



2018 Employee Benefits Open Enrollment

Effective July 1, 2018



Presented May 15th and May 24th 2018



Welcome to Our 2018 Open Enrollment!!

2018 MASS SAFETY MEETING INCLUDING 2018/19 BENEFITS OPEN ENROLLMENT

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

12:40-2:00 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.



Welcome to Our 2018 Open Enrollment!!

- Your open enrollment runs from May 31st through June 8, 2018
- Open Enrollment is the one time a year that changes can be made without a qualifying change of life event. After open enrollment, should you need to make a change you must have a qualifying life events. Below are some examples:
 - Birth or Adoption of a child
 - Marriage or Divorce
 - Spouse's Open Enrollment
 - Loss of Coverage
 - Death
 - Employment status change
 - Medicaid Entitlement
- You have 31 days from the date of your qualifying event to make the change. After that you will have to wait until the next annual open enrollment.



Dental Benefits Plan Design

Our group dental coverage is provided by Anthem Dental.

Network	Anthem Dental Complete
Calendar Year Deductible	\$50/\$150
Diagnostic and Preventive	100%, no deductible Exams, cleanings, x-rays, fluoride
Basic	80% after deductible Fillings, front and back composite, endodontics, periodontics, oral surgery
Major	50% after deductible Crowns, prosthetics, implants, adjustments
Orthodontics	50%, no deductible, \$1,000 lifetime maximum, through age 18
Waiting Period - Timely	None
Waiting Period - Late Entrants	None
Out of Network	100/80/50/50, 90% usual and customary



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



Our group vision coverage is provided by EyeMed.

	EyeMed Insight Vision Network
Exam	\$10
Retinal Imaging	\$39
Materials	\$15
Frames	\$130 allowance, 20% discount on balance
Frequency (Exam/Lenses/Frame)	12/12/12
Lenses	
Single / Bifocal / Trifocal	Covered 100% after materials copay
Progressive	\$80
Other enhancements	\$15: UV, tint, plastic scratch coating \$40: polycarbonate \$45: anti-reflective coating \$75: transitions 20% discount: polarized
Contact Lenses	
Conventional Lenses	\$130 allowance
Medically Necessary Lenses	Covered 100% after materials copay
Out of Network Allowances	\$30 exam, \$65 frames, \$25-\$60 lenses, \$104 contact lenses, \$210 medically necessary
Other	40% discount at Amplifon for hearing exams 15% discount for Lasik surgery from U.S. Laser

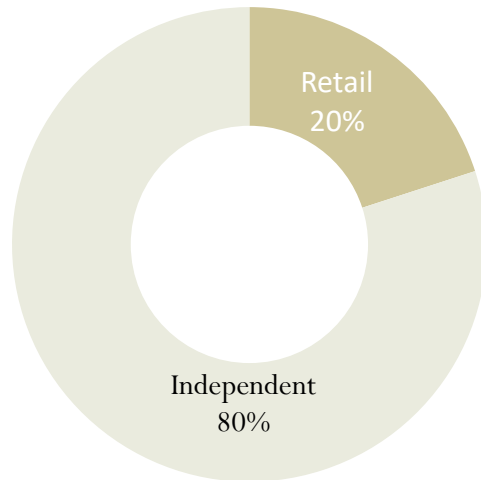


This is only a summary of the benefits. Refer to carrier booklet/certificate for complete details. In the event of a discrepancy, the carrier booklet/certificate prevails.



