

**IMPORTANT INFORMATION REGARDING
MEDICAL AND DENTAL OPEN ENROLLMENT FOR JULY 2014**

Reminder about “EdHealth” Collaborative Initiative

Last year we announced that Boston College and about two dozen schools had joined a new organization called “Collaborative Educational Ventures of New England” (CEVoNE). Under the auspices of CEVoNE, in an effort to manage health insurance costs more effectively, a new health insurance entity was formed, called “Educators Health Insurance Exchange of New England,” with the working name of **EdHealth**.

Boston College began participating in EdHealth last July 1st, and nine schools are now in the group, with others to join in the coming year. By utilizing economies of scale, participating schools expect to save on overhead costs and hope to better manage the risk of large claims.

Because Harvard Pilgrim continues to be our health insurance carrier, the EdHealth connection is essentially invisible to our employees.

Benefit Changes in the Boston College PPO and HMO Plans – Effective JULY 1, 2014

1. Copays for Prescription Drugs – The 4-tier Rx copays will be: \$5 for Tier 1 (no change); \$20 for Tier 2 (up \$5); \$30 for Tier 3 (up \$5); and \$50 for Tier 4 (up \$10). The 90-day mail order copays will increase accordingly – double copays for Tiers 1-3 and triple copay for Tier 4. This change brings us into line with the other EdHealth schools.

Note: The new copay structure means that all Harvard Pilgrim members will be issued new ID Cards effective July 1, 2014.

While the Rx copays increased slightly, the following changes are generally positive ones:

2. High-End Radiation Copay – Last year we introduced a \$75 copayment for PET/MRI/CT scans. The copay was limited to one per year for treatment of cancer, but there was no limit for other diagnoses. Starting July 1 the \$75 copay will be limited to twice per year for all conditions, including cancer, and for all relevant tests combined.
3. Autism ABA Therapy – In addition to our plans’ normal coverage for the treatment of Autism Spectrum Disorders, coverage will now also include “Applied Behavior Analysis (ABA)” therapy. No benefit limit applies to this service.
4. Out-of-Pocket Limits – Previously the only member cost Out-of-Pocket (OOP) limits in our plans applied to out-of-network services in the PPO plan, where the OOP limits were \$1,250 per individual and \$2,500 per family per year. There were no limits on members’ out-of-pocket costs for the HMO or for in-network PPO services. These same limits (\$1,250/\$2,500 per year) will now also apply to PPO in-network services and to HMO services. In 2014 the OOP limits do

not include prescription costs, but they do include costs for Durable Medical Equipment (DME). In 2015 prescription costs (copays) will also apply to the annual Out-of-Pocket maximums. The adoption of additional OOP limits is due to Affordable Care Act (federal health reform) requirements.

Benefit Change in the Delta Dental Premier Plan Effective July 1, 2014

Coverage under the dental Implant Rider has been expanded so that it is less restrictive. The benefit is a Type 3 service at 50%, subject to the normal \$1,500 calendar year maximum.

Change to January 1 Open Enrollment Period

Beginning next year Boston College will change to a January-December plan year, with another Open Enrollment opportunity to be effective January 1, 2015. There are two reasons for this change: (a) so there will be a uniform plan year for all participating EdHealth schools, and (b) to make it easier to comply with federal Affordable Care Act requirements, particularly with respect to reporting. Additional information will be communicated in the fall.

The January 1 Open Enrollment change will apply to the Delta Dental plans, as well.

Dependent Eligibility Audit

In collaboration with our Internal Audit Department, we expect to conduct an audit of dependents covered under our medical and dental plans during 2015. In anticipation of the audit, we are asking all participants with family coverage under our plans to ensure that their covered dependents comply with our plans' dependent eligibility requirements, as stated below. Anyone who has ineligible dependents currently enrolled in the plans should take steps to remove them effective June 30, 2014, by completing the appropriate forms available online and from the Benefits Office. Removing ineligible dependents at this time will have no effect on any prior claims that were paid. Eligible dependents are:

- The legal spouse of the subscriber (does not include 'common law' spouses).
- The former spouse of the subscriber, until either party remarries, or until the divorce judgment no longer requires the subscriber to provide coverage to the former spouse, whichever comes first.
- A child (including an adopted child) of the subscriber or spouse until the child's 26th birthday.
- An unmarried child under age 19 for whom the subscriber or spouse is legal guardian.
- A child age 26 or older who has been approved by Harvard Pilgrim or Delta Dental for continued coverage as a Disabled dependent under the carrier's guidelines.
- The unmarried child of an enrolled dependent.

If you are unsure as to whether a current family member qualifies as a dependent, you may contact the Benefits Office for clarification or call Harvard Pilgrim's Member Services.