



# 2017 Employee Benefits Open Enrollment

Effective July 1, 2017



*Presented May 17<sup>th</sup> and May 25<sup>th</sup> 2017*



# Welcome to Our 2017 Open Enrollment!!

## 2017 MASS SAFETY MEETING

### INCLUDING 2017/18 BENEFITS OPEN ENROLLMENT

7:30 a.m.	Breakfast
8:00 – 8:15 a.m.	Welcome & Executive Director Address – Bill Mawyer
8:15 – 9:15 a.m.	Phil McKalips, Environment & Safety Manager
9:15 – 9:20 a.m.	Break
9:20 –	OPEN ENROLLMENT INFORMATION SESSION
9:20 – 10:20	Marsh McLennan – David Talbert
10:20 – 10:30	Break
10:30 – 10:40	HSA Administrators – Julie Ellis
10:40 – 10:50	HRA – David Talbert
10:50 – 11:00	OPTIMA – Patty Henderson/Paula King
11:00 – 11:20	AFLAC – Michelle Lawson/Corey Hyde
11:20 – 11:35	LDB Insurance, Cafeteria Plan – Karen Groves
11:35 – 11:50	ACAC – Joe Schwar
11:50– 12:15	Break
12:15 – 12:30	Legal Resources- Trish Eads
12:30 – 12:45	Liberty Mutual- Vernon Garrett

**12:45-2:00 pm Break-out Period:** Vendors will remain in the adjoining room until 2:00 pm for questions. Questions that are specific to your needs, especially health condition/insurance related specific questions, can be asked during the breakout period.



# Dental Benefits Plan Design

Our group dental coverage is provided by Anthem Dental.

In & Out-of-Network	Anthem Dental
<b>Deductible</b>	\$50/\$150 <i>(Waived for Preventative)</i>
<b>Plan Year / Calendar Year</b>	Calendar Year
<b>Preventive Services</b>	100%
<b>Basic Services</b>	80%
<b>Major Services</b>	50%
<b>Orthodontic Services</b>	50%
<b>Annual Max</b>	\$1,500
<b>Lifetime Orthodontic Max</b>	\$1,000

This is only a summary of the benefits. Refer to carrier booklet/certificate for complete details. In the event of a discrepancy, the carrier booklet/certificate prevails.





# Vision Plan - EyeMed



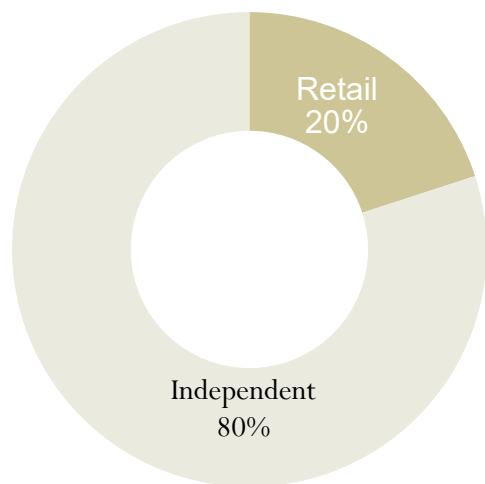
	<b>EyeMed Insight Vision Network</b>
<b>Exam Copay</b>	\$10 copay
<b>Frames</b>	Up to \$130 retail allowance
<b>Standard Eyeglass Lenses</b>	Single, Bifocal, Trifocal, & Lenticular Lenses - \$15 copay
<b>Frequency</b>	Exams, Lenses & Frames - Once every 12 months
<b>Contact Lenses (in lieu of glasses)</b>	Up to \$130 allowance
<b>Upgrade Eyeglass Lenses (Additional Cost)</b>	UV Coating, Tints, Standard Scratch Resistant - \$15 Standard Polycarbonate - \$40 Standard Progressive - \$80 Standard Anti-Reflective - \$45 Other Add-Ons - 20% off retail price
<b>Out-of-Network</b>	<b>Plan Pays:</b> Eye Exam - \$30 Lenses - Up to \$25 for single lenses, \$40 for bifocal, \$60 for trifocal Frames - \$65 Elective Contact Lenses - Up to \$104 Non-Elective Contact Lenses - Up to \$210

This is only a summary of the benefits. Refer to carrier booklet/certificate for complete details. In the event of a discrepancy, the carrier booklet/certificate prevails.



# EyeMed: We give our members options

Whether you choose a provider based on your schedule, style or value, ...no matter what, we have you covered!



- 57,000 providers at a location
- Both independent and retail, including 5 of top 10 preferred retailers
- Convenient weekend and evening times available at most locations
- Same day/1-hour service available at some locations
- Benefits and discounts applied consistently
- No limiting frame towers or formularies

LENSCRAFTERS





# Using your benefit is easy



Locate a provider

3 ways to find one...

1. Eyemed.com
2. Welcome Packet
3. Customer Care Center 800-723-0596



Receive care and  
eye wear

You can pull up your ID card on your smartphone or just tell them your name. Providers are open days, nights and weekends.



Your claim is  
processed!

In-network providers file claims on your behalf so you won't have to worry about anything! For out-of-network, members submit claims and OON checks are paid out daily.



# Looking for more savings? You got it!



Check out all the discounts  
EyeMed members receive...

