally or physically incapable of caring for themselves. 	December 31, 2015. If you don't, your ability to make and receive HSA contributions will be delayed.
Portability	You cannot take your FSA with you if you leave BU.	You cannot take your FSA with you if you leave BU.	
Rollover	Any unused funds at the end of the year will be forfeited.	Any unused funds at the end of the year will be forfeited.	

Important FSA Rules

- You may not enroll in the Health Savings Account for 2016 and also elect a health care flexible spending account.
- The "use it or lose it" rule: Under IRS guidelines, you **forfeit** any unused FSA balance at the end of the year. Budget carefully and contribute only as much money as you are confident you will use during the year for qualified expenses.
- Your enrollment in an FSA does not carry over each year. Therefore, you must re-enroll in order to continue to participate in an FSA each year during Open Enrollment

Survivor Insurance

Boston University offers insurance plans that provide benefits to help your beneficiaries, in the event of your death. To be eligible for these benefits, you must be a regular, full-time employee with an assignment duration of 9 months or more. To view and print a copy of the entire Survivor Insurance description, visit http://www.bu.edu/hr/documents/survivor insurance.pdf. For more information, visit http://www.bu.edu/hr/finances/survivor-insurance.

Survivor Benefits Provided at No Cost to You:

Basic Life Insurance: Under the Basic Group Life Insurance Plan, you are automatically provided with basic term life insurance coverage equal to one times your annual base salary, at no cost to you.

Travel Accident Insurance: The Travel Accident Insurance Plan is also provided at no cost to you. It provides benefits to you or your beneficiaries if you suffer a covered injury or are injured or killed while traveling on authorized University business.

Supplemental Death Benefit: Once you have completed five years of service, the Supplemental Death Benefit Plan will automatically provide your beneficiaries with a lump-sum payment equal to one month's base salary, in the event of your death. The benefits under this plan are provided free of charge and apply regardless of the amount of coverage you have through other University-sponsored insurance plans.

Optional Life Insurance Coverage

For you: If you wish, you may, at your expense, also purchase Group Supplemental Life Insurance equal to one, two, three, four, or five times your annual base salary. If your annual base salary increases, the amount of supplemental life insurance you have elected will automatically change to one, two, three, four, or five times your new annual base salary, effective on the first of the month following the effective date of your new base salary. If your salary decreases, your supplemental life insurance remains the same.

For your dependents: You may also cover your spouse and children under this plan, but only if you enroll in supplemental coverage for yourself. Coverage is available for your spouse from \$10,000 to \$100,000 (not to exceed three times your base salary rounded up to the next higher multiple of \$10,000). Coverage is available for each child for either \$5,000 or \$10,000.



Optional Accident Coverage

The Personal and Family Accident Insurance Plan provides benefits should you or your family members suffer a covered injury or be killed as the result of any accident on a worldwide, 24-hour basis. For University employees, this includes accidents on and off the job. You may choose any amount of coverage in multiples of \$10,000 up to \$350,000 (amounts over \$150,000 cannot exceed 10 times your annual base salary).

If you choose family coverage, the plan will provide you with additional financial protection if your spouse or an eligible dependent dies or becomes dismembered as the direct result of an accident, and, all of your dependents are covered members of the plan.

For every \$10,000 of insurance covering you, the coverage amounts for your family members will be:

- \$6,000 coverage for your spouse, if you have no eligible children; or
- \$5,000 for your spouse and \$1,500 for each eligible child; or
- \$2,000 for each eligible child, if you have children but no spouse.

A Note on the Long-Term Disability Plan:

Certain plan provisions will be changing for the upcoming year to bring the plan design more in line with our peer institutions. Plan features which remain the same:

- 60% of pre-disability income up to a maximum of \$14,500 per month while you remain disabled
- Benefits for those currently on disability will not change.

Plan features which are changing:

Feature	Current	New		
Eligibility waiting period	3 years	2 years		
Income replacement during disability	60%	60%		
Contribution to the Retirement Plan	Yes, unlimited	Yes, if individual does not quality for Social Security Disability Income then contributions continue for up to 5 years		
Health care coverage continuation	Unlimited; no health care premium contributions	Up to 5 years; pay same health plan contribution as active faculty/staff		



Health Smart

Boston University offers Health Smart programs to promote healthy living. Whether your health goal is to lose weight, quit tobacco or understand how to find the right care at the right price, these best-in-class wellness programs can help you improve your well-being.

