This 2019 Open Enrollment guide provides details on registering with ESS, if you have not already done so, and submitting Open Enrollment transactions using the Health & Welfare system.

If you are happy with your current benefits, you do not need to do anything to keep them through 2019 (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 2019. IRS rules do not allow FSA enrollments to cross calendar years.

If you wish to make changes in your other benefits selections, you **must** complete your enrollment online to elect your new medical, plan option and your FSA contributions.

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, in early 2019, Barnard College will supply you with an additional 2018 tax form, Form 1095-C, in order to comply with the Individual Mandate and Employer Shared Responsibility provision of the Affordable Care Act.

We encourage you to read through the 2019 Open Enrollment materials and Health & Welfare guide carefully. Your current benefits will remain in effect through December 31, 2018; any selections you make during Open Enrollment become effective January 1, 2019.

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.
2019 Open Enrollment Guide

2019 Benefits Open Enrollment Instructions

Please review the enclosed information, and select the benefits most appropriate for you. Changes made during the 2019 Open Enrollment period become effective January 1, 2019. You must submit your online enrollment no later than Friday, December 7th, 2018. Failure to meet this deadline will result in a default to your current medical, dental and vision plan elections for 2019, with the exception of your Flexible Spending Account (FSA). You can access the enrollment portal at https://portal.adp.com

Cigna – Open Access Plus

Cigna is the medical carrier for 2019. During Open Enrollment you have an opportunity to enroll in either Plan A, Plan B, or Plan C and/or add eligible dependents. Plan A and Plan B are identical to prior year options. Plan C is a High Deductible Health Plan (“HDHP”). Please ensure you attend a review session sponsored by the Office of Human Resources or review all enrollment materials to learn about your plan options.

New York State provisions allow for coverage of a dependent child through age 29. In order to include dependents older than age 26 the employee will pay the full cost at the individual rate of $1,230.42 for Plan A, $1,306.32 for Plan B, or $981.90 for Plan C. If you have questions or need additional information about extended coverage, please contact the Office of Human Resources.


Contributions made toward your Cigna medical insurance will be deducted from your pay, pre-tax, on a monthly basis. (Please note: IRS regulations do not allow a pre-tax payroll deduction for domestic partner coverage).

Health Savings Account (“HSA”)

An HSA will be available to employees enrolling in Plan C (“HDHP”). Funds in the HSA can be used to pay for expenses not covered by the medical plan. For example, the funds can be applied towards your deductible or co-insurance. Unused funds can be rolled over into the following year and are not subject to the “use it or lose it” rule as are with Flexible Spending Accounts. In essence, you are accumulating a balance in your HSA account to offset future medical expenses. HSA funds can only be used to pay for medical expenses. If you have other non-medical related expenses (i.e. dental or vision), you may elect the Limited Purpose FSA discussed later in this document.

The College will make a contribution into your HSA based on your coverage level as indicated below.

<table>
<thead>
<tr>
<th>Plan C – Coverage Level</th>
<th>HSA College Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
**2019 Open Enrollment Guide**

**Your Contributions**
During Open Enrollment, you can elect to make your own pre-tax contributions to your HSA. Your contributions will be deducted from your salary before federal income tax, Social Security, and in most cases, state and local taxes. The IRS limits the amount that can be contributed each year, including both you and the College contributions. For 2019, you can contribute:

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 IRS maximum</td>
<td>$3,500</td>
<td>$7,000</td>
</tr>
<tr>
<td>College contribution</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Your maximum contribution</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

If you are age 55 or older, you can contribute an additional $1,000, regardless of your coverage level. Your HSA pre-tax payroll contribution elections for 2019 must remain in effect through December 31, 2019. You are not allowed to enroll, increase, decrease, or stop your contributions during a plan year unless you have a qualified life event, and the HSA contribution changes you make must be consistent with the type of life event.

**Opt-Out Provision**
Employees may waive medical coverage by indicating “Waive” in the online enrollment system. Employees who waive coverage may terminate the waiver and elect the College’s coverage if there is a life status change that results in the loss of their current health coverage. Please keep in mind that you have 31 days to notify Human Resources should this occur. Please refer to the Responsibility under the Affordable Care Act section below.

**Responsibility under the Affordable Care Act**
Under the Patient Protection and Affordable Care Act (PPACA), individuals and their families may be subject to a tax penalty if they do not obtain health insurance.

It is important to remember that if you waive medical coverage offered by Barnard College, you are usually 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 ACA). You can also obtain coverage through the Health Insurance Marketplace. You are required to report to the IRS if you have coverage, whether through the College or another source.

