What's New in 2019

Open Enrollment Begins:	Open Enrollment Ends:	Benefits are Effective:	New Payroll Deductions Begin:
October 29th	November 16th	January 1, 2019	January 15, 2019

Let's Go!

US Benefits Open Enrollment

Nothing says autumn like falling leaves, pumpkin spice and ANNUAL BENEFITS OPEN ENROLLMENT. Yes, Benefits Season is here again and it's time to review your benefit elections and update them during the Oracle US Benefits Open Enrollment Period which will start on October 29 and end on November 16.

So, what's new this year?

Many of you may be scrolling ahead to find the benefit price changes for 2019 since that is always one of the changes, but this year there are none for medical, dental and vision. **That's right – your benefit contributions remain exactly the same in 2019.** See for yourself by reviewing the 2019 Price Sheet.

One caveat: If you are a member of the ARAG group legal plan you will see a slight increase in your pay period contribution from $9.88 to $10.62. The ARAG plan has also been expanded and now covers real estate and family law matters. Get all the details here.

Let's get started reviewing the plan design changes and enhancements:

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ORACLE

WARNING: The information you are about to read is sometimes heavy on benefits-speak and we recognize that not everyone speaks this language. Throughout, please click on the hyperlinks for definitions of the terms or refer to the glossary where you will find definitions for most of the jargon in this document.

UHC Behavioral Health

We know that navigating the mental health system is difficult. As a first step we are increasing the reimbursement for out-of-network providers in an effort to remove barriers to accessing care. You'll still need to meet your annual deductible but if you are in a UHC PPO or HSA plan the reimbursement rate for out-of-network providers is increasing to 90% of UCR.

Look for more updates in the future as we review the behavioral health component of Oracle's plans.

UHC Pharmacy

Not surprisingly, drug costs continue to increase. One of the best ways to reduce drug cost is to use generic drugs whenever possible. The chart below illustrates the changes to pharmacy co-pays for 2019. You will see that the copay for tier 1 / generic drugs is DECREASING for all UHC plans (retail and mail order) while the coinsurance minimums and maximums for tier 2 / formulary drugs and tier 3 / non-formulary drugs are increasing.

	PREMIUM PPO	
Retail Pharmacy	Current	Effective January 1, 2019
Tier 1 – Generic	$10	$5
Tier 2 – Formulary	$20 min / $40 max	$30 min / $60 max
Tier 3 – Non-Formulary	$40 min / $80 max	$50 min / $100 max
Mail Order	Current	Effective January 1, 2019
Tier 1 – Generic	$20	$10
	MEDIUM PPO	
Retail Pharmacy	Current	Effective January 1, 2019
Tier 1 – Generic	$10	$5
Tier 2 – Formulary	$25 min / $50 max	$40 min / $80 max
Tier 3 – Non-Formulary	$50 min / $100 max	$60 min / $120 max
Mail Order	Current	Effective January 1, 2019
Tier 1 – Generic	$20	$10
	EPO	
Retail Pharmacy	Current	Effective January 1, 2019
Tier 1 – Generic	$10	$5
Tier 2 – Formulary	$20 min / $40 max	$30 min / $60 max
Tier 3 – Non-Formulary	$40 min / $80 max	$50 min / $100 max
Mail Order	Current	Effective January 1, 2019
Tier 1 – Generic	$20	$10
	HARVARD PILGRIM	
Retail Pharmacy	Current	Effective January 1, 2019
Tier 1 – Generic	$10	$5
Tier 2 – Formulary	$20 min / $40 max	$30 min / $60 max
Tier 3 – Non-Formulary	$30 min / $60 max	$50 min / $100 max

Mail Order	Current	Effective January 1, 2019
Tier 1 – Generic	$20	$10

Other Changes Effective January 1, 2019

All Kaiser Regions now allow you to *self-refer* within the Kaiser network for chiropractic and acupuncture services. This means you no longer need to obtain a referral from a Kaiser physician prior to seeing a chiropractor or acupuncturist within Kaiser. Note that copays and maximum visits may vary by region – take a few moments to review the Medical Plan Comparison Chart for more detailed information.

Quest Labs, with more than 6,000 locations across the US, joins the UHC network effective January 1, 2019.

Medica Network - UHC: Effective January 1, 2019, the UHC leased Medica network in Minnesota, North Dakota, South Dakota and Western Wisconsin will be replaced by a directly contracted UHC network. Almost all providers in the Medica network are expected to continue under direct contract with UHC. Look for special communications from UHC regarding this change if you are currently part of the Medica network. Your ID card will indicate whether you are a current Medica member.

