



# Agenda









# Annual Open Enrollment October 11 – October 30

- Annual open enrollment allows employees a chance to review their health coverage and make changes to fit their individual needs
- Your changes will be effective January 1, 2024, and you will not be allowed to enroll, cancel or make changes until coverage beginning in January 2025
- If coverage is declined now, you must experience a "qualifying event" to enroll or make changes before
  January 2025





## **Annual Open Enrollment**

To make changes to your coverage you must do so during an open enrollment period or experience a qualifying event.

#### Examples of qualifying events:

- Birth or Adoption of a child
- Loss of Other Coverage
- Marriage/Divorce
- COBRA Event
- Court Order requiring Coverage of Dependent Child

\*You must make any changes within 30 days of the event/loss of coverage\*





# **Benefits Education Anthem – Sydney APP**

- Find Care
  - Search for doctors and hospitals in your network
- My Health Dashboard
  - Use to find news on health topics and wellness tips.
- Chat
  - Quickly connect with an Anthem representative
- Virtual Care
  - Connect directly to care from home; use Symptom Checker
- Community Resources
  - Resource Center helps you connect with local organizations
- My Health Records
  - See health records in one secure place



#### Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

For technical support call: 866-755-2680



# **Benefits Education Anthem – Online Resources**

- 24/7 Nurseline
  - Connect with an RN who will answer your health questions any time
- Anthem Health Guides
  - Highly trained Anthem Associates who are personal support guides. They can help connect you to resources, stay on top of screenings and tests
- Condition Care
  - Dedicated Nurse team to help manage asthma, COPD, diabetes, heart disease and heart failure
- Future Moms
  - 24/7 access to RN about pregnancy issues
- Staying Healthy Reminder
  - Annual notice with reminders for tests based on your age and gender
- Smart Shopper
  - Compare prices for upcoming services



# **Benefits Education Anthem – Online Resources**

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, the new digital physical therapy program designed to help you overcome your joint, back, or muscle pain—all from home.

#### Here's how it works









#### **Pick Your PT**

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.

#### **Get Your Sword Kit**

Your kit comes with your own tablet, and will provide you and your PT with realtime feedback.

#### **Stay Connected**

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.

#### Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.



join.swordhealth.com/cebco/register

# **Benefit Overview - PPO Option**

Deductible - Single / Family	\$500/\$1,000	
Co-Insurance	80/20%	
Out-of-Pocket Max - Single / Family	\$3,000 / \$6,000	
Office Visit	\$20 PCP - \$40 SPC	
Emergency Room	\$300 Copay	
Urgent Care	\$75 Copay	
Preventive Care	Covered at 100%	

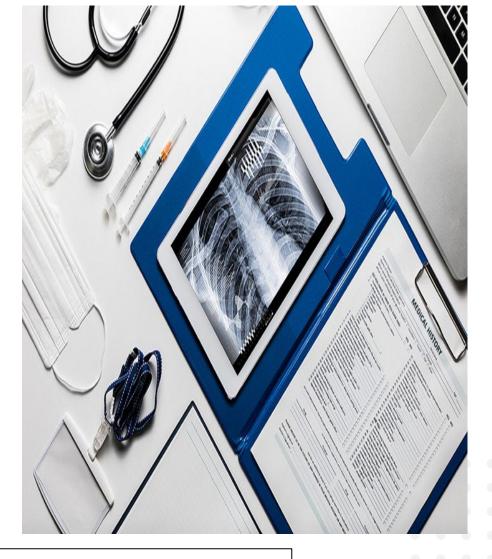
In-Network Benefits reflected – please refer to Summary of Benefits and Coverage and Certificate for full benefits/limitations



# **Benefit Overview Preventive Care**

#### Preventive Care - Paid at 100% in Network

- Routine Physical Exam
- Pap Test, Mammogram
- PSA Prostate Exam
- EKG
- Chest X-ray
- Lab Work Complete Blood Count, Metabolic Panel, Urinalysis, Blood Glucose, Lipid Panel



Routine Services are covered based on Age and Gender A/B Recommendations of US Preventive Task Force. Must be billed as Routine/Screening to be covered at 100%.



# Benefit Overview Prescription Coverage

PPO OPTION	Retail 30 Day Supply	Mail-Order 90 Day Supply
Tier 1 – Typically Generic*	\$10 Copay	\$20 Copay
Tier 2 - Preferred Brand	\$20 Copay	\$40 Copay
Tier 3 – Non-Preferred Brand	\$40 Copay	\$80 Copay
Tier 4 - Specialty**	\$40 Copay	N/A

<sup>\*</sup>Generic Drugs could be covered under any tier depending on class assigned by Anthem



<sup>\*\*</sup>Specialty Drugs must be purchased through Anthem Specialty Pharmacy or Carelon RX

