



# 2024 Benefits Change Guide

2024 Plan Year  
1/1/2024-12/31/2024

*At St. Olaf, we value our faculty and staff 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

This fall, we will have a passive open enrollment ahead of our plan to transition from academic to calendar years beginning in 2024. Elections must be made between noon October 23 and noon November 3. Any elections that you make during open enrollment will become effective on January 1, 2024.

## Benefit Information Sessions

- Monday, October 23<sup>rd</sup> at 9-11 am
  - Coupe Health representative
- Monday, October 30<sup>th</sup> at 9-11 am
  - Coupe Health and USI representatives
- *Both sessions will be held in Viking Theater.*

## Online Enrollment Help Sessions

- Monday-Friday, October 23-27 at 3-4 pm
- Monday-Thursday, October 30-November 2 at 3-4 pm
- *All sessions will be held in Holland Hall 201.*



507-786-3068 | [hrstaff@stolaf.edu](mailto:hrstaff@stolaf.edu)

# What's New for 2024?

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## Renewal Date Change

St. Olaf College is changing our renewal date from September 1st to January 1st for all employee benefit programs. This is our second open enrollment period in 2023 to assist in our transition from academic to calendar plan years. We highly encourage you to review the information in this document carefully to understand the 16-month plan year transition. Beginning January 1, 2024, we will have completed our transition into a calendar year plan, lasting until December 31, 2024.

## Passive Open Enrollment

This is a passive open enrollment. Unlike active open enrollment, your current elections will carry forward into 2024, with the exception of flexible spending accounts (General FSA, Limited FSA, and Dependent Care FSA). Since our active enrollment this previous summer, no changes or updates in benefits information, medical plans, or insurance have been made

# Changes Occurring Jan. 1, 2024

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## Medical Plan Changes

Below you will find a brief outline of updates taking place to our existing medical plans:

### Jan. 1, 2024

- Current deductibles and out-of-pocket maximums for the Core Plan and HDHP/HSA Plan are carrying over into 2024.
- Employee premiums will stay the same as current and will remain unchanged through Dec. 31, 2024.

**We will continue to offer the same plans through Blue Cross: Traditional Core, Traditional HDHP/HSA, Coupe Core, and Coupe HDHP/HSA.** Coupe plans offer price certainty with the ability to know the cost of every service ahead of time, locate high-quality, low-cost providers, work with a dedicated health valet to help you navigate your healthcare journey, and so much more! Employees pay less in premiums when they elect a Coupe health plan. Please see Pages 7-11 for more information or visit <https://employers.coupehealth.com/st-olaf.html>.

## Health Savings Account (HSA) Changes

Below you will find a brief outline of changes taking place to the Health Savings Account (HSA):

### Jan. 1, 2024

- St. Olaf's total contribution to the HSA will remain the same; however, contributions will begin on a **per-pay period** basis.

	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$46.15	\$100.00	\$1,200
○ Employee + 1	\$69.23	\$150.00	\$1,800
○ Family	\$92.31	\$200.00	\$2,400

## Dental Plan Changes

Below you will find a brief outline of changes taking place to the dental plan:

### Jan. 1, 2024

- Delta Dental will activate a deductible carry-forward provision.
  - Anyone who has satisfied their deductible as of Dec. 31, 2023, will maintain this credit through Dec. 31, 2024.
- Annual maximums will reset and run on a calendar year basis.
- Cleanings and bitewing x-rays will reset and run on a calendar year basis.

## Vision Plan Changes

Below you will find a brief outline of changes taking place to the vision plan:

### Jan. 1, 2024

- Exam and lens frequency will change to once per calendar year.
- Frame frequency will change to once every other calendar year.
  - These will be the frequency limits going forward as they are less confusing than once every 12 or 24 months.

## Flexible Spending Account (FSA) Plan Changes

Below you will find a brief outline of changes taking place to the General Purpose and Limited Purpose FSA plans:

### Jan. 1, 2024

- General Purpose and Limited Purpose FSA
  - Eligible employees may set aside up to **\$3,050** in pre-tax dollars for the period Jan. 1, 2024, through Dec. 31, 2024.
  - You can roll over up to \$610 into the 2025 plan year.
  - You have until March 31, 2025, to submit claims incurred for the period Jan. 1, 2024, through Dec. 31, 2024.
- Dependent Care FSA
  - Employees can make new elections, up to \$5,000, for the calendar year Jan. 1, 2024, through Dec. 31, 2024.



