**FY15 Plan Changes**

Plan changes are being introduced this year to address health care reform requirements and wellness efforts.

**750 Plan and HDHP**

Family out-of-pocket maximum on Rx benefit to $1,700.

**Rationale:** Currently there is a $1,000 out-of-pocket maximum for an individual on these plans, but no family maximum. The affordable care act limits the out-of-pocket expenses for a family to $12,700 in 2014. Without a family maximum on the Rx benefit for these plans, we risk having a family exceed the limit.

**HDHP and CDHP**

Increase the dental preventive benefit to 100% from the current 80%, leave all other benefits as they are.

**Rationale:** With the increased focus on wellness, we need to make sure members are getting basic preventive dental care. Many health conditions are linked to poor dental hygiene and lack of a recent dental exam is a noted risk factor for heart disease and diabetes. Increasing the preventive benefit from 80% to 100% of allowed charges removes any barriers to care related to cost.


**All Plan Options**

**Pre-existing Conditions:** Beginning with the FY15 plan year (7-1-2014), the UA Choice Plan will no longer have pre-existing condition exclusions for any individual. This expands upon the earlier removal of pre-existing conditions for individuals under age 19.

**Exception Benefits:** Vision and Dental benefits will be considered “excepted benefits,” with employees being able to waive vision and dental coverage when electing a health care plan. This will allow the dental and vision coverage to be excluded from the cost of the plan when determining the maximum out-of-pocket limit this year, as well as the so called “Cadillac Tax” in 2018.

A draft of the 750/HDHP election form is included to show how the employee would waive dental and vision coverage. Waiving coverage will not reduce their payroll deduction for health care.
UA Choice Open Enrollment
Health Plan Enrollment Form for FY15
www.alaska.edu/benefits

☐ 9, 10, 11 months (includes all UNAC and UAFT faculty members)

☐ 12 months

Please Print Legibly

Last Name  First  M.
Employee ID  Campus  Work Phone

To verify your current plan and coverage level, please log in to UAOnline.alaska.edu. Requested changes will be reflected in UAOnline after June 13. Please check your account to verify accuracy.

I wish to enroll in (please choose one):

☐ 750 Plan  ☐ High Deductible Health Plan (HDHP)  ☐ Opt Out (must also complete Opt Out Form)

☐ Waive Dental/Vision (waiving dental/vision coverage will not reduce your payroll deduction)

• Looking for the Consumer-Directed Health Plan and HSA? Please use the CDHP/HSA Enrollment Form.

I elect this level of coverage (please choose all that apply):

☐ Employee (Required unless Opting Out)

☐ Spouse/Partner

☐ Child(ren)

Office Use Only:

[360, 361, 370, 371] [360, 361, 370, 371] [360, 361, 370, 371]

[362, 372] [665, 670] [665, 670]

[363, 364, 367, 368, 373, 374, 377, 378]

[663, 664, 667, 668, 673, 674, 677, 678]

Dependent Coverage:

• List ALL dependents you wish to enroll, even if currently covered.

• You are required to provide evidence of a dependent’s eligibility when adding dependents to your coverage. This could include a copy of a marriage license, birth certificate, divorce decree or other documents as determined by the University of Alaska. See the reverse side for more information.

• Be sure to read Verification of Dependent Eligibility on the back of this form, and sign the statement below.

• Dependents removed from the health care plan at Open Enrollment are NOT eligible for COBRA.

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<th>Add</th>
<th>Drop</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Relationship Code (Required see below)</th>
<th>Date of Birth (mm/dd/yy)</th>
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