After seven years of flat premium, 2018 will bring some expected increases in the cost of Moravian College’s health care offerings. The good news is that through resourcefulness in plan design and some tough negotiations we were able to reduce our initial estimated 9% increase to under 5%. We have always offered a comprehensive benefits package across the institution, and we will continue to do so in the form of the familiar PPO Choice and Select Plans. The search for benefits that support your needs, and keeping us competitive in the marketplace is always our priority. We will continue to look at and implement changes that moderate costs while stressing preventative care and lifestyle changes that assist in keeping all of us healthy. Your help in participating in wellness offerings and managing your own preventative care have helped. We remain committed to providing quality healthcare and in keeping costs as low as possible for our employees and the institution. Our membership in the LVAIC Health Care Consortium continues to serve us well.

The College will again be conducting the Open Enrollment / Benefits Fair on November 7th & 8th in the HUB from 9:00am-4:00 pm. Enrollment changes will become effective January 1, 2018. This is your annual opportunity to change plans, and add or drop eligible dependents from coverage. The only other opportunity you have to make changes is when you experience a qualifying event.

Also use this opportunity to provide us with updated emergency contact information.

As an incentive in attending this year’s open enrollment education session, a variety of giveaways will be available. One raffle ticket will be provided at the beginning of the session.

Click here for access to our Annual Compliance Notice

Healthy Lifestyle Rewards
Moravian College will continue to offer the wellness rewards program. We believe that making healthy lifestyle choices can impact your health and well-being now and in the future and help to reduce the risk of major chronic diseases like cardiovascular disease, cancer, and diabetes.

Benefits eligible employees can participate to earn a payroll direct deposit of $25, $50, $100, $150, or $200 by completing wellness programs during the program year. The 3rd program year will begin January 1, 2018 and continue through December 31, 2018.

Employees can earn up to 15 rewards points by participating in healthy lifestyle activities listed on the Healthy Lifestyle Rewards website. More information about the new program can be found on this website.

Benefits Fair
This year we will again feature a benefits fair setting at Open Enrollment. You will have the opportunity to enroll or change your benefit elections and will also be able to attend an educational session.
Highmark, Benecon and ConnectCare3 will team up for a combined training session (offered at four different times) focusing on Where to Turn for Health Service. This will include topics such as: when to
access which providers and include a portion on getting to know your benefits. These 45 minute trainings will be offered at 10am, 11am, 1pm and 2pm. Attendance to a session will count as part of the Healthy Lifestyle Rewards program.

**Health/Rx Plans** (A Highmark Blue Shield representative will be on campus on both days)

We believe that regular routine screenings are extremely imperative to our employees’ overall health. Remember that we have previously added an expanded preventive schedule to include the cost of a **complete blood count**. This laboratory test is often used to detect diseases and cancers not captured by other standard routine screenings. Regular routine exams and testing are our best protection against a debilitating illness.

If you want to save time and dollars, try Telemedicine, or Virtual Medicine. Telemedicine provides you with access to U.S. licensed, board-certified doctors 24/7. Need a prescription for that scratchy throat or stomach virus; connect with a doctor through your computer, tablet or smartphone to review your symptoms and to get a prescription sent directly to your pharmacy. At a $15 copayment, Telemedicine is convenient and your lowest-cost option to access a physician from wherever you are: at home, at work or from the beach.

Our PPO plans will remain in effect for the 2018 plan year while continuing the same in-network deductibles (as defined by plan). For 2018, we will continue to offer the **Lehigh Valley Flex Blue Program**, a tiered network partnering Highmark and Lehigh Valley Health Network which provides more possible savings for those employees who chose to utilize the network. The program provides two levels of in-network coverage: **Enhanced and Standard**. The Enhanced Benefit Level will offer a financial incentive with lower copay and deductible costs. The Standard Benefit level will offer the same copay and deductible costs (depending on the plan you are currently enrolled in). See below:

<table>
<thead>
<tr>
<th></th>
<th>Enhanced</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Single: $150; Family: $300</td>
<td>Single: $250; Family: $500</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$15 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Specialist</td>
<td>$25 copayment</td>
<td>$35 copayment</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35 copayment</td>
<td>$45 copayment</td>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Single: $500; Family: $1,000</td>
<td>Single: $750; Family: $1,500</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

*We will continue to offer preventative service office visits with no charge for an office visit copayment.*

All employees are encouraged to make sure they use the preventative service program. Ongoing preventative check-ups many times mitigate future problems. Members may still be subject to cost-
sharing for those goods and services needed to treat conditions identified by screenings, office visits that are billed separately from the required preventive item or service, and preventive services provided by an out-of-network provider. Preventative care keeps health care costs in check; be sure to schedule your preventative care visits!