- 40% off unlimited additional pairs
- Up to 60% discount on popular lens options not covered by the plan
- 40%-60% off contact lens fit & follow-up
- 20% off any item not covered by the plan
- 20% off any frame balance

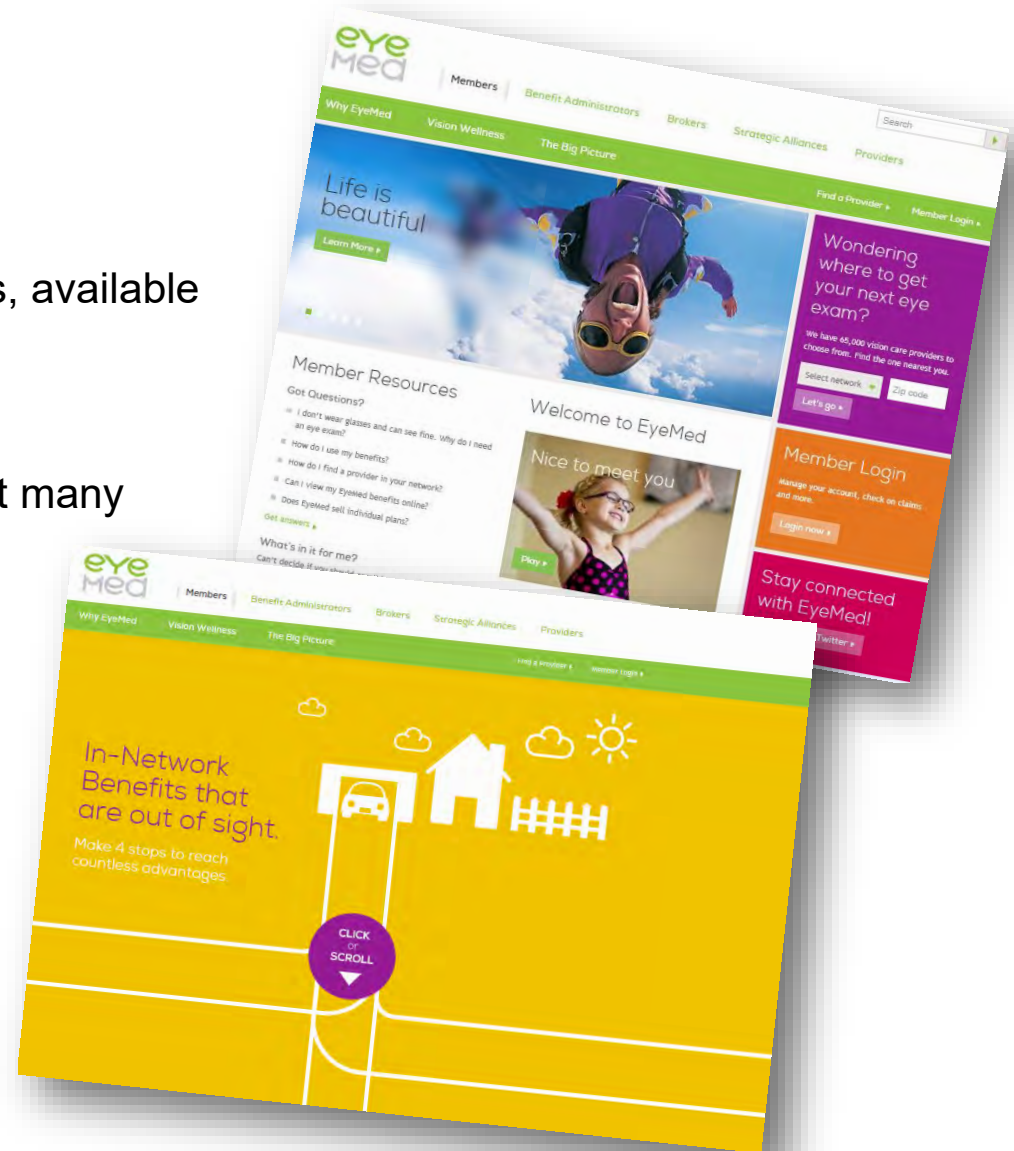
**95%**  
member  
satisfaction with  
plan quality!<sup>1</sup>

1. Based on EyeMed's 2013 Satisfaction Survey
2. Discounts available at in-network providers only



# Check out eyemed.com

- View benefits and eligibility status
- Download ID cards and EOBs
- Check claim status
- Locate a provider – search by hours, available frame brands and more!
- View vision wellness information
- Review LASIK information
- Online exam scheduling available at many provider locations







# Award-winning service day & night

362

days a year,  
we're here

Monday – Saturday:  
7:30 – 11 pm ET  
Sunday: 11 – 8 pm ET

We are accessible,

99.5%

1<sup>st</sup> call resolution rate

Skill-based routing so your calls  
are answered by the right vision  
benefits expert every time

helpful,

15



Sec. avg. speed of answer

Certified Center of Excellence  
by Benchmark Portal 4 years  
in-a-row

& great at what we do



# Medical Coverage – Anthem

	HK HMO 30/1000 Value Advantage	Lumenos Embedded HSA <b>1651</b>
<b>In Network Benefits</b>	<b>In Network</b>	<b>In Network</b>
Accumulators (Calendar Year or Plan Year)	Plan Year	Plan Year
Deductible (Ind/Fam)	\$1,000/\$2,000	\$3,000/\$6,000
Out of Pocket Max (Ind/Fam)	\$4,500/\$9,000	\$4,000/\$8,000
Embedded or Non Embedded	Embedded	Embedded
Coinsurance	20%	0%
Office Visit - (PCP/Specialist)	\$30/\$50	0% after ded
Preventive Care	No Charge	No Charge
Urgent Care	\$30/\$50	0% after ded
Emergency Room (waived if admitted)	20% after ded	0% after ded
Inpatient Hospital	20% after ded	0% after ded
Outpatient Surgery	20% after ded	0% after ded
Labs/Xrays	20% after ded	0% after ded
Advanced Diagnostic Imaging	20% after ded	0% after ded
Telemedicine Visit	<b>\$20</b>	\$49
<b>Out of Network Benefits</b>	<b>Out of Network</b>	<b>Out of Network</b>
Deductible (Ind/Fam)	\$1,500/\$3,000	<b>\$6,000/\$12,000</b>
Out of Pocket Max (Ind/Fam)	\$6,250/\$12,500	<b>\$10,000/\$20,000</b>
Coinsurance	30%	20%
<b>Prescription Drug Benefits</b>		<b>Mandatory Generics</b>
Deductible (Ind/Fam)	None	after medical ded
Retail (Tier 1/2/3/4)	\$10/\$30/\$50/20% up to \$200 max	\$10/\$30/\$50/20% up to \$200 max
Retail 90 day supply (Tier 1/2/3)	\$30/\$90/\$150	\$30/\$90/\$150
Mail Order (Tier 1/2/3/4)	\$25/\$75/\$125	\$25/\$75/\$125

**Benefit changes from current plan in red**

This is only a summary of the benefits. Refer to carrier booklet/certificate for complete details. In the event of a discrepancy, the carrier booklet/certificate prevails.

