We are pleased to announce our Benefits Open Enrollment period for the 2017 plan year. Beginning November 13, 2017 through December 8, 2017, you will have an opportunity to enroll or make changes to your existing enrollment in the Barnard Benefits Program.

Please note the following:

- **New employee contribution rates.** Please review Open Enrollment information for details.  
  - See pg. 4 Employee Contribution for the new 2018 rates.
- **No change to medical plan or Plan Designs.**  
  - Cigna Plan A – Point of Service Plan (Low Option)  
  - EmblemHealth HIP
- **No change to coverage, which remains at current levels.** Benefits for network, non-network visits, and deductibles remain unchanged.
- **Flexible Spending Accounts (FSA) require annual re-enrollment regardless of your 2017 participation.** New limit for 2018 is $2,650.
  1. **Open Enrollment will be online using ESS.** Please refer to the Health & Welfare Guide provided.

Open enrollment will be done online through Employee Self-Service (ESS). If you have not yet registered with ESS, please do so in order to submit your Open Enrollment changes. Open Enrollment transactions will be submitted using the Health & Welfare system. Employees may access the Health & Welfare system by logging into Employee Self Service (ESS) at https://portal.adp.com. The Health & Welfare Enrollment guide provides guidance on registering with ESS if you have not already done so, and submitting Open Enrollment transactions.

You must submit your online enrollment no later than midnight on December 8, 2017. Failure to meet this deadline will result in a default to your current elections for 2017, with the exception of your Flexible Spending Account (FSA).
If you are happy with your current benefits, you do not need to do anything to keep them through 2018 (as long as you remain eligible), with one exception, if you are enrolled in a Flexible Spending Account (FSA), you will need to re-enroll if you want to participate in 2018. IRS rules do not allow FSA enrollments to cross calendar years.

It is important to remember that if you waive medical coverage offered by Barnard College, you are still responsible for obtaining coverage through some other source, such as a spouse or domestic partner’s plan or your parent’s plan if you are under the age of 26 (unless you qualify for an exemption under the Affordable Care Act). You may also obtain coverage through the Health Insurance Marketplace. The IRS requires that you report your coverage status, if through the College or another source.

Please note, Barnard College will supply an additional 2017 tax form, Form 1095-C, in early 2018 to comply with the Individual Mandate and Employer Shared Responsibility provision of the Affordable Care Act.

We encourage you to read through the 2018 Open Enrollment materials and Health & Welfare guide carefully. Your current benefits will remain in effect through December 31, 2017; any selections you make during Open Enrollment become effective January 1, 2018.

If you have questions or need additional information, please feel free to contact me at x4-7345, or the Office of Human Resources main number at x4-2551.

Thank you.
HEALTH CARE OPTIONS

HIP/Emblem Health

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Co-Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care co-pay</td>
<td>$25.00</td>
</tr>
<tr>
<td>Specialty Care co-pay</td>
<td>$25.00</td>
</tr>
<tr>
<td>Emergency Room visit</td>
<td>$75.00 (waived if admitted)</td>
</tr>
<tr>
<td>Pharmacy RX</td>
<td>$15.00, $25.00, $40.00</td>
</tr>
</tbody>
</table>

Complete HIP plan information is available in the Office of Human Resources.

Cigna Open Access Plus - PLAN A

The Cigna Open Access Plus - Plan A is a Point-of-Service plan that provides medical benefits for providers participating in the network and the flexibility of obtaining non-network coverage. Plan A provides 100% coverage less a modest co-payment for some services such as prescriptions and office visits. Since care under this option is provided by Cigna’s extensive network of physicians, there are no deductibles nor are there any claim forms. This is considered an “in-network” service.

The plan also functions as a traditional indemnity insurance, allowing the participants to use doctors of their own choosing with reimbursement subject to the usual controls such as annual deductibles and reasonable and customary limitations. The claimant must complete claim forms. This is considered an “out-of-network” service.

Please note the following:

- **No change to coverage, which remains at current levels.** Benefits for network and non-network visits, and deductibles remain unchanged.
- **Referrals are NOT required for medical specialists.** You may visit specialists as needed.

Important Information about Dependent Children Coverage

HIP/Emblem Health

- Dependent children are covered under HIP through the end of the **month** in which they reach age 19.
- Dependent students are covered through the end of the **year** in which they reach age 26.

Cigna Open Access Plus - Plan A

- Dependent children are covered through the end of the **year** in which they reach age 26.

Under certain circumstances children may be continued as dependents under the plan beyond age 19 or 26. Children must reside in New York State, must be unmarried, under age 30, and must be ineligible for other coverage. In such cases you must pay the full, taxable amount of this coverage. (HIP $900.84/month; Cigna Plan A $1,074.98/month).

If your child is no longer eligible for coverage under the plan, your child has the right to continuation coverage under COBRA.
EMPLOYEE CONTRIBUTIONS

HIP/Emblem Health

In accordance with the College’s agreement with TWU, employees hired prior to May 1, 2012 will not be required to make contributions for HIP coverage. Employees hired on or after May 1, 2012 may choose the HIP Plan with weekly payroll deductions as noted below. Contributions you make toward your insurance will be deducted from your pay, pre-tax, on a weekly basis.

**Employee Weekly Contributions**

**Effective January 1, 2018**

*Contributions required only for employees hired on or after May 1, 2012*

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6.29</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$12.59</td>
</tr>
<tr>
<td>Family</td>
<td>$25.18</td>
</tr>
</tbody>
</table>

**Cigna Open Access Plus – Plan A**

Employees wishing to choose Cigna Open Access Plus - Plan A coverage may do so with weekly payroll deductions as noted below. Contributions you make toward your insurance will be deducted from your pay, pre-tax, on a weekly basis.

