



2022-23 Benefits Change Guide

Plan Year Beginning
9/1/2022

At St. Olaf, we value our employees and are committed to providing a comprehensive and competitive benefits package. Please use this guide as a reference to understand the changes for the upcoming plan year and to choose what is best for you and your family.

OPEN ENROLLMENT PERIOD

July 25, 2022 at noon through August 12, 2022 at noon.

Any elections that you make during open enrollment will become effective on September 1, 2022.

BENEFIT INFORMATION SESSIONS

Because this year's changes to our benefits package are minimal, we will not be holding live Benefit Information Sessions during August 2022. You can, however, listen to a presentation from Tina Shinn, our benefits broker, on the [Election of Benefits website](#). The presentation offers an excellent overview of our benefits and shares useful suggestions about how best to maximize your use of your benefits. Please contact Human Resources if you have any questions.

ENROLLMENT HELP SESSIONS

If you would like assistance with online benefits enrollment you're welcome to drop by an Enrollment Help Session that best fits your schedule. Members from the HR team will be available in-person to walk you through enrolling in benefits and answer individual questions along the way.

- Wednesday, August 3 from 1 to 3:30 p.m.
- Tuesday, August 9 from 9:30 to 12 p.m.

Both sessions will be held in Holland Hall 201.



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This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

What's New for 2022-23?

HEALTH PLAN CHANGES

The deductibles and out-of-pocket maximums for both the Core and the HDHP plans are increasing slightly. Employee premiums will also be increasing.

Core Health Plan Summary

Effective September 1, 2022, we will continue to offer a Core Plan through BlueCross BlueShield of Minnesota.

	Current Core Plan			Effective 9/1/22 Renewal Core Plan		
	Tier 1	Tier 2	Out of Network	Tier 1	Tier 2	Out of Network
Deductible <i>per calendar year</i>	\$1,000/single \$2,000/family	\$1,500/single \$3,000/family	\$2,000/single \$4,000/family	\$1,250/single \$2,500/family	\$1,750/single \$3,500/family	\$2,250/single \$4,500/family
Out of Pocket Max <i>per calendar year</i>	\$3,500/single \$7,000/family	\$4,500/single \$9,000/family	\$6,000/single \$12,000/family	\$4,000/single \$8,000/family	\$5,000/single \$10,000/family	\$6,500/single \$13,000/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Cancer Screening</i>	You pay \$0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay \$0	You pay 50% after deductible
Mental/Behavioral/ Substance Use <i>Outpatient</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible
Ambulance	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible
Hospital	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i> Generic Preferred Brand Non-Preferred Brand		You pay \$10 You pay \$50 You pay \$100			You pay \$10 You pay \$50 You pay \$100	
Specialty Drugs Preferred Non-Preferred		You pay 20% to a maximum of \$200/script You pay 40%			You pay 20% to a maximum of \$200/script You pay 40%	
90-day Rx / Mail Order Generic Preferred Brand Non-Preferred Brand		You pay \$20 You pay \$100 You pay \$200			You pay \$20 You pay \$100 You pay \$200	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits.

Monthly Plan Premiums

Core Plan	Current Costs		Effective 9/1/22	
	>.75 FTE	.50-.749	>.75 FTE	.50-.749
Employee	\$194.00	\$300.00	\$208.00	\$322.00
Employee + 1	\$500.00	\$690.00	\$535.00	\$738.00
Family	\$746.00	\$1,032.00	\$798.00	\$1,104.00

Our plan uses the Blue Cross Blue Performance Regional Network for participating providers. Traveling or living outside of MN? Use the National BlueCard PPO network for participating providers.

High Deductible Health Plan (HDHP) Summary

Effective September 1, 2022, we will continue to offer a High Deductible Health Plan/HSA through BlueCross BlueShield of Minnesota.