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

PEARLE
EST. 1961
VISION

OPTICAL

sears
OPTICAL

JCP
optical



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
- 40% discount at Amplifon for hearing exams
- 15% discount for Lasik surgery from U.S. Laser

95%

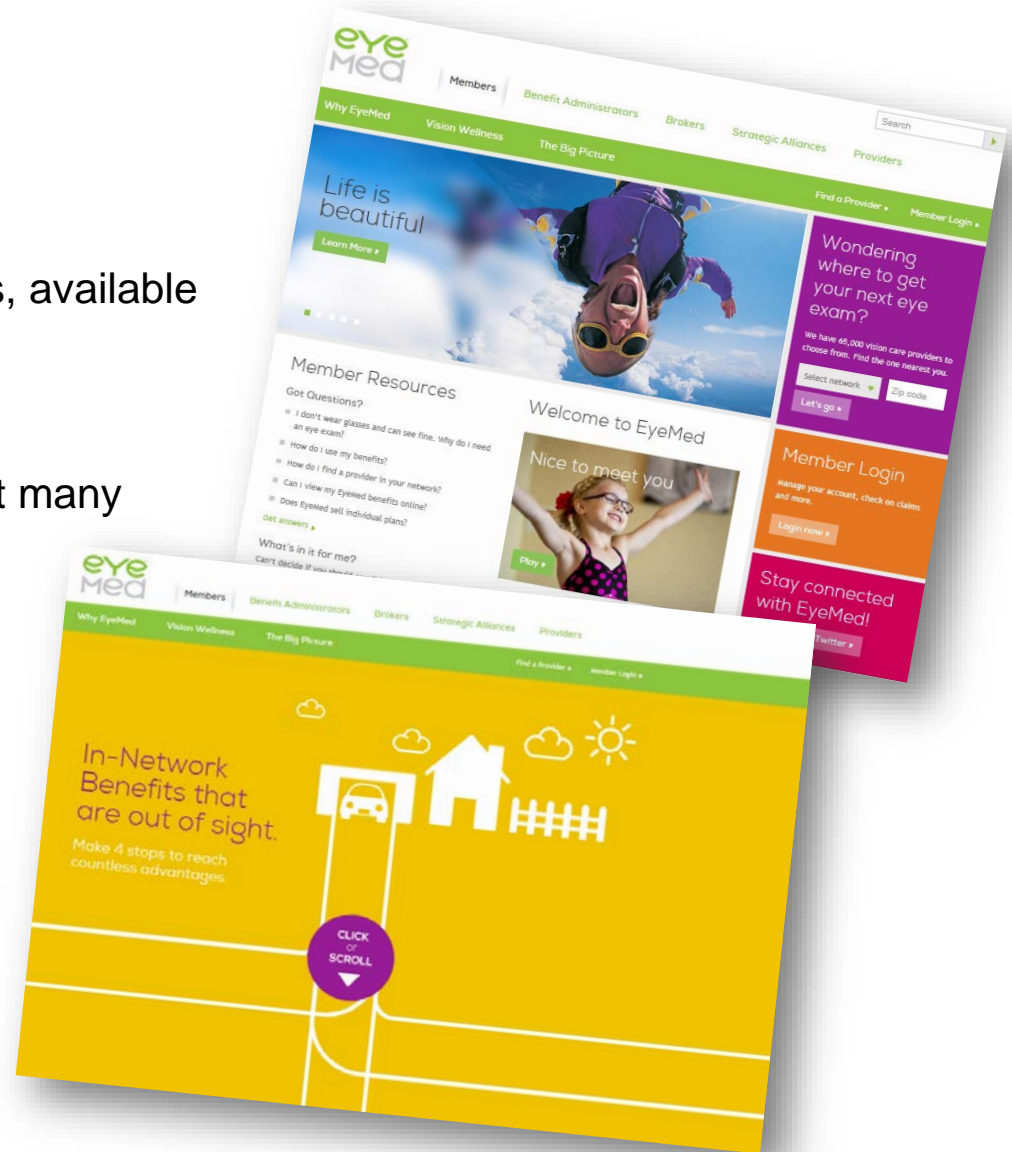
member
satisfaction with
plan quality!¹

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





Medical Coverage – Anthem

Our group medical coverage will remain with Anthem. Due to our current plans no longer being offered we will have two new plans with similar benefits.

The HK OA 30/1000/20/4500 plan will be replacing the HK HMO 30/1000 Value Advantage plan.

The HSA 3000/0/4000 plan will be replacing the Lumenos Embedded HSA 1651 plan.

Everyone will receive a new medical card.