Health Smart Resources

Resource	Key Features	For More Information or to Enroll
	Health Programs	
DASH for Health D (Dietary) A (Approaches to) S (Stop) H (Hypertension)	 DASH for Health offers "healthy nutrition for life" advice based on the DASH diet that has been proven to lower blood pressure and cholesterol in studies by the National Institutes of Health, reducing the risk of stroke and heart disease. DASH is recommended by the American Heart Association and is free to you and up to three family members over 20 years old. The program is self-paced and online. The program includes: Advice on weight loss, how to eat at restaurants, how to organize your kitchen for the DASH diet, how to read food labels and make informed food choices. Blood pressure guidelines. A personal health site for each enrolled participant to track blood pressure, weight, and exercise programs as well as food intake. 	Visit www.bu.edu/hr/benefits/health-wellness/ dash-for-health. You will need your user ID and Kerberos password.

Health Smart Resources

Resource	Key Features	For More Information or to Enroll
QuitNet	Free smoking cessation support program available for Boston University employees. QuitNet is an Internet-based service designed to help individual tobacco users through the quitting process. It combines evidence-based methods of treating tobacco addiction with a powerful and effective individually controlled program that is available to anyone, anytime, anyplace.	Visit www.bu.edu/hr/benefits/health-wellness/ <u>quitnet</u>. You will need your user ID and Kerberos password.
	Health Benefits	
New England Eye	 BU employees and their family members receive an enhanced eye care benefit through the <u>New England Eye</u> (NEE) at the Commonwealth Avenue and Roslindale full service eye clinics. New England Eye is a teaching affiliate of the New England College of Optometry. NEE offers a full range of eye care service including Comprehensive Eye Care Exams, Pediatric and Vision Therapy Services, Optical Services, Contact Lens and Cornea Services, Low Vision and Rehabilitative Services, Consultative Ophthalmology, and Laser Vision Correction Evaluations. Benefits Include: Waiver of office visit copayments for eye examinations for BU employees and their family members who participate in one of the BU health plans. Simply present your health plan ID card when you visit NEE. 40% discount on eyewear and competitive pricing on contact lenses. 	Visit http://www.bu.edu/hr/health-wellness/vision-discount.
	Health Reimbursements	
BCBS Fitness Club Membership Benefit	If you commit yourself to getting fit or staying fit by joining a qualified, full-service health club, or by signing up for exercises classes, you may qualify for a \$150 reimbursement from BCBS each calendar year to help with the cost of membership dues or exercise class fees. This reimbursement is available for you or a covered family member.	Visit <u>http://www.bluecrossma.com/nm/boston-</u> university/health-and-wellness.html.
	The facility you choose must have an array of cardiovascular and strength-training exercise equipment, such as traditional health clubs and YMCA or YWCA (not martial arts centers, gymnastics facilities, country clubs, social clubs or tennis, aerobic or pool-only facilities).	
	You can claim the fitness benefit once you have joined a health club and been a BCBSMA member for at least four months (in a calendar year). You can apply once per year, by March 31 of the following year.	