	Current HDHP/HSA Plan			Effective 9/1/22 Renewal HDHP/HSA		
	Tier 1	Tier 2	Out of Network	Tier 1	Tier 2	Out of Network
Deductible <i>per calendar year</i>	\$2,800/single \$5,600/family	\$3,000/single \$6,000/family	\$4,000/single \$8,000/family	\$3,000/single \$6,000/family	\$3,200/single \$6,400/family	\$4,200/single \$8,400/family
Out of Pocket Max <i>per calendar year</i>	\$3,500/single \$7,000/family	\$4,500/single \$9,000/family	\$6,000/single \$12,000/family	\$4,000/single \$8,000/family	\$5,000/single \$10,000/family	\$6,500/single \$13,000/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Cancer Screening</i>	You pay \$0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay \$0	You pay 50% after deductible
Mental/ Behavioral/ Substance Use <i>Outpatient</i>	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Ambulance	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Hospital	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i> Generic Preferred Brand Non-Preferred Brand	GenRx Formulary You pay 20% after deductible			GenRx Formulary You pay 20% after deductible		
Preventive Prescriptions	You pay \$0			You pay \$0		
Specialty Drugs	You pay 20% after deductible			You pay 20% after deductible		
90-day Rx / Mail Order Generic Preferred Brand Non-Preferred Brand	You pay 20% after deductible			You pay 20% after deductible		

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits.

Monthly Plan Premiums

HDHP/HSA Plan	Current Costs		Effective 9/1/22	
	>.75 FTE	.50-.749	>.75FTE	.50-.749
Employee	\$144.00	\$144.00	\$154.00	\$154.00
Employee + 1	\$380.00	\$590.00	\$407.00	\$632.00
Family	\$570.00	\$869.00	\$610.00	\$930.00

Our plan uses the Blue Cross **Blue Performance Regional** Network for participating providers. Traveling or living outside of MN? Use the **National BlueCard PPO** network for participating providers.

Health Savings Account (HSA) Contributions

Contributions	Employee	Employee + 1	Family
St. Olaf	\$1,200	\$1,800	\$2,400
Maximum for 2022 (St. Olaf + employee combined)	\$3,650	\$7,300	\$7,300
Maximum for 2023 (St. Olaf + employee combined)	\$3,850	\$7,750	\$7,750

Employees age 55 and older can contribute an additional \$1,000 "catch up" contribution.

Planning to elect the annual limit?
Contact Human Resources for assistance.

BE A SMART HEALTHCARE CONSUMER!

You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

Convenience Care, Online Care: Located inside of retail stores or online, visit these providers for common ailments like strep throat, pink eye, bladder infection, etc. For online care visit, doctorondemand.com/bluecrossmn.

Cost: \$

Doctor's Office: Staffed by a doctor, a PA and nurses, visit this office for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by a doctor, a PA and nurses, visit this clinic for care of minor illnesses or injuries that require **immediate** attention.

Cost: \$\$\$

Emergency Room (ER): Located inside of a hospital, visit the ER for serious illnesses, injuries or life-threatening issues, such as chest pains, shortness of breath, burns, head injuries, etc.

Cost: \$\$\$\$

DENTAL PLAN CHANGES

Employee monthly premiums will be increasing slightly. There are no changes in benefits.

Monthly Plan Premiums

Dental Plan	Current Costs		Effective 9/1/22	
	>.75 FTE	.50-.749	>.75FTE	.50-.749
Employee	\$18.00	\$21.00	\$19.00	\$22.00
Employee + 1	\$38.00	\$43.00	\$40.00	\$45.00
Family	\$57.00	\$69.00	\$60.00	\$73.00

VISION PLAN CHANGES

The frame allowance is increasing from \$130 to \$150. Employee monthly premiums will be increasing slightly if you have Employee Only coverage and decreasing if you have Employee + 1 or Family coverage.

Monthly Plan Premiums

0.50 to 1.0 FTE	Current Costs	Effective 9/1/22
Employee	\$7.30	\$7.54
Employee + 1	\$11.26	\$10.94
Family	\$19.96	\$19.61