Medical Coverage – New Anthem Plans

	Anthem HK OA 30 1000/20%/4500	Anthem HSA 3000/0%/4000
In Network		
Network	Healthkeepers POS	KeyCare PPO
Accumulators	Plan Year	Plan Year
Deductible (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000
Out of Pocket Max (Individual/Family)	\$4,500/\$9,000	\$4,000/\$8,000
Embedded or Non Embedded	Embedded	Embedded
Coinsurance	20%	0%
Preventive Care	No Charge	No Charge
Vision Exam (Blue View)	\$15	\$15, no deductible
Telemedicine	\$20	0% after deductible
PCP/Specialist Office Visit	\$30/\$50	0% after deductible
Urgent Care	\$50	0% after deductible
Chiropractic	\$30	0% after deductible
Pre and Postnatal Office Visits	20% after ded	0% after deductible
Emergency Room	20% after ded	0% after deductible
Inpatient Hospital, Outpatient Surgery, Labs/Xrays, Advanced Diagnostic Testing	20% after ded	0% after deductible
Prescription Drug		
Formulary	Essential	Essential
Deductible (Individual/Family)	None	after medical deductible
Retail (30 Day Supply)	\$10/ \$40/\$60/20% up to \$250 max	\$10/ \$40/\$60/20% up to \$250 max
Mail Order	\$25/ \$100/\$150	\$25/ \$100/\$150
Retail (90 Day Supply))	\$30/ \$120/\$180	\$30/ \$120/\$180
Out of Network		
Deductible (Individual/Family)	\$2,000/\$4,000	\$6,000/\$12,000
Out of Pocket Max (Individual/Family)	\$9,000/\$18,000	\$8,000/\$16,000
Coinsurance	30%	30%

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. Skip the drugstore and have your medicine delivered to your home.



- **Save money with Special Offers**

Get discounts on health-related products and services







Anthem Access Online:

You've got quick access
to your health care!

Register on anthem.com or
the Anthem Anywhere mobile app.*








From your computer

-  Go to anthem.com and select the  icon above
Already a member? Sign in here.
-  Provide the personal information requested
-  Create a username and password
-  Set your email preferences
-  Follow the prompts to complete your registration



From your mobile device

-  Download the free Anthem Anywhere mobile app
and select **Register**
-  Confirm your identity
-  Create a username and password
-  Set your email preferences
-  Follow the prompts to complete your registration

LiveHealth Online

Reasons for a visit: pinkeye, flu, fever, allergies, sinus infection.

CONVENIENCE

Access to live consultations — anytime, anywhere.

CHOICE

You choose your physician based on helpful physician profiles.