# Get the Most Out of Your Health Plan...



- **Go to urgent care centers instead of emergency rooms**

Save with a PCP or Specialist Urgent Care copay versus the cost for emergency room services



- **Don't forget the 24/7 Nurse Line**



- **Use in-network doctors**

Save with a lower deductible and coinsurance



- **Use the "Estimate Your Cost" tool**

Find cost ranges for services and quality reviews for doctors



- **Use lower cost, generic drugs**

Review your prescription drug options with your doctor regularly and take advantage of lower cost, generic drugs whenever possible



- **Save money with Special Offers**

Get discounts on health-related products and services

# Employee benefits

**For employees, it's like having a doctor's office at their fingertips.**

## CONVENIENCE

Access to live consultations — anytime, anywhere.

## CHOICE

Their choice of physician based on helpful physician profiles.

## IMMEDIATE SERVICE

Real-time visits — no waiting for a callback. Average time savings — 2 to 3 hours (per post-visit survey results).

## LOW COST

Cost is lower than or equal to a doctor's office visit. Easier and less expensive than urgent care.

## EASE OF USE

Fast, easy setup and login.

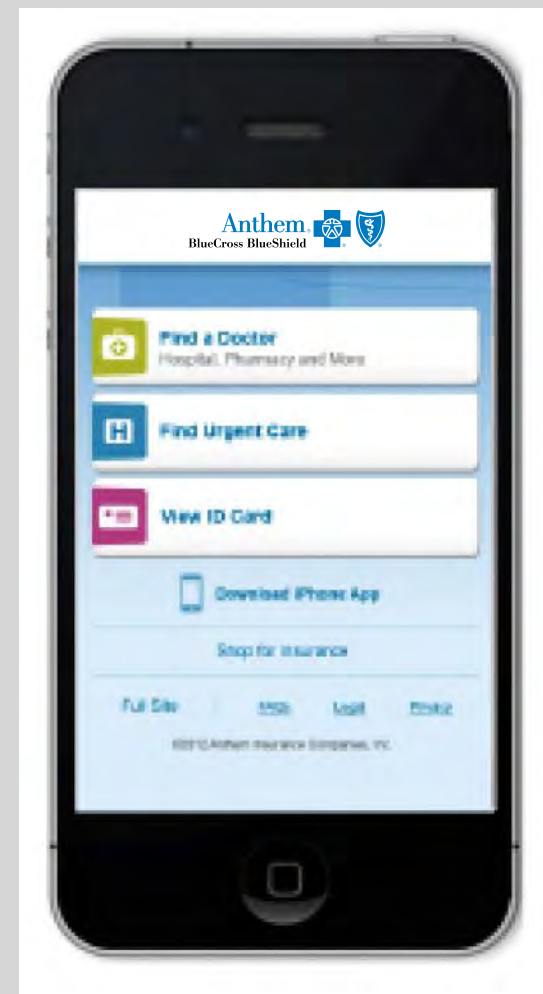


**Access to a doctor  
anywhere you have  
an Internet connection**

# Separate the needles from the haystack

## Find A Doctor

- Look up a doctor, pharmacy or urgent care center
- View doctor profile and read patient reviews
- Get directions to health care facilities



anthem.com is personalized just for you

# 360° Health® Programs



Everywhere you turn,  
you're covered

From online resources to personal attention from registered nurses, 360° Health can help you become more engaged in your health, make better health care decisions and get the most out of life.

Get answers and information 24/7 online

**Call 800-451-1527**  
**Monday – Friday: 8am to 6pm**  
**Saturday: 9am to 1pm**  
**or visit [anthem.com](http://anthem.com)**

# Looking for a doctor?



## Finding one online is fast and easy

Use our online Find a Doctor tool to look for doctors, hospitals, pharmacies, labs and other health care providers in your Anthem Blue Cross and Blue Shield network. Check if your favorite doctor is in the network, or look for one near you. Avoid getting out-of-network care if you can — it will cost you more or your plan may not cover it all.

## Here's all you need to do:

### If you're a member

Go to [anthem.com](http://anthem.com) and log in.

Or use your ID number or the first three letters to search without logging in.

Under *Useful Tools* on the right, select **Find a Doctor**.

### 1 If you're not a member yet

Go to [anthem.com](http://anthem.com).

Under *Useful Tools* on the right, select **Find a Doctor**.

Next, select a type of provider, place or name.  
Select **Search**.

2 Under *Search by selecting a plan/network*, choose a state, and enter or pick the plan/network\*.  
Next, select a type of provider, place or name.  
Select **Search**.

3 **Select a provider to see more information, such as:**

- Training
- Specialties
- Languages spoken
- Address (including a map)
- Phone number

### Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. Just search for Anthem Blue Cross and Blue Shield and download the app. You can even get turn-by-turn directions to find a doctor's office.

\*If you don't know the name of the plan or network, check with your human resources department or benefits administrator.





# High Deductible Health Plan Option

**If you choose the HDHP medical plan, your insurance will have three components...**

✓ **Part 1: Medical Plan - HDHP**

\$3,000 Individual Deductible/\$6,000 Family Deductible

✓ **Part 2: Health Savings Account – HSA**

Employer contribution for 2017:

- Individual Coverage - \$1,000
- Employee & Child - \$1,200
- Employee & Spouse - \$1,200
- Employee & Children or Family- \$1,500

✓ **Part 3: Health Reimbursement Account – HRA**

Employer reimbursement for 2017(back end of the deductible):

- Individual Coverage - Employees will receive \$1,000
- Dependent Coverage - Employees will receive \$400 per member, up to \$800 aggregate.





