MEMORANDUM

TO: All Benefits-Eligible Employees and Graduate Assistants

FROM: David R. Rieger, Assistant Director for Benefits

RE: Annual Health Insurance Open Enrollment Information for State of Maryland and University System of Maryland Employees—IMPORTANT

Open Enrollment for the State Employee and Retiree Health Benefits and Wellness Program (the health benefits plan) managed by the Maryland Department of Budget and Management (DBM) will take place from October 15 through November 14, 2014 for the new plan year that begins on January 1, 2015.

There are new developments in the 2015 health benefits plans that are important to University System of Maryland employees. These changes, as well as other information in the health benefits plan, will be described in detail in the Open Enrollment packet provided by DBM and distributed to you through your departmental benefits coordinator later this month.

IMPORTANT DATES

<table>
<thead>
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<th>Date</th>
<th>Event</th>
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<tr>
<td>Late September</td>
<td>Distribution of Open Enrollment packet, including plan rates</td>
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<td>Early October</td>
<td>Information sessions on College Park campus¹</td>
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<td><strong>October 15-November 14</strong></td>
<td>Open Enrollment for regular employees, graduate assistants</td>
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<tr>
<td>January 1, 2015</td>
<td>Effective date of health plan changes</td>
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The following highlights key changes to the health benefits plan for USM employees: 1) changes in benefit providers and plans; and 2) the State’s new Wellness program.

MEDICAL AND DENTAL PLANS

For 2015, there are a number of developments in the State’s medical and dental health plans.

- Medical plan carriers:
  - A Kaiser Integrated Health Management (IHM) plan will be added for active employees and their families.
  - Aetna will no longer provide State health benefits; if you have an Aetna plan, you must choose another plan.

¹See information sessions schedule and locations at www.uhr.umd.edu
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- Point of Service (POS) plans will be eliminated; if you are in a POS plan (any vendor), you must select another.
- The CareFirst BCBS and United Healthcare Preferred Provider Organization (PPO) and Exclusive Provider Organization (EPO) plans will continue to be available.

- Dental plan carriers:
  - United Concordia will continue to administer the dental PPO plan.
  - Delta Dental will administer the dental HMO instead of United Concordia.

- New features of the Medical and Dental plans:
  - The annual maximum benefits in the dental PPO will increase from $1,500 to $2,500.
  - The annual out-of-pocket maximum for the EPO plan is increased from $1,000/$2,000 to $1,500/$3,000.
  - Behavioral health services will be provided through the employee’s medical plan (CareFirst, United or Kaiser), rather than by a separate mental health provider, and include some improved benefits.

- Implications of these changes:
  - If you are currently enrolled in the Point of Service medical plans, all Aetna medical plans, and the United Concordia DHMO, you will need to select and enroll in alternate plans.
  - If you are not making changes to your coverage and you do not intend to participate in a flexible spending account, you do not need to do anything during the Open Enrollment period. Your current coverage will roll over to the new plan year.

WELLNESS PROGRAM
In 2015, the State is establishing a Wellness program as part of its health benefits plan. Phased-in over five years, the Wellness program is designed to provide significant benefits and incentives for its participants.

- In general: the plan will apply to employees and retirees, and their spouses.
  - Each participant will be asked to complete a set of “Healthy Activities” (described below).
  - Individuals with chronic health conditions identified for disease management services will be asked to participate in a disease management program (described below).

- Wellness program goals:
  - Improve participants’ health.
  - Offer incentives for insurance plans and medical providers to focus on quality of care, affordable access to preventive and primary care, and improved patient outcomes.
  - Better controlling health care costs in ways that both enhance plan participants’ health and avoid reductions in coverage or increased participant expense.
Benefits to employees—starting in 2015, the Wellness program will provide immediate benefits to participants, including:

- Elimination of most in-network laboratory and x-ray co-payments and co-insurance.
- Waiver of co-payments for primary care if the participant completes their Healthy Activities.
- Waiver of co-payments for generic drugs that treat a range of chronic conditions.
- Access to free weight management, nutrition education and tobacco cessation classes and other services.
- Access to on-line participant services to compare provider quality and costs.

Healthy Activities required for all participants—on a phased-in basis, all participating employees and their spouses are responsible for completing the following Healthy Activities each year:

- **2015:**
  - Select a primary care provider, complete a health risk assessment and discuss it with the primary care provider (PCP).

- **2016:**
  - Complete and discuss the health risk assessment with the PCP;
  - Complete nutrition education or weight management program.

- **2017:**
  - Complete and discuss the health risk assessment;
  - Complete a biometric screening and discuss it with the PCP;
  - Complete age/gender-recommended preventive screenings.

- **2018-19:**
  - Complete and discuss health risk assessment;
  - Complete and discuss biometric screening and physical exam with the goal of bringing blood pressure and cholesterol into the normal range;
  - Complete a nutrition education and stress management program.

Disease Management Programs for participants with chronic health conditions—in addition to completing their general Healthy Activity requirements, employees and spouses with certain chronic conditions are responsible for participating in a disease management program:

- Disease Management Programs will start in 2016, for certain chronic health conditions.
- Participants will engage with a care manager and follow treatment guidelines for the condition.

Surcharges for Wellness program non-compliance—employees and spouses who fail to comply with their Healthy Activities or, if appropriate, a Disease Management Program, will have to pay a surcharge annually:

- Healthy Activities non-compliance
  - No surcharges in 2015
  - 2016: $50/year surcharge for failure to complete Healthy Activities
  - 2017 forward: $75/year surcharge for failing to complete Healthy Activities
Disease Management Program non-compliance
  - No surcharges until 2017
  - 2017: $250/year for failing to participate actively in a Disease Management Program
  - 2018: Surcharge increases to $375/year

- Alternative activities are available to participants who cannot complete required Healthy Activities for medical reasons.
- An appeal process will be available to challenge surcharges.

OPEN ENROLLMENT FAIR
The annual Open Enrollment Fair will be held September 23, 2013 from 9:00 AM to 2:00 PM in the Colony Ballroom of the Stamp Student Union. All health care and retirement vendors will be in attendance, plus many health and wellness exhibits and screening stations. Staff employees may be granted one hour of release time to attend the fair. Release time may be combined with the break and lunch periods. Employees are to coordinate their release time requests with their supervisors.

UMCP EMPLOYEE INFORMATIONAL SESSIONS
University Human Resources will be hosting informational sessions where representatives of the State of Maryland’s Employee Benefits Division will be explaining the changes and answering questions UMD’s employees may have. The schedule and location of these informational sessions and other information pertaining to Open Enrollment will be posted on the UHR website at www.uhr.umd.edu.

AFFORDABLE CARE ACT
Information on Affordable Care Act coverage for contingent and contractual employees will be distributed by DBM later in the fall, and will be available on the UHR website when available.

I urge you stay informed in the next several weeks as there will be some procedural changes also that distinguish this Open Enrollment from prior years. For example, the State has discontinued the Interactive Voice Response system this year, and will require that paper forms be used. More instructions will be disseminated to departmental benefits coordinators next week. In the meantime, I encourage you to consider attending one of the campus informational sessions hosted by UHR and State Benefits Office officials. As always, UHR Benefits staff are available to answer your questions M-F, 8:00AM to 5:00PM.