2019 Health Savings Account (HSA) Annual Contribution Limits

HSA Annual Contribution Limit	2018	2019
Employee Only	$3,450	$3,500
Family	$6,900	$7,000

2019 Flexible Spending Account Annual Contribution Limits

FSA Annual Contribution Limits	2018	2019
General Purpose Health Care FSA	$2,600	$2,650
Limited Purpose Health Care FSA (for members of HSA plan)	$2,600	$2,650

Reminders

FREE DENTAL PLAN INTRODUCED IN 2017

You might remember that in 2017 we introduced a **FREE** dental plan – Dental Plan I. We think it's worth another mention this year! Dental Plan I covers nearly all of the same things covered by Dental Plan II with just a couple of exceptions:

- There is no orthodontia coverage under Dental Plan I
- Major services are covered at 50% (versus 80% under Dental Plan II)

Otherwise, Dental Plan I is exactly like Dental Plan II. Check it out and see if it fits your needs. As a reminder, the free Dental Plan I election will not be reflected on your pay stub as there is no deduction. Instead, refer to your online benefits price sheet for confirmation of your election.

GRAND ROUNDS – EXPERT MEDICAL ADVICE

We introduced Grand Rounds earlier this year and want to take another opportunity to tell you about this great program. Did we mention it's free? It's FREE. Whether you need information about a new diagnosis or treatment, a second opinion from a world-leading expert, or support deciding if surgery is right for you, Grand Rounds will take care of it all.

Grand Rounds is with you when:

- You need an expert. Get a second opinion or personalized care plan from a world-leading expert.
- You need a hand. Grand Rounds will gather your medical records, and handle all the details.
- You need support. Get help making tough medical decisions.
- You need answers. Grand Rounds medical experts will tell you everything you need to know about a new diagnosis or existing condition.

Visit http://grandrounds.com/oracle to learn more.

Now it's time to enroll or update your elections!

To make your Oracle US Benefits elections, visit the Oracle US Benefits Enrollment System. You may access the enrollment system in or outside of the Oracle firewall using your Oracle Single-Sign-On (SSO) Username and Password.

Enrollment tool – Don't Forget to Click Submit!

When making your elections you will need to use the **Submit** button to finalize your elections. **If you don't click Submit at the end of the election process, your 2019 elections will not be saved** and your 2018 elections will carry over into 2019 (other than FSA and HSA) and will be binding. Similar to retail shopping – you must click a final submit or confirmation of intent to buy or the items in your cart are not purchased. **So, don't forget to click submit!**

Learn About Open Enrollment 2019

A series of learning sessions are available throughout the Open Enrollment period. Click **HERE** to review the complete schedule, including the session topics, dates, times, and the access/dial-in information.

Don't forget: We're here to help – send your Open Enrollment questions to benefits_us@oracle.com.

Happy Fall! (or as we like to call it, Benefits Season)

GLOSSARY

Contracted Rates

The payment amount agreed upon by your insurer and your provider for a certain medical service.

Formulary

A list of prescription drugs covered by a health plan. When a formulary is used, a health plan typically limits the specific prescription drugs that are covered or charges a different out-of-pocket expense (e.g. copayment) based on its classification under the formulary.

General Purpose Healthcare FSA

An account you can establish through your employer that allows you to set aside pre-tax dollars to pay for certain eligible expenses. By setting aside money from each paycheck, you pay less in taxes and have money available as needed to pay for covered services.

In-Network Providers

Providers and supplies (e.g. Physicians and Facilities) who have a contract with United Healthcare to provide covered health services at a discount. An in-network provider is responsible for submitting claims, obtaining prior authorization (when applicable), and out-of-pocket costs are usually lower than an out-of-network provider.

Limited Purpose Healthcare FSA

A flexible spending account which corresponds specifically to the HSA Medical Plan that lets you set aside money, pre-tax, to help pay for eligible dental and vision expenses.

Major Services

Includes inlays/onlays, crowns, bridges, removable dentures and implants.

Out-of-Network Providers

Providers and suppliers (e.g. Physicians and Facilities) who do not have a contract with United Healthcare to provide health care services at a discount. Out-of-network providers are not responsible for submitting claims or obtaining prior authorization – the covered person is responsible. The cost of covered health services is usually higher when received by an out-of-network provider.

Out-of-Pocket Costs

Health care costs that are not covered by insurance, such as deductibles, copayments and coinsurance. Out-of-pocket costs do not include premium costs.

Tier 1 / Generic Drugs

Low-cost, high value medications which no longer hold a brand patent. May have multiple manufacturers that produce.

Tier 2 / Formulary Drugs

Brand name drugs that still hold a patent and are marketed under a trademarked name, but are preferred in their class due to high clinical value and/or cost effectiveness.

Tier 3 / Non-Formulary Drugs

Brand name drugs that still hold a patent and are non-preferred versus other alternatives in their therapeutic class. In rare instances, high cost generics may fall into this Tier as well.

Usual, Customary & Reasonable (UCR)

The amount paid for a covered health service in a geographic area based on what providers in the area usually charge for the same or similar medical service. UCR is used to determine the eligible expense for the majority of covered health services performed by out-of-network providers.