# HealthSavings

ADMINISTRATORS

*Presentation for:*

**Rivanna Water & Sewer Authority**

# What's an HSA?

**health sav·ings ac·count** (noun) A savings account used in conjunction with a high deductible health plan (HDHP) that allows users to save money tax-free to pay for qualified healthcare expenses

# Triple Tax Savings

1

Contributions  
are TAX  
DEDUCTIBLE



2

Earnings and  
interest grow  
TAX FREE



3

Withdrawals  
for eligible  
medical  
expenses are  
TAX FREE



# Other Benefits

- Funds roll over from year to year; there's no “use it or lose it”
- You can change your contribution amount as often as your employer allows; a qualifying event is not required
- Your HSA stays with you even if you change jobs or retire
- Save your receipts; you can reimburse yourself later — even *years* later

# Other Potential Advantages

- Lower insurance premiums
- Employer contribution
- Become a better consumer of your health care dollars by learning the true cost of medical treatments, shopping around and taking advantage of money-saving resources
- Supplement your retirement — funds in your HSA can be invested, grown and used in your retirement for health care expenses (tax-free) or non-medical expenses (taxed, but no penalty, after age 65)

# Are You Eligible?

## You must be:

- Covered under an HSA-qualified high deductible health plan on the first day of the month

# Are You Eligible?

## You must not be:

- Covered by any other health plan, including your spouse's health insurance
- Covered by your own or spouse's medical flexible spending account (FSA) (including the grace period or rollover)
- Enrolled in any part of Medicare or Tricare
- Receiving Veteran's health benefits now or in the past 90 days
- Claimed as a dependent on another person's tax return

# GETTING MONEY INTO THE ACCOUNT



# Contributions

- Contribute through pre-tax payroll withholding, saving state, federal and FICA taxes (7.65%)
- Contribute after-tax (and deduct the contribution on your tax return), but you would not avoid FICA taxes with this option
- Change your contribution amount as often as your employer allows; a qualifying event is not required
- There's no minimum contribution

# Maximum Contribution

	2017
Single	\$3,400
Family	\$6,750
Catch up (age 55+)	\$1,000

- *Maximums include any employer contribution*
- *Catch-up provision if you are age 55 and older by December 31 of the tax year*

# Contributions

- Contributions can be made through April 15 of the following tax year
- There's a penalty for over-contributing
  - Income tax plus 6% of excess contribution every year the excess amount remains in the account

# Investment Options



- Choose from 22 Vanguard® funds, 12 of which are Admiral™ Shares
- No minimum balance required
- No broker or transaction fees
- Funds range from low to high risk
- Funds may lose value as the market changes
- Can get reimbursement made directly into your personal checking account

# Debit Card Options

- Interest-bearing debit account with VISA debit card
- Interest varies depending upon account balance
- Receive one free additional card for an authorized signer
- Bills can be paid with debit card

# GETTING MONEY OUT OF THE ACCOUNT

# Your Visit to the Doctor

- Show your insurance card
  - Get credit towards your deductible
  - Pay the negotiated (allowable) rate
- Doctor sends the bill to the insurer
- Insurer checks deductible and applies discount
- You and your doctor get an explanation of benefits (EOB)
- Don't pay until you see the EOB — make sure the bill from your doctor matches the EOB

# When to Reimburse Yourself

- You are not required to reimburse yourself from your HSA in the same tax year as the expense
- You can pay with personal funds and save your receipts
- You can carry unreimbursed expenses forward if your account balance is insufficient, then reimburse yourself when you have the funds



# Withdrawing Vanguard® Funds

- Request reimbursement online
- Shares will be redeemed and money will be direct deposited to your personal checking account
- Approximate 5 business day turnaround

# Withdrawing Debit Funds

- Card can be used as debit or credit
- No fee while using as debit or credit (unless bank ATM charges apply)

# Eligible Expenses

- Defined by IRS publications 969 and 502
- Eligible medical expenses before insurance deductible
- Generally, anything therapeutic that returns you to a normal state of health
- Doctor bills, prescriptions, hospital visits, lab tests
- Eyeglasses, contact lenses/solution, Lasik
- Dental cleanings, braces, crowns and fillings

# Eligible Insurance Premiums

- Qualified LTC, COBRA and health care coverage while receiving unemployment compensation
- Medicare eligible may pay ER-sponsored health premiums and Medicare premiums
- Cannot use HSA money for Medigap premiums
- Can use for Medicare Part B/C/D Premiums
- Cannot reimburse yourself for HDHP premiums deducted from paycheck

# Your Family's Expenses

- Your HSA can pay eligible medical expenses for:
  - You (the account holder)
  - Your spouse
  - Your tax dependents
- Insurance status does not impact HSA distributions

# TAXABLE Withdrawals

- Can withdraw funds for non-eligible expenses at any time for any reason
- These withdrawals are subject to income tax
- Taxable withdrawals taken before age 65 or disability are subject to an additional 20% penalty — after 65 you just pay income tax

# HSA PORTABILITY & TAXES

# What If I Terminate or Retire?

- Your HSA belongs to you — take it with you
- You can continue to pay medical expenses tax-free — even after Medicare eligibility
- Your HSA is always available for personal, spouse and tax dependent medical expenses
- You cannot make further contributions unless covered by another HSA-qualified health plan



# Tax Forms

- **Form 1099-SA** — This form reports distributions (withdrawals) from the HSA during the tax year. This will only be issued if a withdrawal was made during the tax year.
- **Form 5498-SA** — This form reports contributions made to the HSA during the tax year. *(If you make additional contributions between 1/1 – 4/15, you will receive a revised copy in May.)*

# Fees

- No account setup fee
- Administration fee of \$45/year
- Account maintenance fees
  - Vanguard® funds: .0625 times account balance each quarter (\$0.625 cents per \$1,000)
  - Debit funds: no monthly fee; other bank fees may apply

# How Do I Sign Up?

- Confirm you are eligible
- Decide on investment option
- Complete online enrollment via link provided
- Decide on payroll deduction

# More Information

[HealthSavings.com](http://HealthSavings.com)