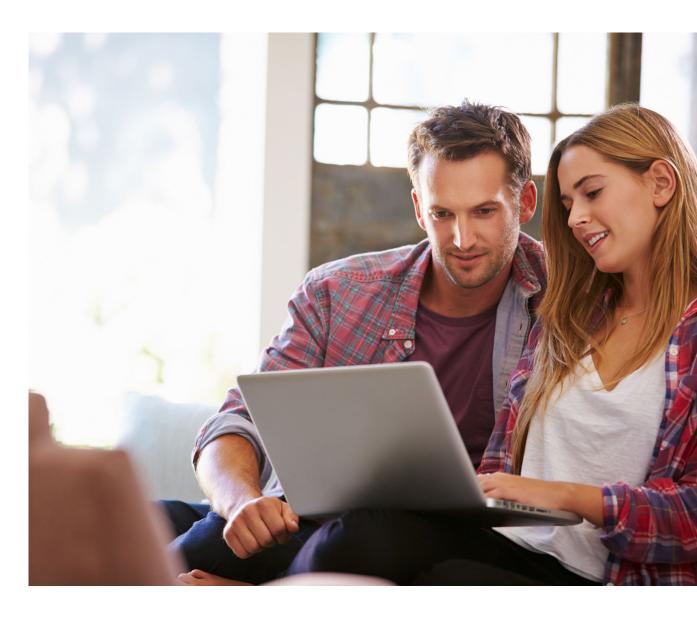
Health Smart Resources

Resource	Key Features	For More Information or to Enroll
BCBS Weight Loss Benefit	A key to staying healthy is managing your weight. To support you in these efforts, BCBS offers up to \$150 reimbursement per calendar year toward the cost of qualified Weight Watchers® (Weight Watchers Traditional or Weight Watchers at Work programs only) or hospital-based weight loss programs. The hospital-based programs must be held at licensed hospitals (not specialty clinics, health centers or health spas). This reimbursement is available for you or a covered family member. Your \$150 reimbursement goes toward the cost of qualified program course fees, not including individual nutrition counseling sessions, food, books, videos, scales or other items.	Visit http://www.bluecrossma.com/nm/boston- university/health-and-wellness.html.
	Health Centers	
Fitness & Recreation Center	The Fitness & Recreation Center (FitRec) offers highly competitive membership plans for faculty/staff, as well as spouses and dependents. If you are a member of a Blue Cross Blue Shield health plan, you may be eligible to receive \$150 Fitness Reimbursement .	Visit www.bu.edu/fitrec , 915 Commonwealth Avenue, or call 617-353-2748.
The Ryan Center for Sports Medicine and Rehabilitation	The Ryan Center for Sports Medicine and Rehabilitation, located at the BU Fitness and Recreation Center (FitRec), is a convenient place to receive your prescribed physical therapy services. If you are enrolled in the PPO Plan, the copayment for your visits at the Ryan Center is waived. Other services offered at the Ryan Center include: • Orthopedics • Sports Medicine • Radiology • Post-rehab Training and Prevention	Read more at http://www.bu.edu/sportsmedicine/.

Contribution Rates

The following rates take effect January 1, 2016:

- Health Plan Rates
- Dental Plan Rates
- <u>Survivor Rates</u>



Health Plan Rates

	Faculty and Staff Working 75% or More							
	New PPO Plan					BU Health S	Savings Plan	
	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer	Weekly Employee	Weekly Employer	Monthly Employee	Monthly Employer
Employee only	\$35.12	\$105.37	\$155.13	\$465.39	\$27.02	\$105.37	\$119.35	\$465.39
Employee plus child(ren)	\$64.10	\$192.30	\$283.11	\$849.33	\$49.32	\$192.30	\$217.81	\$849.33
Employee plus spouse	\$73.76	\$221.28	\$325.77	\$977.31	\$56.75	\$221.28	\$250.63	\$977.31
Family	\$102.74	\$308.21	\$453.75	\$1,361.25	\$79.04	\$308.21	\$349.09	\$1361.25

Faculty and Staff Working at Least 50% but Less Than 75%								
	New PPO Plan				BU Health Savings Plan			
	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer	Weekly Employee	Weekly Employer	Monthly Employee	Monthly Employer
Employee only	\$70.25	\$70.25	\$310.26	\$310.26	\$66.20	\$66.20	\$292.37	\$292.37
Employee plus child(ren)	\$128.20	\$128.20	\$566.22	\$566.22	\$120.81	\$120.81	\$533.57	\$533.57
Employee plus spouse	\$147.52	\$147.52	\$651.54	\$651.54	\$139.01	\$139.01	\$613.97	\$613.97
Family	\$205.47	\$205.47	\$907.50	\$907.50	\$193.62	\$193.62	\$855.17	\$855.17

*Weekly rates are based on the 53 weekly pay dates in 2016.