## **Benefit Overview** RxMaintenance 90

- Members are required to receive some 90-day maintenance medication through either a retail pharmacy or home delivery after (2) 30-day fills
- Prescriptions must be written for 90 days by your physician
- Changes to your prescription would allow you (2) 30-day fills
- Does not apply to specialty medication
- Local Pharmacies: CVS, Walmart, Kroger, Great Scot, **Prescription Solutions**
- Mail Order Pharmacy: www.carelonrx.com





# Employee Contributions PPO Medical and Dental



	Total Monthly Premium	Monthly Employer Contribution	Employee Contribution
Single	\$761.62	\$632.18	\$129.44 (\$64.72/pay)
Family	\$2,014.97	\$1,672.45	\$342.52 (\$171.26/pay)



## **Benefit Overview – HSA Option**

Deductible - Single / Family	\$3,200 / \$6,400	
Co-Insurance	80/20%	
Out-of-Pocket Max - Single / Family	\$5,000 / \$10,000	
Office Visit	Subject to Deductible/Co-Insurance	
Emergency Room	Subject to Deductible/Co-Insurance	
Preventive Care	Covered at 100%	
Prescription Drugs	Subject to Deductible/Co-Insurance	

In-Network Benefits reflected – please refer to Summary of Benefits and Coverage and Certificate for full benefits/limitations



# Employee Contributions HSA Medical and Dental



	Total Monthly Premium	Monthly Employer Contribution	Employee Contribution
Single	\$703.50	\$675.38	\$28.12 (\$14.06/pay)
Family	\$1,861.79	\$1,787.31	\$74.48 (\$37.24/pay)





# Health Savings Account Contribution Limits

	Tax Year 2024
Annual Contribution Limits	Single - \$4,150 Family - \$8,300
Catch-Up Contributions	\$1,000 per individual Age 55 or older

2024 Employer Contribution:

Single \$35/month; additional \$100/month matched to EE contribution Family \$90/month; additional \$200/month matched to EE contribution



## Health Saving Account Reminders

- Money permitted to be put into the account pre-tax and spent pre-tax by employees for certain benefit related expenditures.
- Funds carry over from year-to-year and can earn interest tax free.
- Account is owned by the employee who is covered under a HDHP (High Deductible Health Plan).
- Money is the HSA account can be invested
- You should keep all of your receipts in case of an audit
- If HSA money is spent for ineligible expenses:
  - Money becomes taxable
  - 20% IRS Penalty unless over the age of 65
- Who is eligible to open a health saving account? Any individual that:
  - Is covered by a HDHP plan
  - Is <u>NOT</u> covered by other <u>health</u> insurance
  - Is NOT eligible and enrolled in Medicare
  - Is NOT claimed as a dependent on someone else's tax return

NOTE: Adult children can be on your medical insurance until age 26, however, if they are not eligible tax exemptions you cannot pay for their expense with your HSA account



# Benefit Overview ComPsych GuidanceResources

- Confidential Counseling up to 5 visits per incident for issues such anxiety, grief, stress, etc.
- Work Life Issues helps with childcare, elder care etc.
- Legal Guidance on a large array of legal matters; free 30-minute consultation, then 25% fee reduction
- Financial Resources assistance with budgeting financial planning
- Guidance Resources online, available 24/7
- ALL EMPLOYEES and their household members are eligible, they do not need to be covered by the County's insurance to access the EAP



CALL ANYTIME

Call: **877.327.4452** 

TDD: 800.697.0353

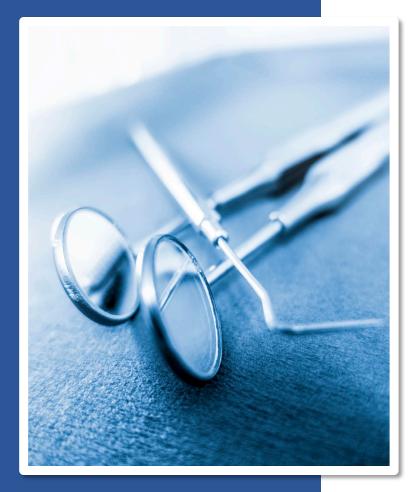
Online: guidanceresources.com

Your company Web ID: **EAPCEB** 

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## **Dental Insurance**

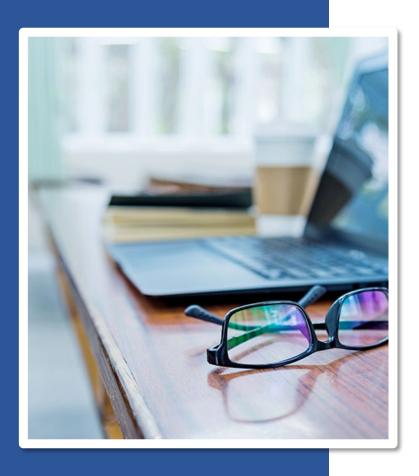


www.deltadentaloh.com	Network Delta Dental PPO/Premier	Non-Network
Deductible Per Person (Max 3 per Family)	\$50	\$50
Diagnostic & Preventive Services Oral exams, teeth cleaning, x-ray Limit 2 Per year	100% Deductible does not apply	100% Deductible does not apply
Basic Services Space maintainers, simple extractions, filling, stainless crowns, endodontics, periodontics	Deductible then 80%	Deductible then 80%
Major Services Porcelain Crowns, Inlays, Outlays, Bridges, Dentures	Deductible then 50%	Deductible then 50%
Child Orthodontia	50% - \$1,000 Lifetime Maximum	50% - \$1,000 Lifetime Maximum
Annual Max Per covered person	\$1,000	\$1,000

The use of Non-Network Dentist could result in balance billing.