**Enrollment**
To enroll or change your plan option, please log on to the online enrollment system. If you do not wish to change, your Medical coverage will remain current through the end of the calendar year and into 2019. Online enrollment must be submitted by no later than Friday, December 7th, 2018.

**Aetna Dental**
During Open Enrollment you have the opportunity to enroll or dis-enroll from dental coverage. At this time, participants may also add eligible dependents to their existing plan.
2019 Open Enrollment Guide

To enroll or make changes to your dental coverage, please log into the online enrollment system. You will be able to add or remove dependents, enroll, or remove coverage.


Important Information about the Aetna Dental Plan

The plan includes Dental Maintenance Organization (DMO) and Preferred Provider Organization (PPO), which also provides access to out-of-network dentists. While an out-of-network benefit (similar to an indemnity option) is available, the greatest out-of-pocket savings will result if dentists in either the DMO or the PPO networks are used.

Participants may switch between the DMO and the PPO options on a monthly basis. You may switch back and forth between the DMO and the PPO by calling Aetna customer service by the 15th of any month. The change of option will become effective the first of the following month following your call.

Information regarding the dental plan is available in the Office of Human Resources.

Late Entry/Opt-Out Provision

Please be aware that there is a late entry penalty for Aetna dental plans. Aetna defines a late entrant as an employee who does not enroll when initially eligible as new employee.

If you chose not to participate when you are eligible or if you cancel your coverage now, enrollment is allowed only during the open enrollment period, and you will be subject to a late entry penalty. Those penalties are detailed on the Dental Insurance Waiver form available in the Office of Human Resources. Please also indicate on dental section of the online enrollment system “Waive Coverage.”

Enrollment

To enroll or change your plan option, please log on to the online enrollment system. If you do not wish to change, your Aetna Dental coverage will remain current through the end of the calendar year and into 2019. Online enrollment must be submitted by no later than Friday, December 7th, 2018.

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.

Enrollment

To participate in the Vision Plan, please complete your online enrollment 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 7th, 2018.

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 Flexible Spending Accounts are benefit programs which enable you to reduce taxes by paying for your unreimbursed health and/or dependent care expenses with pre-tax income. Employees enrolling in Plan C (“HDHP”) will receive a Health Savings Account contribution and should refer to the Limited Purpose Flexible Spending Account below (this does not affect the Dependent Care Flexible Spending Account).

If you are enrolled in the Health Care and/or Dependent Care Reimbursement Accounts, you must reenroll during Open Enrollment if you wish to continue participation in these tax-saving programs in 2019. Annual maximums are set up by the IRS. For 2019, the following maximums apply:

<table>
<thead>
<tr>
<th>Account</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Flexible Spending</td>
<td>$2,650 per individual</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending</td>
<td>$5,000 per household</td>
</tr>
</tbody>
</table>

In order to participate for the 2019 calendar year, you must enroll online by the deadline, Friday, December 7th, 2018.

On October 31, 2013, 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 2018 and contribute $2,650 in 2019, 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 and not the Dependent Care FSA.

Once the plan year begins, you may change the amount of your Flexible Spending Account contributions only if there is a change in your family status – 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.
Limited Purpose Flexible Spending Account
Employees enrolling in the Cigna Plan C ("HDHP") are not able to participate in the regular FSA program due to the Health Savings Account ("HSA") that is provided this medical plan option. Since the HSA is only for medical expenses and not for other expenses such as dental or vision, the Limited Purpose Flexible Spending Account is available.

A limited-purpose FSA covers qualified out-of-pocket expenses for dental or vision care provided to you, your spouse, or dependents. It works similar to the regular Flexible Spending Account, except that it will not reimburse for medical expenses. As a result of the Affordable Care Act, employee annual contributions are capped for Limited Purpose FSA plans at $2,600. Balances up to a maximum of $500 in unused funds will automatically be rolled over into the next plan year.

In order to participate for the 2019 calendar year, you must enroll online by the deadline, Friday, December 7th, 2018.

Proof for new dependents
Proof of relationship for each dependent you enroll for the first time during Open Enrollment must be scanned and emailed to the Office of Human Resources at hr@barnard.edu. Please refer to the Dependent Documentation Requirements document for a complete listing of acceptable documentation. If you do not submit the required information by the Open Enrollment deadline, your dependent will be considered ineligible and his/her coverage will not be processed.

Life Insurance
Basic Life Insurance Option
The College provides basic life insurance equal to 2 times annual salary at no cost. No enrollment is required as employees are automatically eligible as of the 1st day of the month following 30 days from their date of hire.