IMMEDIATE SERVICE

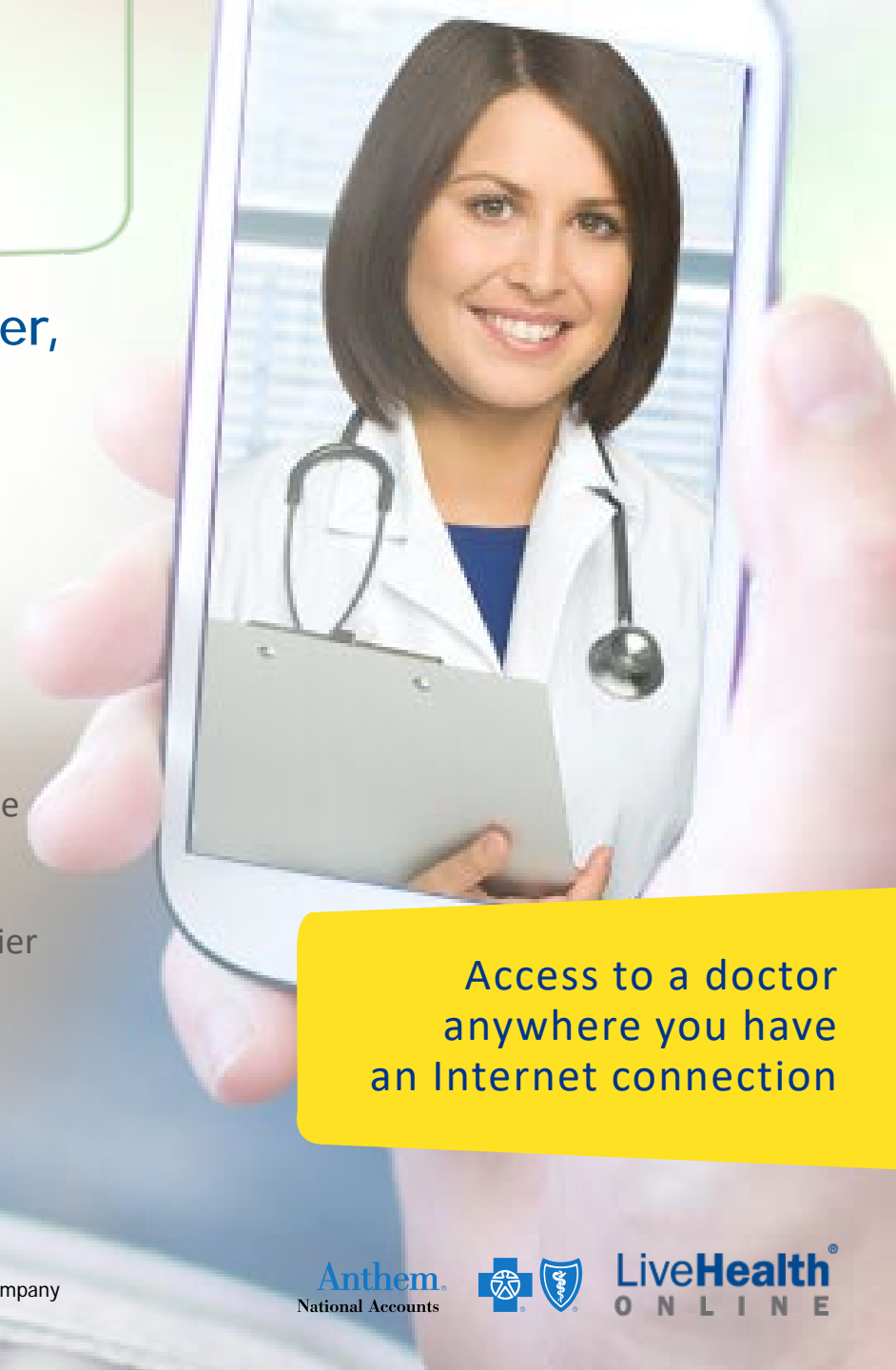
Real-time visits — no waiting for a callback. Average time savings — 2 to 3 hours

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

How to use LiveHealth Online to visit with a doctor

start ...



1

Log in or register in just minutes.



2

Select LiveHealth Online Medical to review available doctor profiles.



3

Select the **Connect** button for the doctor of your choice.³



4

Select who the visit is for (example: your child).



5

Share the reason for the visit.



6

Enter health history and medications.



7

Select a pharmacy.



8

Verify your insurance information.



9

Copay or your percentage of the cost processed by credit card.



10

Consultation with board-certified doctor within minutes.



11

Doctor diagnoses patient. If medicine is prescribed, it is sent to your selected pharmacy.¹



12

Conversation summary is stored in your personal LiveHealth Online account.



13

Claim is sent to Anthem.

... finish

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

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 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.

