



## BENEFITS CONNECTION 2010-2011 PLAN YEAR INFORMATION



April 2010

# WELCOME

## TO WPI'S 2010 ANNUAL OPEN ENROLLMENT April 7 – May 7, 2010

For the next four weeks, we will have open enrollment for participation in our group medical and dental plans. Those deciding to either join our plan or make changes to their current plan elections can do so during this period. Some changes might be:

- ▶ Enrolling in the health plan for the first time
- ▶ Adding or removing dependents
- ▶ Switching from a HMO to a PPO and vice versa
- ▶ Enrolling in a Flexible Spending Account

## HEALTH AND BENEFITS FAIR

The annual Health and Benefits Fair is scheduled for **Tuesday, April 27, 2009** from **11:00A.M. to 3:00P.M.**, and will take place at the **Campus Center Odeum**. Representatives from our insurance vendors and Protector Group Insurance will be available to answer any questions you may have.

## WELLNESS CORNER

Some of the wellness/fitness programs we offer include:

- ▶ Worcester Fitness -- \$150/year, reimbursable through BCBS
- ▶ Weight Watchers
- ▶ Ballroom Dancing
- ▶ Yoga
- ▶ Aerobics

We encourage you to join!

## Health and Dental Plans

If you **do not** want to make any changes to your **current** health and/or dental coverage, you **will not** need to complete any paperwork and your current health and/or dental elections will remain intact.

If you **want** to make a change to your current health and/or dental coverage, you will need to complete a new enrollment form. All enrollment forms must be returned to the Office of Human Resources by **May 7** to ensure prompt delivery of ID cards.

All changes will take effect on **July 1, 2010**, and deductions will be reflected in the June payroll.

## Flexible Spending Accounts

FSAs for medical and dependent care renew at this time as well. **If you wish to participate during FY2011, you must complete an enrollment form.** All enrollment forms must be returned to the Office of Human Resources by **May 7**.

- ▶ **Please keep your existing FSA cards – they will be reloaded with new amounts (Replacement cards may incur a fee)**
- ▶ Daily check processing
- ▶ Direct Deposit optional

## WHAT HAS CHANGED

Due to the continually escalating healthcare costs and utilization of healthcare, it is necessary for us to periodically review our employee benefit program. Our ongoing goal is to maintain an employee benefit plan that delivers high quality healthcare at a competitive price.

We have implemented minor plan design changes on some of the plans. Please see the following page for more details.

We are happy to announce that we have added two new voluntary benefits:

- ▶ Hyatt Legal Plan: Pre-Paid Legal Services
- ▶ VSP: Vision Plan

Please Note: A complete listing of ALL benefits offered by WPI is available on your *Employee Benefit Center*, 24 hours/day, 7 days/week:

[www.protectorgroup.com/ebc.php](http://www.protectorgroup.com/ebc.php)  
user name: wpi-ee password: wpi-ee

The following is a summary of our medical and dental insurance, as well as the payroll deductions for each. More information will be provided and discussed at the Health and Benefits Fair on April 27<sup>th</sup>.

## MEDICAL INSURANCE – BLUE CROSS BLUE SHIELD

Description	HMO Blue NE \$1,000	HMO Blue NE Premier Value	HMO Blue NE Enhanced Value	Blue Care Elect Enhanced Value PPO
Coinsurance (Out-of-Network)	N/A	N/A	N/A	20%
Office Copay	\$25	\$25	\$25	<b>\$25</b>
Wellness Copay	\$0	\$0	\$0	In Network: \$0 Out-of-Network: 20% co-insurance
Chiropractic Copay	\$25	\$25	\$25	<b>\$25</b>
Emergency Room Copay	\$100	\$100	\$100	<b>\$100</b>
Deductible-Individual	\$1,000	See Inpatient Copay	N/A	In Network: N/A Out-of-Network: \$500
Deductible-Family	\$2,000	See Inpatient Copay	N/A	In Network: N/A Out-of-Network: \$1,000
Hospitalization After Deductible	Covered in Full	Covered in Full	N/A	N/A
Inpatient Hospital Copay	\$0 After Deductible	\$1,000/\$2,500 Ded.	<b>\$500</b>	\$500
Outpatient Hospital Copay	\$0 After Deductible	\$250	\$250	\$250
MRI, CT, PET	\$0 After Deductible	\$150 per Category	<b>\$150 per Category per Date of Service</b>	Covered in Full
Routine Colonoscopy	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Out-of-Pocket Max-Ind.	\$5,000	\$1,000	<b>\$2,000</b>	In Network: N/A Out-of-Network: 1,000
Out-of-Pocket Max-Fam.	\$10,000	\$2,000	<b>\$4,000</b>	In Network: N/A Out-of-Network: \$2,000

Prescription Drugs				
Generic	\$15	\$15	\$15	\$15
Preferred	\$30	\$30	\$30	\$30
Non-Preferred	\$50	\$50	\$50	\$50
Retail (pharmacy)	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50
Mail Order (90 day supply)	\$30/\$60/\$100	\$30/\$60/\$100	\$30/\$60/\$100	<b>\$30/\$60/\$100</b>

Pre-Tax Payroll Deductions	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Individual	\$84.15	\$42.08	\$119.02	\$59.51	\$140.27	\$70.13	\$191.97	\$95.99
Family	\$223.04	\$111.52	\$315.44	\$157.72	\$371.70	\$185.85	\$508.76	\$254.38

## DENTAL INSURANCE – BLUE CROSS BLUE SHIELD

Dental Blue 2 – High			Dental Blue PPO - Low		
	In Network	Out-of-Network		In Network	Out-of-Network
Calendar Year Max	\$1,000	\$1,000	Calendar Year Max	\$750	\$750
Preventive	100%	100%	Preventive	100%	80%
Basic	80%	80%	Basic	80%	64%
Major	50%	50%	Major	50%	40%

Pre-Tax Payroll Deductions	Monthly	Bi-Weekly	Payroll Deductions	Monthly	Bi-Weekly
Individual	\$30.74	\$15.37	Individual	\$24.43	\$12.22
Family	\$104.83	\$52.42	Family	\$86.50	\$43.25

*THIS DOCUMENT IS A SUMMARY OF BENEFITS. IF THERE ARE ANY DISCREPANCIES, THE PLAN DOCUMENTS WILL PREVAIL.*

As your Human Resources Department, our goal is to continue to provide you with an excellent and competitive benefit program. We hope that you find this information useful and look forward to seeing you at the Health and Benefits Fair.

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