Email: [askus@HealthSavings.com](mailto:askus@HealthSavings.com)

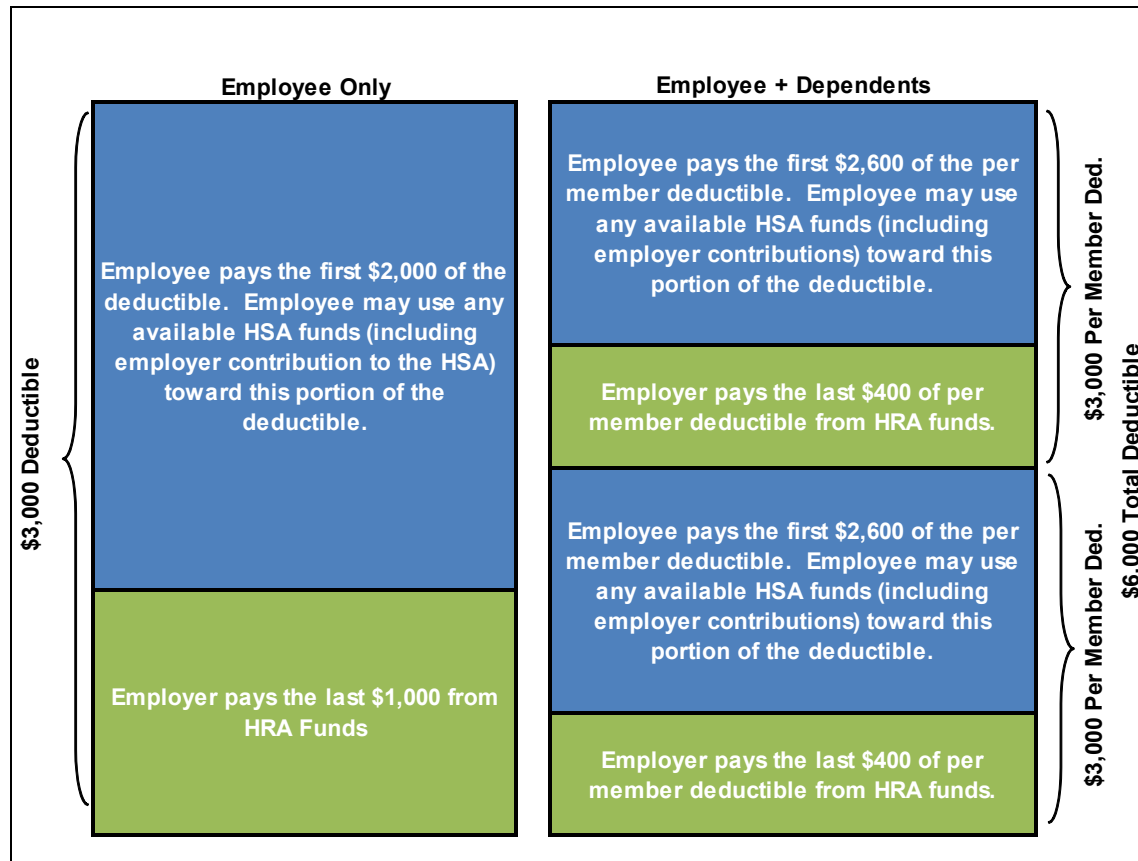
Toll-free: (888) 354-0697





## HRA – Health Reimbursement Account

HRA Reimbursement - \$1,000 Employee Only/\$800 Family total (\$400 per member) of the back end of the deductible. Per the IRS for 2017, the annual minimum deductible must be at least \$2,600 for coverage other than employee only.





# Reimbursement of your HRA dollars...

Your Explanation of Benefits (EOB) from Anthem is sent each time medical care is used. You can view your claims recaps online by logging into [www.anthem.com](http://www.anthem.com).

Each EOB will show the amount applied to the deductible for each service. Once you have paid the first portion of the deductible, you can submit your EOBs to MMA, our HRA Administrator, for validation and reimbursement of deductible amounts.

A sample HRA claim form is included in your enrollment kit. The EOB is the primary validation requirement and should be submitted along with the HRA claim form.

**Optima Health** ®

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**Employee Assistance Program**

Employee Orientation

Optima EAP. Supporting Employees. Strengthening Organizations.

# What is the Optima Employee Assistance Program (EAP)?

An easy-to-use  
resource to help  
**with life's challenges.**  
It...

- extends to employee's household members
- is provided at no cost
- is confidential



# Why does my organization offer an EAP?

Investment in  
**employee's well-being** = Investment in  
organization

- EAPs are effective at helping individuals overcome challenges
- Some matters that affect job performance are better handled by an outside resource

## What are common problems addressed by Optima EAP?

- Stress & burnout
- Relationship concerns
- Depression
- Anger management
- Interpersonal conflict
- Child/adolescent issues
- Divorce & separation
- Domestic violence
- Substance abuse
- Work challenges
- Caregiving struggles
- Grief & loss
- Anxiety
- Career concerns