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



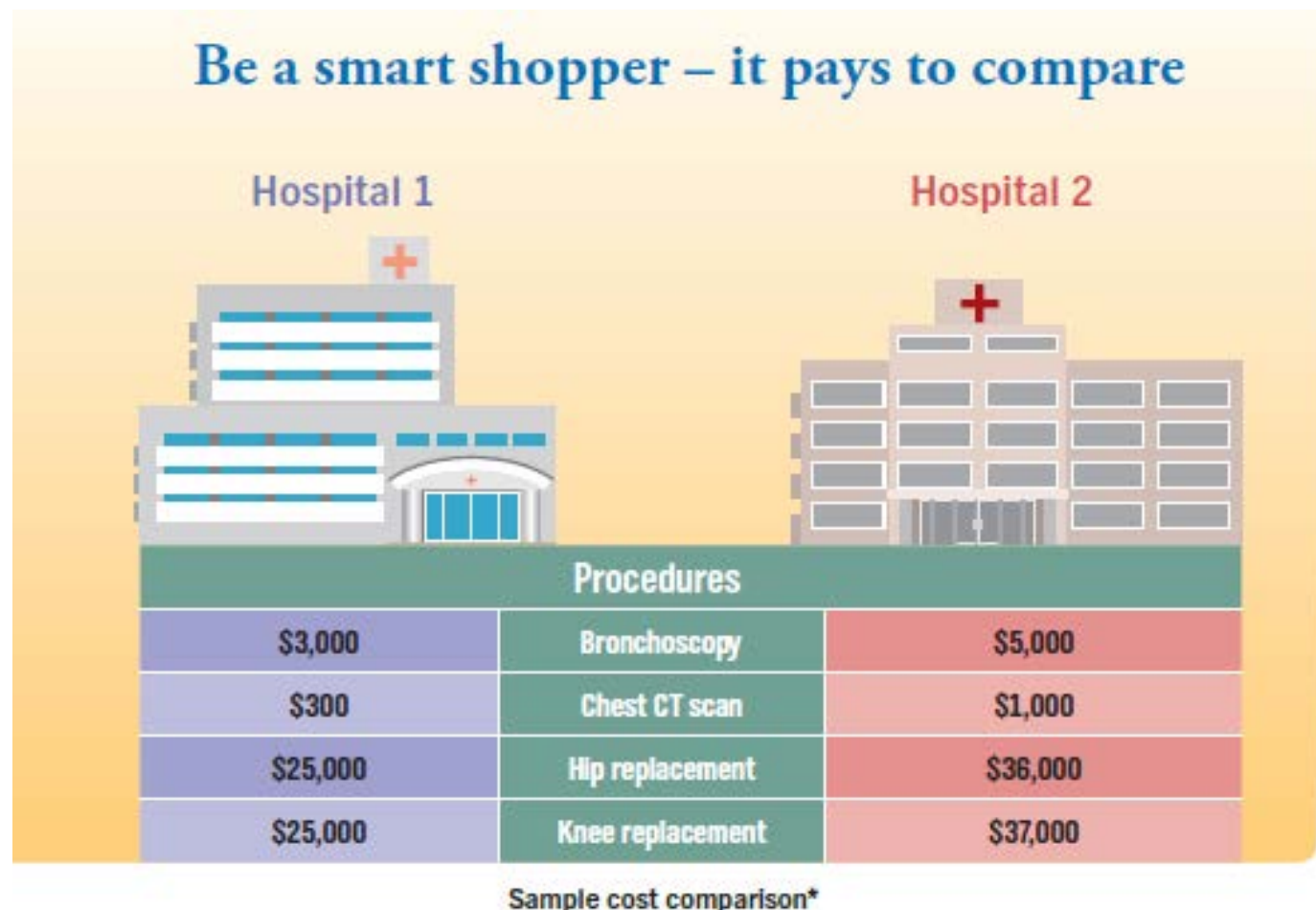
Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App StoreSM or Google PlayTM. 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.

Know your costs before you get care!

Different doctors and hospitals may charge different amounts for the same service. So shop around using the **Estimate Your Cost** tool to see costs based on your own benefits. You can also compare the quality of different procedures.