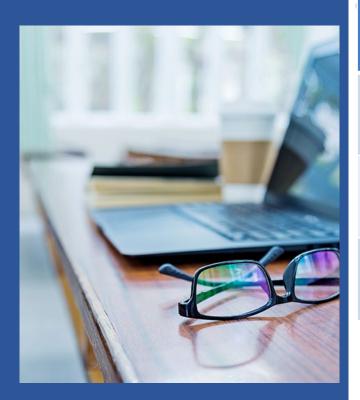
## **Vision Insurance**



www.vsp.com	Network	Non-Network
Eye Exams 1 Per 12 months	\$10 Copay	Up to \$50
Frames Featured Brands - \$140 Allowance Other Brands - \$120 Allowance + 20% discount on amount over 1 Per 12 months	\$25 Copay	Up to \$70
Lenses Single vision, lined bifocals, lined trifocals and lenticular 1 Pair Per 12 months	Single vision, lined bifocals/trifocals \$0 Progressive – Copay based on type	Based on lens type
Contacts In Lieu of Glasses	\$120 Allowance	\$105 Allowance

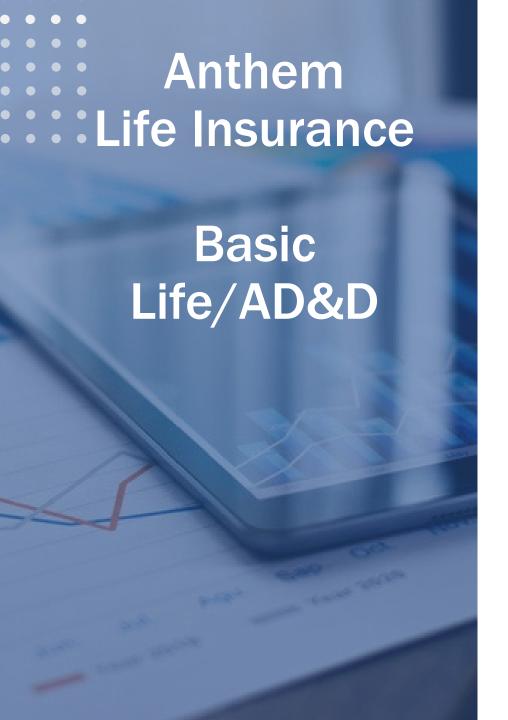


# Employee Contributions Vision



	Total Monthly Premium	Monthly Employer Contribution	Monthly Employee Contribution
Single	\$9.70	\$7.28	\$2.42
Employee/Spouse Employee/1 Child	\$14.00	\$7.28	\$6.72
Family	\$25.09	\$7.28	\$17.82





#### \$10,000 Per Employee Provided by County

All Full-Time Active Employees Excluding
Sheriffs Office Employees who are subject
to Collective Bargaining Agreement

### \$50,000 Per Employee Provided by County

All Full-Time Employees of the Sheriffs Office who are subject to Collective Bargaining Agreement

This Benefit is Provided to All Benefit Eligible Employees. Please be sure to designate a Beneficiary on your Enrollment Form



#### **Voluntary Benefits**

- Voluntary Life/AD&D can be purchased for employee and dependents
- Critical Illness cash payments upon diagnosis of specific diseases
- Accident Insurance cash payments for covered accidents (policy contains a cash wellness benefit)
- Hospital Indemnity cash payments for Inpatient Hospital stays
- Short Term Disability covers part of your income if you can't work due to a non-work-related injury or illness

All Employees MUST enroll in or waive these benefits by completing the Enrollment form in the Guardian Enrollment Kit.

### **Next Steps**

- ✓ Everyone MUST complete an Election Form to accept/decline benefits for the new plan year
- ✓ If you are making any changes (switching plans, adding/dropping dependents, etc.) you MUST complete a CEBCO change form in addition to the Election Form
- ✓ Everyone MUST complete a Guardian enrollment form to accept/decline Voluntary Benefits
- ✓ FSA form is required to enroll for the new plan year.
- ✓ HSA form is required if you wish to change your contribution amount.

PLEASE RETURN ALL FORMS TO YOUR
DEPARTMENT PAYROLL ADMINISTRATOR BY
OCTOBER 30, 2023





## **Questions?**



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<u>FIG-BenefitService@risk-strategies.com</u>

Our Customer Service Team is available to assist with general questions as well as specific services such as: Claims Inquiries, Covered Benefits, Provider Network Status, ID Card Requests etc.