# How do I know if I may need help?

Persistent feelings of anger,  
frustration, sadness or  
worry

Inappropriate outbursts

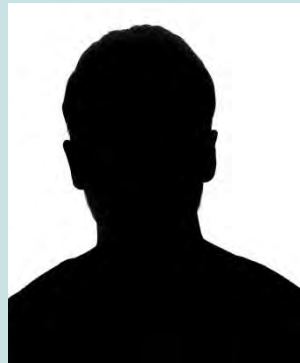
Extreme sensitivity

Regular fatigue or illness

Attendance/arrival issues

Increased errors

Withdrawal from  
people & activities



Increased inattention & mental  
distraction

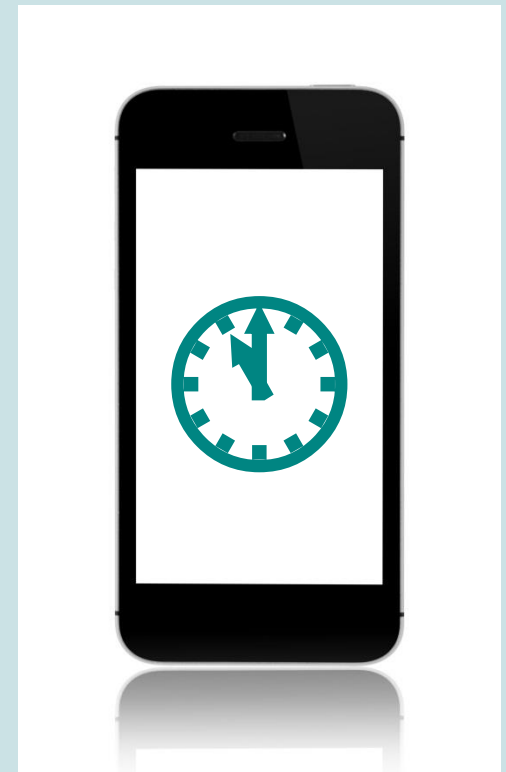
## How does Optima EAP help?

- Shows you how to address & resolve issues
- Offers information on a variety of topics
- Provides short-term, solutions-focused counseling with caring and skilled professionals
- 3 visits per presenting issue
- Assists with referrals to additional resources

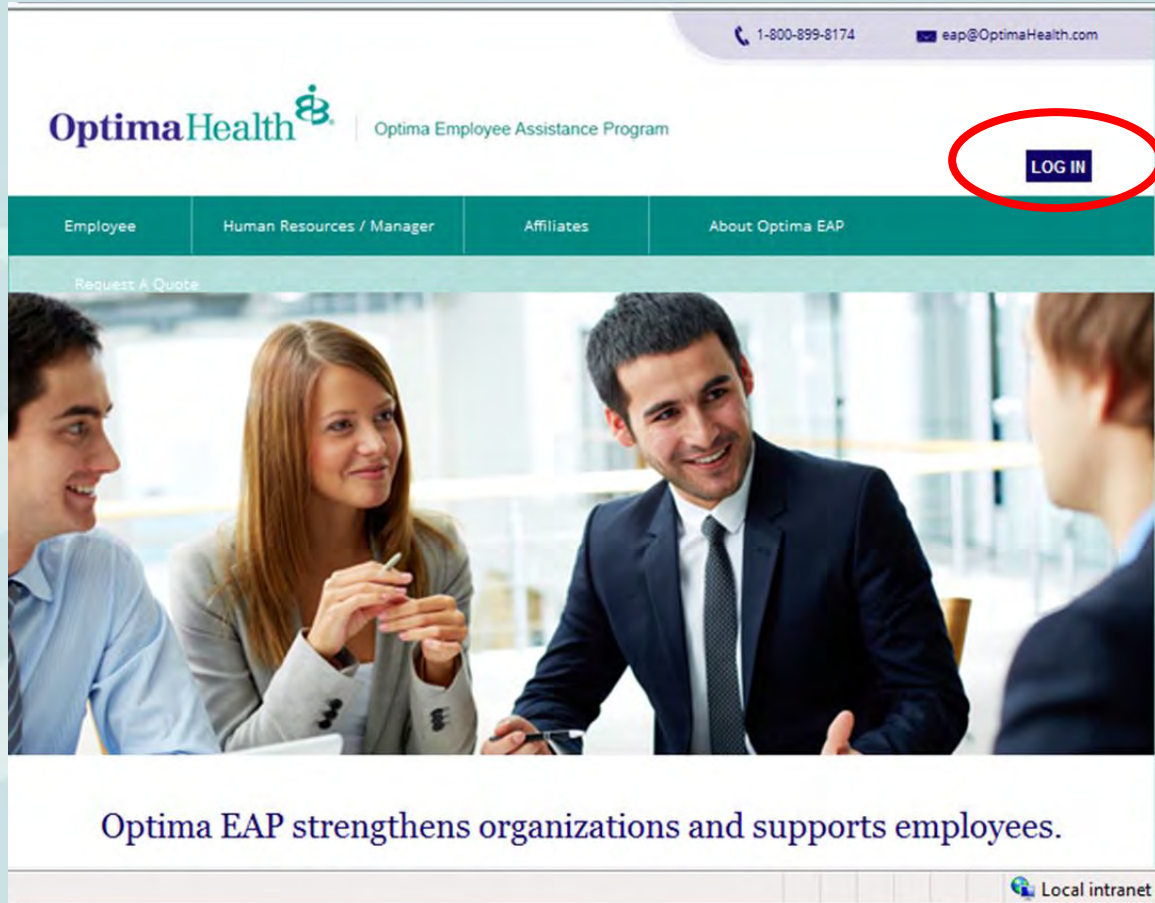


# How do I access my Optima EAP benefit?

- Simply call 800-899-8174
  - 24 hours/7 days a week availability
- Counseling appointments at a time and location that best meets your needs
- Counselors with expertise in your area of concern



# And log on any time, anywhere...



The screenshot shows the Optima Employee Assistance Program website. At the top right, there is a phone icon with the number 1-800-899-8174 and an email icon with the address eap@OptimaHealth.com. The main header features the OptimaHealth logo and the text 'Optima Employee Assistance Program'. A red circle highlights a dark blue 'LOG IN' button in the top right corner. Below the header is a navigation menu with four items: 'Employee', 'Human Resources / Manager', 'Affiliates', and 'About Optima EAP'. A 'Request A Quote' link is visible above a large photograph of four business professionals in an office setting. Below the photo, the text reads 'Optima EAP strengthens organizations and supports employees.' At the bottom right, there is a 'Local intranet' link with a globe icon.