Dental Plan Rates

Faculty and Staff Working 75% or More								
	BU Dental Health Center Plan				Dental Blue Freedom Plan (PPO)			
	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer
Employee only	\$ 2.26	\$ 6.77	\$ 9.97	\$29.91	\$ 4.16	\$ 6.77	\$ 18.37	\$ 29.91
Employee plus child(ren)	\$ 4.51	\$ 13.54	\$19.93	\$ 59.81	\$ 8.32	\$ 13.54	\$36.73	\$ 59.81
Employee plus spouse	\$ 4.51	\$ 13.54	\$19.93	\$ 59.81	\$ 8.32	\$ 13.54	\$36.73	\$ 59.81
Family	\$ 6.77	\$ 20.31	\$ 29.91	\$89.71	\$ 12.48	\$ 20.31	\$ 55.11	\$ 89.71

Faculty and Staff Working at Least 50% but Less Than 75%								
	BU Dental Health Center Plan				Dental Blue Freedom Plan (PPO)			
	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer	Weekly Employee*	Weekly Employer*	Monthly Employee	Monthly Employer
Employee only	\$ 4.51	\$ 4.51	\$19.94	\$19.94	\$ 5.47	\$ 5.47	\$24.14	\$24.14
Employee plus child(ren)	\$ 9.03	\$ 9.03	\$39.87	\$39.87	\$ 10.93	\$ 10.93	\$48.27	\$48.27
Employee plus spouse	\$ 9.03	\$ 9.03	\$39.87	\$39.87	\$ 10.93	\$ 10.93	\$48.27	\$48.27
Family	\$ 13.54	\$ 13.54	\$59.81	\$59.81	\$ 16.39	\$ 16.39	\$72.41	\$72.41

*Weekly rates are based on the 53 weekly pay dates in 2016.

Survivor Insurance Rates

Supplemental and Dependent Life Insurance	Employee Monthly Cost			
Age of Employee or Spouse	Cost per \$1,000 of coverage			
	Employee	Spouse		
<25	\$0.02	\$0.02		
25-29	\$0.03	\$0.03		
30-34	\$0.03	\$0.03		
35-39	\$0.04	\$0.04		
40-44	\$0.05	\$0.05		
45-49	\$0.08	\$0.08		
50-54	\$0.14	\$0.14		
55-59	\$0.23	\$0.23		
60-64	\$0.35	\$0.35		
65-69	\$0.72	\$0.72		
70-74	\$1.86	\$1.86		
75+	\$2.06	\$2.06		

Personal and Family Accident Insurance				
Coverage Level	Employee Monthly Cost			
Individual	\$.12 per \$10,000			
Family	\$.20 per \$10,000			



How to Enroll > Midyear Changes > If You Don't Enroll by the Deadline

How to Enroll

Follow these steps to enroll in your 2016 BU benefits:

1. Prepare	 Have your BU login account and your password on hand to access the secure open enrollment web pages. Visit the IS&T website to set up an account.
2. Learn	 Review your 2016 plan options and costs, making use of the education and enrollment materials BU has prepared: Visit www.bu.edu/hr/oe to review Your Guide to 2016 Medical Options. Review this enrollment guide. Attend an Employee Meeting http://www.bu.edu/hr/oe/meeting-schedule-fall-2015/ and ask questions.
3. Plan	 Use the online tools to learn more and model various plan use scenarios. For current members, log on https://www.bluecrossma.com/wps/portal/members/my-account/ and set up your personal account. For all employees, use the BCBS Coverage Advisor Tool to compare the out-of-pocket costs of various plan options and estimate your health care usage based on your family's health status.
4. Enroll	 Log on to <u>www.bu.edu/buworkscentral</u>. Select Open Enrollment under the Benefits and Pay tab in Employee Self Service. Enter your BU login account and Kerberos password . Follow the instructions to enroll in the plans you have selected. Review the summary of your elections and your deductions for 2016. Be sure to save your elections and print the summary as confirmation.

Coverage Levels

For all health care benefits, you can choose from the following coverage levels. You may choose different coverage levels for medical and dental:

- Employee only
- Employee plus child(ren)
- Employee plus spouse
- Family

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Midyear Changes

The elections you make now cannot be changed until the next open enrollment period unless you experience a qualifying change in status. You may not, however, change from one health or dental plan to another during the year. If you have a qualified change in status (e.g., marriage, divorce, birth, adoption) during the year that affects your Health Plan, you should notify **Human Resources** immediately to report the change and submit a completed **Benefit Plan Mid-Year Changes Certification Statement**. Any forms must be completed and received by Human Resources **within 30 calendar days of the qualified change in status**. You may also be required to provide evidence of the qualified change in status, such as a birth certificate, marriage license, or divorce decree. Qualified changes in your family or enrollment status include:

- Marriage
- Birth or adoption of a child
- Your dependent child attaining age 26
- Change in dependent care provider, or cost, or coverage
- Start or loss of your spouse's employment
- Change in employment status (for you or your spouse) from part-time to full-time or from full-time to part-time
- Divorce
- Death of your spouse or other dependent
- Salary loss due to disability
- Retirement
- Your death
- Unpaid leave of absence for you or your spouse
- Termination of your employment with Boston University



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If You Don't Enroll by the Deadline

If you don't enroll by the November 18 deadline, you will be enrolled by default in the following coverage:

If your current coverage is	Your default enrollment for 2016 will be
BCBS PPO Plan or Network Blue New England Plan	The new PPO Plan at your current coverage level
BU Health Savings Plan	BU Health Savings Plan at your current coverage
Health Savings Account(HSA)	Your current election will continue
No Coverage	No Coverage
Dental	Your current election will continue
Survivor Insurance*	Your current election(s) will continue
Health Care Flexible Spending Account	\$0, unless you default to receive the BU contribution
Dependent Care Flexible Spending Account	\$0

*If you wish to change your elections for any of the Survivor benefits, please contact the Human Resources Service Center at hr@bu.edu or call them at 617-353-2380.

Contribute Your Full Annual Amount to an HSA

You can now select the monthly or weekly HSA amount you wish to contribute up to the allowable maximum amount when you are enrolling online — you can contribute the full annual amount earlier in the year.

Please note the amount you enter on the online enrollment form is the amount you wish to contribute per pay period — multiply this to calculate your full annual amount. For example, if you enter \$1,000, you will have a deduction in the amount of \$1,000 for each pay period until you reach the maximum annual HSA amount you may contribute in 2016.



Eligibility

For You

For Medical and Dental Plans:

• You and your eligible family members may participate in the health and dental plans if you are classified by the University as a regular employee, work 50% or more of a full-time schedule and have an appointment of at least nine months' duration.

For Survivor Insurance:

• To be eligible for these benefits, you must be a regular, full-time employee with an assignment duration of 9 months or more.

For Flexible Spending Accounts:

- To be eligible to participate in the Health Care FSA, you must enroll in the PPO Medical Plan or waive medical coverage.
- To be eligible to participate, your annual salary must be at least \$10,000.
- You are not eligible to participate in the Health Care FSA if you enroll in the BU Health Savings Plan.

Eligibility for the benefit plans described in this guide applies to those University employees on the US Payroll.

For Dependents

For the Boston University health and dental plans, your eligible family members include:

- Your legally married spouse
- Under certain circumstances, your former spouse
- Your children who are under age 26
- Your unmarried, dependent children age 26 and over who are mentally or physically handicapped and unable to support themselves as determined by the health insurance carrier.
- (To continue coverage, your child must have been handicapped before age 26 and you must contact Human Resources at https://www.nc.edu before your child's 26th birthday.)

Additional Resources

To help you choose the coverage that best meets you and your family's needs for 2016:

Visit the <u>Open Enrollment Site</u>: This is your central source for information about 2016 medical benefits, including important guides, links to vendor resources and tools, land a list of educational meetings on the 2016 medical options

Watch the <u>Educational Session</u> for an overview of what's changing: In this presentation, we'll give you an overview of all of your benefits coverage options for 2016 so you can make the elections right for you.

Read <u>Your Guide to 2016 Medical Options</u> to understand your medical benefits: This guide includes everything you need to know about your medical benefits for the coming year.

Estimate your expenses with the <u>BCBS Coverage Advisor Tool</u>. This tool, provided by BCBS of Massachusetts, allows you to consider the financial and tax impact of each medical plan option based on the information you provide. You also can use the tool to help determine how much to set aside in a Health Savings Account or Health Care Flexible Spending Account. *Note:* **Any personal information you enter in the BCBS Coverage Advisor Tool, including your calculation results, is confidential and will not be shared with Boston University.**

Visit the <u>BU Human Resources</u> website for information about all your benefits from BU, plus other useful links and tools.

Contact a member of the Human Resources Service Center: If you need further information, please contact the **Human Resources Service Center** or call 617-353-2380.