We have continued our prudent administration of our prescription drug program for 2018. We will continue to utilize Highmark National Network which offers deeper discounts at those pharmacies in the network. Our existing co-pay structure has been modified slightly and continues to promote the use of generic prescription drugs. We have introduced generic formulary and non-formulary pricing to both retail and mail order purchasing while market based mail order increases to brand and non-formulary Rx will have a subtle pricing changes. The formulary/non-formulary choice will also be applicable to specialty drugs. The co-pay for specialty Rx coverage continues to be a percentage of the drug cost (10%) up to an out of pocket maximum of $125 per prescription for formulary and 20% up to $150 for those non-formulary specialty drugs. Please remember to ALWAYS ask for generic equivalents when available. The use of generic medications helps decrease overall plan costs for all everyone on our plans. Mail order for your prescriptions also provides plan savings. Our Rx plan will continue to limit pharmacy use to the initial fill and one refill; after which mail order must be used.

Moravian continues to maintain quality health care choices for those instances when we really need it. Dependent Eligibility continues up to age 26.

**Employer Health Insurance Deductible Subsidy**

Remaining committed to assisting our lower paid employees; we will maintain the deductible reimbursement to assist those employees that earn $50k or less per year. The reimbursement is determined using a sliding scale based upon income. We accept as fact the use of deductibles helps temper the effects of health care inflation and produces an environment where you as the consumer, make the best choices for you and your family. Details concerning the subsidy can be found by simply following open enrollment link at the bottom of this notice.

**Voluntary Dental Plan** (A plan representative will be on campus on November 8th)

For 2018, United Concordia will continue to be the preferred plan for dental insurance with a small increase in premium. This is the first increase in this coverage in several years. Dependent Eligibility: up to age 19; OR up to age 23 with full-time student status.

**Voluntary Vision Plan** (A plan representative will be on campus on both days)

National Vision Administrators will remain the College’s vision plan provider of choice for 2018. The pricing remains the same as in 2018. Frames: covered every 24 months. Two plan choices remain in force for 2018. Dependent Eligibility remains cover dependents up to age 26.

**Flexible Spending Account Participants**

For 2018, WageWorks will be our new administrator for our flexible spending account. New enrollment forms must be completed for new as well as continuing Medical and/or Dependent Care Flexible Spending Account enrollments. The medical flexible spending maximum has increased to $2650 for 2018 based on updated federal guidelines. The dependent care maximum remains at $5000. Dependent Eligibility: dependent who at the end of the taxable year has not attained age 27. Year 2017 reimbursement submissions must still go through PayFlex through March 31, 2018.

**OPEN ENROLLMENT INSTRUCTIONS**

No action is required for continuing existing health, dental, or vision coverage for the upcoming 2018 plan year.
The 2018 Benefit Election Form for Active Employees needs to be completed for ANY change in your current health, dental and/or vision insurance enrollments. Be certain to check “yes” in section B to take advantage of any pre-tax benefits for your contribution to your health, dental and vision insurance. Benefits for domestic partners will be taxed in accordance with Federal Tax guidelines.

Proof of dependent eligibility is required if you are adding a significant other or dependent child to the Health, Dental, or Vision plans. Acceptable documentation: Marriage License, Birth Certificate, Adoption Agreement, Legal Guardianship papers. Copies of the required documentation must be presented with your enrollment/change form.

Changes requiring a new Benefit Election Form include:
- Changing to a different health plan (PPO CHOICE vs. PPO SELECT);
- Adding or deleting dependents;
- Changing voluntary dental or vision selections;
- Changing vision plan
- Waiving coverage

Your change may require the completion of the insurance carrier’s enrollment / change form. Forms will be available at the scheduled Benefits Open Enrollment sessions. Please remember that processed changes will be in force for the entire calendar year of 2018.

Flexible Spending Account participants MUST complete a new enrollment form. The deadline for enrollment changes will be Friday, December 1, 2017.

Visit the HR Open Enrollment pages below to access benefit details and forms:

Open Enrollment Website:
http://www.moravian.edu/hr/benefits/open-enrollment

Moravian College’s Office of Human Resources encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact garciae@moravian.edu, or call (610) 861-1528.