# Health Plan Comparison

	TRADITIONAL/CORE PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	Tier 1	Tier 2	Out of Network	Tier 1	Tier 2	Out of Network
<b>Deductible</b> <i>per plan year</i>	\$1,700/single \$3,400/family	\$2,400/single \$4,800/family	\$5,000/single \$10,000/family	\$4,000/single \$8,000/family	\$4,300/single \$8,600/family	\$5,000/single \$10,000/family
<b>Out of Pocket Max</b> <i>per plan year</i>	\$5,400/single \$10,800/family	\$6,700/single \$13,400/family	\$7,500/single \$15,000/family	\$5,400/single \$10,800/family	\$6,700/single \$13,400/family	\$7,500/single \$15,000/family
<b>Physician Services</b> <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 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Preventive Services</b> <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay \$0	You pay 50% after deductible
<b>Mental/Behavioral/ Substance Use</b> <i>Outpatient</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Ambulance</b>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Hospital</b>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Prescription Drugs</b> <i>Retail (31 day supply)</i> Generic Preferred Brand Non-Preferred Brand	GenRx Formulary  You pay \$10 You pay \$50 You pay \$100			GenRx Formulary  You pay 20% after deductible		
<b>Preventive Prescriptions</b>	N/A – HDHP Only			You pay \$0		
<b>Specialty Drugs</b> Preferred Brand Non-Preferred Brand	You pay 20% to a maximum of \$200/script You pay 40% up to out of pocket maximum			You pay 20% after deductible		
<b>90 dayRx / Mail Order</b> Generic Preferred Brand Non-Preferred Brand	You pay \$20 You pay \$100 You pay \$200			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 HEALTH PLAN PREMIUMS

	Core Plan 9/1/23 - 12/31/24		HDHP 9/1/23 - 12/31/24	
Core Plan	>.75 FTE	.50-.749	>.75 FTE	.50-.749
<b>Employee</b>	\$208.00	\$322.00	\$154.00	\$154.00
<b>Employee + 1</b>	\$535.00	\$738.00	\$407.00	\$632.00
<b>Family</b>	\$798.00	\$1,104.00	\$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.

**QUESTIONS?** Call customer service at: [1-866-873-5943](tel:1-866-873-5943) or [1-800-810-BLUE](tel:1-800-810-BLUE) or call the phone number on the back of your ID card or visit [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com).

# COUPE HEALTH

## Less Red Tape. More Blue Skies.

Take control of your healthcare journey. Coupe was designed to save you time and money so you can get on with doing the things you love.

### More reasons to love Coupe.

#### Price certainty

Know the price of every service ahead of time. No upfront out-of-pocket costs, add-ons or surprises.

#### Familiar bill pay

Receive one monthly statement and pay how you prefer – online or by mail – with zero% financing.

#### Great care and value

Easily locate high-quality providers and receive great care for any service you need.

#### Health Valet service

A dedicated health concierge available to help you navigate your healthcare journey with confidence.

#### Easy user experience

A straightforward and intuitive healthcare experience designed around how you shop and live.

#### Health and wellbeing benefits

Access to a wide assortment of world class clinical programs at no extra cost.

### Going for care is easy-going.



Use app or web to search for a provider or medication



Select based on cost and quality



Present ID card, pay \$0 at time of visit



Receive one statement for the same price selected






Pay just like any other bill with zero percent financing if needed

Visit [coupehealth.com](https://coupehealth.com) to find a happier way to healthcare.

Coupe is designed to help you find **high-quality, low-cost providers** so you don't have to sacrifice getting **great care** to save money.

With Coupe, providers are categorized into three copay rankings based on the following criteria:

-  Tier 1 Provider
-  Tier 2 Provider
-  Tier 3 Provider

### Quality

Providers that have superior training and certifications, aligned with good care outcomes.

### Relationship

Providers that are associated with top quality service lines at their facility.

### Experience

Providers that deliver positive patient experiences and outcomes.

### Efficiency

Providers that deliver the best care outcome by providing the appropriate amount of care.