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 2018:

- 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 2018(back end of the deductible):

- Individual Coverage - Employees will receive \$1,000
- Dependent Coverage - Employees will receive \$300 per member, up to \$600 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 for non-service related issues
- 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

	2018
Single	\$3,450
Family	\$6,900
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 23 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

Email: askus@HealthSavings.com

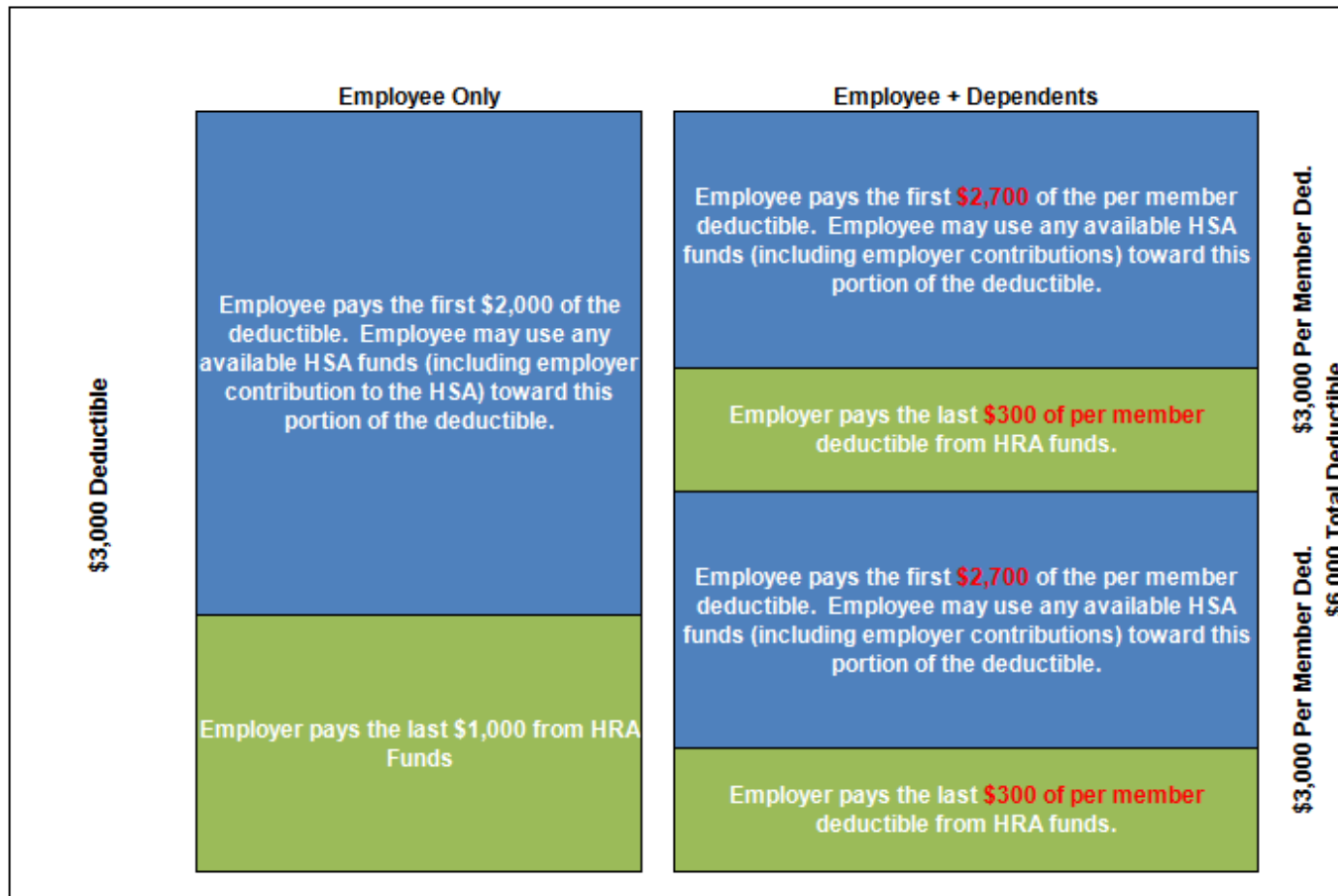
Toll-free: (888) 354-0697





HRA – Health Reimbursement Account

HRA Reimbursement - \$1,000 Employee Only/\$600 Family total (\$300 per member) of the back end of the deductible. Per the IRS for 2018, the annual minimum deductible must be at least \$2,700 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.