**PLEASE NOTE:** The employee contributions for TWU/264 members electing Cigna Plan A is determined by taking the difference between such plan premiums and the HIP premiums. Due to negative claims experience in 2016, Cigna significantly increased our premiums in 2017. Barnard absorbed the difference in cost for 2017 plan year. Effective 1/1/2018 Barnard will no longer absorb the increase in premium.

**Employee Weekly Contributions**

**Effective January 1, 2018**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Hired Before 05/01/2012</th>
<th>Hired on or after 05/01/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$40.19</td>
<td>$46.47</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$100.56</td>
<td>$113.15</td>
</tr>
<tr>
<td>Family</td>
<td>$147.87</td>
<td>$173.05</td>
</tr>
</tbody>
</table>

**Waiver of Coverage**

In accordance with the College’s agreement with TWU:

*If you waive coverage you will receive a monthly payment of $175.00. In order to be eligible for this payment, you must submit satisfactory proof of coverage under another health insurance plan annually. If you waive coverage you may terminate the waiver and elect coverage if there is a change in your spouse’s employment status that results in the loss of coverage. This waiver of coverage payment is not available to employees where both the employee and his/her spouse work for Barnard College.*

The deadline for submitting online enrollment changes and waivers is **December 8, 2017**. All changes will become effective **January 1, 2018**.
GHI/Emblem Dental Care
The deadline for submitting enrollment changes and waivers is December 8, 2017. All changes will become effective January 1, 2018.

During the Open Enrollment period, you can make certain changes to your dental coverage, like add eligible dependents, or waive coverage based on certain requirements. Open enrollment is the only time you may add eligible dependents, other than within 31 days following the birth or adoption of a child, or marriage.

Dependent Children Coverage:
- Dependent children are covered under the plan through the end of the month in which they reach the age of 26.

Accordingly, weekly monthly employee contributions will remain as follows:

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4.41</td>
</tr>
<tr>
<td>Family</td>
<td>$19.19</td>
</tr>
</tbody>
</table>

Vision Plan
The Vision Plan, through EyeMed, provides coverage for your eye care needs including eye exams, Retinal Imaging, an allowance for frames, 100% coverage for eyeglass lenses, and an allowance for contacts. The Vision Plan covers eye exams once per year at 100% with no co-pay; up to 100% for eyeglasses or contact lenses once a year. Non-network coverage is available on a limited basis.

Vision Plan Cost
The 2018 employee monthly contributions, remain unchanged, and are as follows:

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 9.95</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$18.91</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$27.77</td>
</tr>
</tbody>
</table>

Enrollment
To participate in the Vision Plan, please complete your enrollment online by indicating your selection for the Vision Plan. To enroll an eligible dependent, please enter your dependent’s information in the Health & Welfare enrollment system. Your online enrollment must be submitted no later than Friday, December 8, 2017.

If you do not wish to participate in the Vision Plan, please indicate “Waive” in the Vision Plan enrollment section of the online enrollment system.
**Flexible Spending Accounts**
The Barnard College Health Care Spending Account is a benefit program which enables you to reduce taxes by paying for your unreimbursed health care expenses with pre-tax income. In order to participate for the 2018 calendar year, you must submit your online enrollment no later than December 8, 2017.

**Annual Maximums:**
Annual maximums are set up by the IRS. For 2018, the following maximums apply:

- **Health Care Flexible Spending Account $2,650 per individual**

In order to participate for the 2018 calendar year, you must submit your online enrollment by the deadline, Friday December 8, 2017.

On October 31, 2014, the IRS announced a major policy change affecting the Healthcare FSA. The IRS has modified the “use-it-or-lose-it” provision and now allows plan participants to roll over up to $500 of unused funds. As a result of this change, balances up to a maximum of $500 in unused funds will automatically be rolled over in the next plan year. For example, if you roll over $500 from 2017 and contribute $2,650 in 2018, then $3,150 of pre-tax funds will be available for eligible medical expenses. Such expenses must be incurred during the calendar year in which they are carried over. Participants must be active in the FSA on the last day of the calendar year for the funds to be rolled over into the next calendar year. This policy change only affects the Healthcare FSA.

Once the plan year begins, you may change the amount of your Flexible Spending Account contributions if there is a change in your family status, e.g., marriage, death, divorce, birth or adoption of a child, or a change in a spouse’s employment status. This change must occur within 31 days of the qualifying event. Otherwise, your election may not be changed during the year.

**Employee Assistance Program**
We encourage your participation in this program and take advantage of the available resources provided. The Employee Assistance Program provides short term counseling for your and your family, Work/Life Services, Legal and Financial Services.

You are automatically enrolled and can access the EAP any time. Your enrollment is at no cost. Enclosed is a flyer that provides additional information on this program.

**Pet Insurance**
Employees interested in obtaining coverage for their pets may select among the following two benefit options: “My Pet Protection” and “My Pet Protection with Wellness”. These options reimburse 90% of your vet bill instead of using a benefit schedule. An annual deductible of $250 and a $7,500 maximum annual benefit apply to both plans. With these options there are no age restrictions, and no lifetime limits.

Three ways to enroll are available:
1. Visit the following URL: [http://www.petinsurance.com/barnard](http://www.petinsurance.com/barnard)
2. Visit [www.PetsNationwide.com](http://www.PetsNationwide.com) and then enter “Barnard College”. You will then be directed to the dedicated page.
3. Or call 877-738-7874, mention that you are an employee of Barnard College, and you will receive a discount on your policy.