# What if my manager refers me to EAP?



- **It's a** resource to help you be successful... **not a punishment**
- It protects your privacy in addressing personal matters

## Is Optima EAP *really* confidential?

- YES!
- EAP maintains strict adherence to
  - state & federal laws (PHI)
  - professional licensing regulations
- EAP documentation is not part of your employee record and use of services does not jeopardize your job status or future opportunities





# Are there exceptions to confidentiality?

- **To include...**
  - threat of harm to self or others
  - written permission
  - subpoenas
- And with *Formal Referrals*, **verification is made as to...**
  - appointment attendance
  - cooperation with support plan

**We're ready to help!**

1-800-899-8174

[www.OptimaEAP.com](http://www.OptimaEAP.com)

User Name: RWSA



## **MEDICAL, DENTAL & VISION PREMIUMS**

Authority Monthly Contribution to Premium					
Benefit Plans:	Employee Only	Employee & Child	Employee & Children	Employee & Spouse	Family
<b>HK Value Advantage</b>	\$589.28	\$718.61	\$923.34	\$1,007.38	\$1,451.77
<b>Lumenos HDHP</b>	\$589.28	\$718.61	\$923.34	\$1,007.38	\$1,451.77
<b>Dental</b>	\$20.02	\$55.11	\$55.11	\$46.93	\$87.38
<b>Vision</b>	\$5.19	\$10.38	\$10.38	\$9.86	\$15.26

The total POS, HDHP and Dental monthly premiums are shown in the following chart:

Total Monthly Premiums					
Benefit Plans:	Employee Only	Employee & Child	Employee & Children	Employee & Spouse	Family
<b>HK Value Advantage</b>	\$635.40	\$867.96	\$1,291.77	\$1,423.30	\$1,960.21
<b>Lumenos HDHP</b>	\$599.28	\$818.61	\$1,218.34	\$1,342.38	\$1,848.77
<b>Dental</b>	\$27.02	\$65.11	\$65.11	\$56.93	\$102.38
<b>Vision</b>	\$5.19	\$10.38	\$10.38	\$9.86	\$15.26

Your share of the premiums per pay period is shown in the chart below

Your Premium Cost per Pay (Total of 24 Pays per Year)					
	Employee Only	Employee & Child	Employee & Children	Employee & Spouse	Family
<b>HK Value Advantage</b>	\$23.06	\$74.68	\$184.22	\$207.96	\$254.22
<b>Lumenos HDHP</b>	\$5.00	\$50.00	\$147.50	\$167.50	\$198.50
<b>Dental</b>	\$3.50	\$5.00	\$5.00	\$5.00	\$7.50
<b>Vision</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The above rates are based on a previously provided census, and are subject to change based on final enrollment.



# 2017 MEDICAL SAVINGS

Your 2017 savings:

Monthly Premiums HK Value Advantage Plan					
EMPLOYEE DEDUCTION FOR INSURANCE					
	FY 2017	FY 2018	Savings Per month	Savings Per Check	Annual Savings
<i>Employee Only</i>	\$ 61.84	\$ 46.12	\$ 15.72	\$ 7.86	\$ 188.64
<i>Employee+ 1Child</i>	\$ 283.36	\$ 149.35	\$ 134.01	\$ 67.01	\$ 1,608.12
<i>Employee +Children</i>	\$ 609.96	\$ 368.43	\$ 241.53	\$ 120.77	\$ 2,898.36
<i>Employee Spouse</i>	\$ 641.22	\$ 415.92	\$ 225.30	\$ 112.65	\$ 2,703.60
<i>Employee+Family</i>	\$ 893.64	\$ 508.44	\$ 385.20	\$ 192.60	\$ 4,622.40

Monthly Premiums Lumenos HDHP Plan					
EMPLOYEE DEDUCTION FOR INSURANCE					
	FY 2017	FY 2018	Savings Per month	Savings Per Check	Annual Savings
<i>Employee Only</i>	\$ 11.18	\$ 10.00	\$ 1.18	\$ 0.59	\$ 14.16
<i>Employee+ 1Child</i>	\$ 204.42	\$ 100.00	\$ 104.42	\$ 52.21	\$ 1,253.04
<i>Employee +Children</i>	\$ 508.84	\$ 295.00	\$ 213.84	\$ 106.92	\$ 2,566.08
<i>Employee Spouse</i>	\$ 529.94	\$ 335.00	\$ 194.94	\$ 97.47	\$ 2,339.28
<i>Employee+Family</i>	\$ 707.93	\$ 397.00	\$ 310.93	\$ 155.47	\$ 3,731.16

The above rates are based on a previously provided census, and are subject to change based on final enrollment.



## QUESTIONS AND ANSWERS



### Q&A – Here’s a recap of what you need to do:

#### **What changes can be made effective July 1, 2017?**

- ◆ Enroll in or waive coverage for medical and dental plans.
- ◆ Participation in the vision plan is mandatory. You may add or delete coverage for dependents.
- ◆ Enroll in a Health Savings Account (available for employees who enroll in the high deductible health plan).
- ◆ **Enroll in or waive coverage for Flexible Spending (Medical, Dependent Care).**

#### **What forms must be completed?**

- ◆ **All employees are to complete the Benefit Election/Waiver & Payroll Deduction Authorization form.** Complete the HIPAA waiver form if you are waiving Medical or Dental coverage for yourself or any dependents.
- ◆ **All employees are to complete the Anthem Medical Enrollment or Waiver form and Anthem dental form (includes waiver section).**

#### **Medical Insurance**

- ◆ If enrolling in or waiving the medical plan - complete the Anthem enrollment form.
- ◆ If you elect the high deductible health plan, you must complete the HSA Administrators Application and Eligibility enrollment form.
- ◆ All employees enrolling in the high deductible health plan must complete their HSA contribution election for the new plan year on the Benefit Election/Waiver & Payroll Deduction Authorization form.
- ◆ Employees who waive coverage for medical will receive a \$500 annual stipend. You must provide *Rivanna Authorities* with certification that you are covered under another plan. Please complete the Medical Insurance Opt Out Program form.

#### **Dental Insurance**

- ◆ If enrolling or waiving in the dental plan, complete the Anthem Dental Enrollment form (complete section A and D if waiving).

#### **Vision Insurance**

- ◆ You can add or delete dependents by completing the EyeMed enrollment form.