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 ®

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

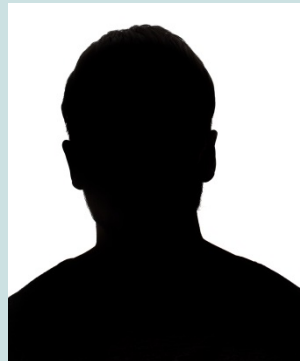
Extreme sensitivity

Regular fatigue or illness

Attendance/arrival issues

Increased errors

Withdrawal from people & activities



Increased inattention & mental distraction

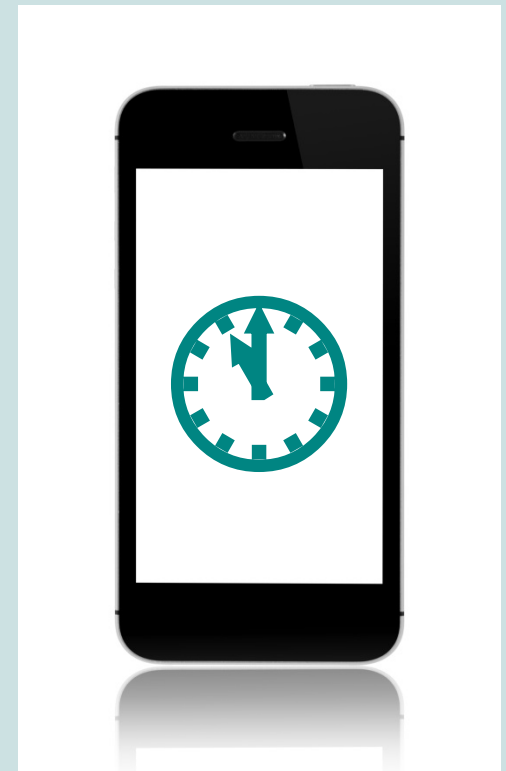
How does Optima EAP help?