#### Provider Ranking Legend

-  Meets all standards above
-  Meets most standards above
-  Meets minimum standards above

\* For more details on how we rank providers, please reference our Quality Ranking Guide available at <https://employers.coupehealth.com/st-olaf.html>

Deductible \$0

Coinsurance 100%

**Out-Of-Pocket Maximums\***

Individual \$6,500

Family \$13,000

**COUPE CORE MONTHLY PREMIUMS****FTE > .75**

Employee Only \$188

Employee plus 1 \$482

Family \$719




**FTE .50 < .75**

Employee Only \$290




Employee plus 1 \$665

Family \$994

**SERVICE DESCRIPTIONS****Coupe Health Provider Rankings**

	 Best	 Better	 OK	Out-of-Network**
Primary Care Office Visit	\$40	\$55	\$90	\$110
Specialist Office Visit	\$80	\$105	\$175	\$210
Advanced Imaging MRI, MRA, CAT & PET Scans	\$350	\$475	\$790	\$950
Routine Diagnostic Labs	\$30	\$40	\$70	\$85
Diagnostic Radiology	\$100	\$135	\$225	\$270
Diagnostic Labs	\$100	\$135	\$225	\$270
Urgent Care	\$80	\$105	\$175	\$210
Outpatient Surgery	\$1,150	\$1,540	\$2,570	\$3,100
Emergency Room/Emergency Services			\$650	
Ambulance			\$650	
Outpatient Therapies (PT, OT, ST)	\$80	\$105	\$175	\$210
Inpatient Hospital Stay	\$3,560	\$4,750	\$6,500	\$7,800
Home Health Care	\$80	\$105	\$175	\$210
Hospice	\$385	\$515	\$855	\$1,050
Skilled Nursing Facility	\$3,150	\$4,190	\$6,500	\$7,800
Durable Medical Equipment	\$160	\$215	\$355	\$430

**PRESCRIPTIONS****Coupe Health Pharmacy Rankings****Mail Order**

	 Best	 Better	 OK	go-day Supply
Generic	\$30	\$35	\$60	\$15
Preferred Brand	\$60	\$75	\$120	\$25
Non-Preferred Brand	\$90	\$110	\$185	\$30
Specialty – Mail Order Only			\$120	

\*Out-of-Network Benefits are not subject to the Out-of-Pocket Maximum

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.

Note: The Deductible must be met before the Copays apply.

Deductible: Individual	\$4,000
Family	\$8,000

Coinsurance	100%
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#### Out-Of-Pocket Maximums\*

Individual	\$5,400
Family	\$10,800




#### COUPE HDHP MONTHLY PREMIUMS




##### FTE > .75

Employee Only	\$139
Employee plus 1	\$367
Family	\$549

##### FTE .50 < .75

Employee Only	\$139
Employee plus 1	\$569
Family	\$837

SERVICE DESCRIPTIONS	Coupe Health Provider Rankings			
	 Best	 Better	 OK	Out-of-Network**
Primary Care Office Visit	\$15	\$20	\$30	\$40
Specialist Office Visit	\$30	40	\$65	\$80
Advanced Imaging MRI, MRA, CAT & PET Scans	\$140	\$190	\$315	\$400
Routine Diagnostic Labs	\$10	\$15	\$20	\$30
Diagnostic Radiology	\$40	\$55	\$90	\$110
Diagnostic Labs	\$40	\$55	\$90	\$110
Urgent Care	\$30	\$40	\$65	\$80
Outpatient Surgery	\$465	\$615	\$1,030	\$1,236
Emergency Room/Emergency Services			\$265	
Ambulance			\$265	
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$78
Inpatient Hospital Stay	\$1,425	\$1,900	\$3,000	\$3,800
Home Health Care	\$30	\$40	\$65	\$80
Hospice	\$155	\$205	\$345	\$420
Skilled Nursing Facility	\$1,255	\$1,675	\$2,795	\$3,400
Durable Medical Equipment	\$65	\$85	\$140	\$170

PRESCRIPTIONS	Coupe Health Pharmacy Rankings			Mail Order
	 Best	 Better	 OK	90-day Supply
Generic	\$5	\$10	\$15	\$15
Preferred Brand	\$10	\$15	\$25	\$25
Non-Preferred Brand	\$15	\$20	\$30	\$30
Specialty – Mail Order Only			\$10	

\*Out-of-Network Benefits are not subject to the Out-of-Pocket Maximum