#### **Flexible Spending Account**

- ◆ Current participation does NOT automatically roll over into the next year.
- ◆ If participating in 2017-2018, complete the FSA enrollment form. If you are a current participant, you have the option to either complete the form online or fill out the paper enrollment form.



## QUESTIONS AND ANSWERS



### Where do I find these forms?

- ◆ In your enrollment packet or contact Betsy Nemeth at 434-977-2970 x 111.

### Other Information

Our open enrollment period will end on **June 12, 2017**. Please remember, this is an opportunity for each employee who is eligible for medical and dental coverage to elect the plan that best fits you or your family's individual needs. Your contributions toward the medical and dental premiums are pre-taxed. This pre-tax deduction is allowed by the IRS, "Section 125", and it requires that your elections and changes to these benefits be limited to the Annual Open Enrollment Period. **All other changes throughout the year can only be made if a qualifying event occurs. Examples include:**

◆ Change in marital status	◆ Death of a member
◆ Dependent loses eligibility for membership (e.g., exceeding the age limit)	◆ Member assumes permanent residence outside the service area
◆ Birth or adoption	◆ Availability of other group health coverage
◆ Change in subscriber's employment	



# Other Information

After our Open Enrollment period has closed, election changes can only be made during the plan year if you experience a qualifying status change. Examples include:

- ❖ Change in marital status
- ❖ Dependent loses eligibility for membership (e.g., exceeding the age limit)
- ❖ New dependent becomes eligible (e.g., newborns)
- ❖ Change in subscriber's employment; Change in hours from part-time to full-time and vice versa
- ❖ Member assumes permanent residence outside the service area
- ❖ Death of a member
- ❖ Availability of other group health coverage
- ❖ You or your dependent lose health coverage under Medicaid or a State Children's Health Insurance Program (CHIP).

The requested benefit change must be consistent with the status change and status changes must be requested within **30 days** of the life event. However, if you or a dependent wish to elect health coverage due to (1) being approved for state assistance with health premiums; or (2) the loss of coverage under Medicaid or CHIP, you must elect coverage within **60 days** of the date you qualify for or lose coverage.



Active Employees

**Benefits Election/Waiver & Payroll Deduction Authorization Form**  
 Plan Year July 1, 2015 - June 30, 2016

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

**IF YOU PREFER NOT TO HAVE BENEFITS**  
 You may purchase the optional benefits below through pre-tax payroll deductions. Check the desired pre-tax option or indicate your request to waive coverage.

**HEALTH INSURANCE - COVENANT**

I elect to waive health insurance for myself and/or dependents. (Complete the waiver section on the back of this form.)

I elect to waive health insurance for myself and/or dependents. (Complete the waiver section on the back of this form.)

**DENTAL INSURANCE - METLIFE**

Employee \$2.00  
 EE & Children \$3.00  
 EE & Spouse \$3.00  
 EE & Family \$4.00  
 I elect to waive dental insurance for myself and/or dependents.

**VISION INSURANCE - FARMER**

Employee \$0.00  
 EE & Children \$0.00  
 EE & Spouse \$0.00  
 EE & Family \$0.00  
 I elect to waive vision insurance for myself and/or dependents.

**HEALTH CARE PLAN (HCP)**

I elect to enroll in the HCP (Complete University Enrollment Form and HSA administrator on-line enrollment form; Enrollment required for Employer Contribution)

I elect to waive \_\_\_\_\_ per pay period deductions from my paycheck (on a pre-tax basis) for HSA employer contributions beginning with \_\_\_\_\_ pay date.

I wish to terminate my HSA employer contributions beginning with \_\_\_\_\_ pay date.

The Annual Maximum HSA contribution cannot exceed \$1,300 single or \$2,600 family for 2015. The HSA catch-up contribution for age 55 or older is \$1,000. Catch-up contributions can be made any time during the year in which the HSA participant turns 55.

I have indicated my benefit elections above. I understand that I cannot change my elections during the plan year, unless I have a change in family or employment status (i.e. marriage, divorce, birth, etc.). I agree that my compensation will be reduced and reported by The Rivanna Authorities to pay the amount of my required contributions. This will be effective the first pay period beginning after this form is signed and returned to the plan administrator, and will continue for each succeeding pay period until the contribution reduction election is terminated.

Signature of Employee \_\_\_\_\_ Date of Signature \_\_\_\_\_

**The Rivanna Authorities**  
**Waiver of Group Medical and/or Dental Insurance**  
 Please complete the following

Name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle/Initial \_\_\_\_\_ Last \_\_\_\_\_

For the plan year effective July 1, 2015, I am waiving coverage for:

**MEDICAL WAIVER**

Myself  
 Spouse  
 Dependent (s) - Please list names: \_\_\_\_\_

I am waiving coverage due to:  
 My preference not to have coverage.  
 Coverage under my spouse's plan - name of carrier: \_\_\_\_\_  
 Other coverage - name of carrier: \_\_\_\_\_

This other coverage is (check):  Individual  COBRA  Medicare  TRICARE (formerly CHAMPUS)

**DENTAL WAIVER**

Myself  
 Spouse  
 Dependent (s) - Please list names: \_\_\_\_\_

I am waiving coverage due to:  
 My preference not to have coverage.  
 Coverage under my spouse's plan - name of carrier: \_\_\_\_\_  
 Other coverage - name of carrier: \_\_\_\_\_

This other coverage is (check):  Individual  COBRA  Employer Sponsored Group Plan

**Special Enrollment Notice and Certification** - *please review and sign below if you wish to waive coverage*

By signing below, certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage. I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing toward my or my eligible dependents' other coverage). I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next enrollment period.

In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. If my dependent becomes eligible for state-granted premium assistance, or, if I or my dependent loses health coverage under Medicaid or State Children's Health Insurance Plan, I may enroll in the group health program. I understand that I must request coverage within 60 days of such a qualifying event.

I understand that in order to request special enrollment or obtain more information, I should contact my group administrator.

Signature of Employee \_\_\_\_\_ Date of Signature \_\_\_\_\_

**Completed paperwork should be turned in to Betsy Nemeth no later than June 12, 2017!**