- 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

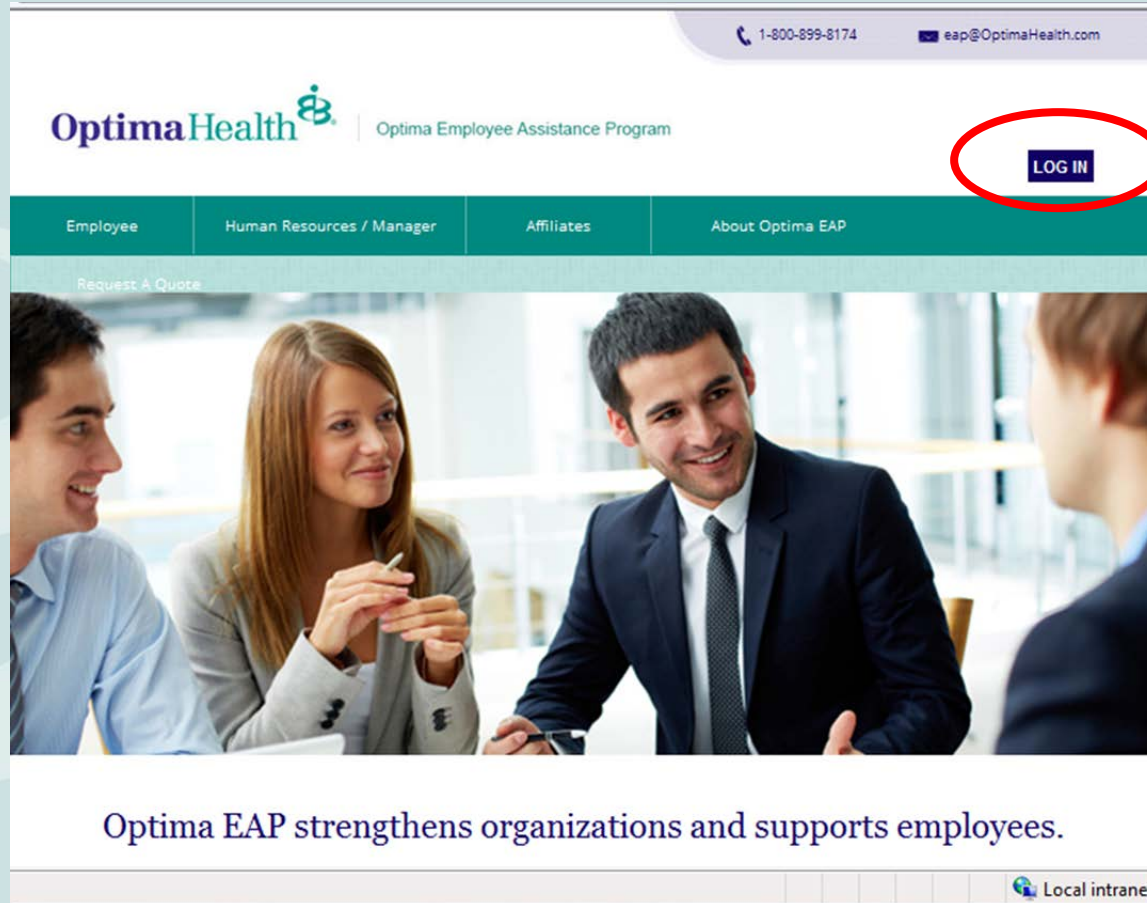


How do I access my Optima EAP benefit?

- 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...



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

User Name: RWSA



MEDICAL, DENTAL & VISION PREMIUMS

Authority Monthly Contribution to Premium					
Benefit Plans:	Employee Only	Employee & Child	Employee & Children	Employee & Spouse	Family
HK OA 30 1000/20%/4500	\$585.40	\$713.30	\$915.44	\$998.68	\$1,439.79
HSA 3000/0%/4000	\$596.57	\$728.57	\$938.16	\$1,023.72	\$1,474.27
Dental	\$21.10	\$57.71	\$57.71	\$49.21	\$91.48
Vision	\$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
HK OA 30 1000/20%/4500	\$631.52	\$862.65	\$1,283.87	\$1,414.60	\$1,948.23
HSA 3000/0%/4000	\$606.57	\$828.57	\$1,233.16	\$1,358.72	\$1,871.27
Dental	\$28.10	\$67.71	\$67.71	\$59.21	\$106.48
Vision	\$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
HK OA 30 1000/20%/4500	\$23.06	\$74.68	\$184.22	\$207.96	\$254.22
HSA 3000/0%/4000	\$5.00	\$50.00	\$147.50	\$167.50	\$198.50
Dental	\$3.50	\$5.00	\$5.00	\$5.00	\$7.50
Vision	\$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.



QUESTIONS AND ANSWERS



Recap of what do you need to do?

All employees must complete the Benefits Election/Waiver & Payroll Deduction Authorization Form this year. See below for forms needed in addition to this form.

All employees must complete the Voluntary Benefits Election form.

All employee must complete the EyeMed Vision enrollment Form.

Waiving Medical & Dental Coverage you must complete:

Both the Anthem Dental & Medical Waiver Form indicating this.

Enrolling in Medical coverage and waiving Dental Coverage you must complete:

Anthem Medical Enrollment Form (please include all personal and necessary dependent information, as well as a signature for proper processing of the form).

Anthem Dental Enrollment Form indicating that you are waiving coverage.

Enrolling in Dental coverage and waiving Medical Coverage you must complete:

Anthem Dental Enrollment Form (please include all personal and necessary dependent information, as well as a signature for proper processing of the form).

Anthem Medical Waiver Form indicating that you are waiving coverage.

Enrolling in both Medical & Dental Coverage you must complete:

Anthem Medical Enrollment Form & Anthem Dental Enrollment Form (please include all personal and necessary dependent information, as well as a signature to proper processing of the form).

Enrolling in the Medical Plan and choosing a High Deductible Health Plan again this year, we will continue your current HSA employee contribution for our new plan year. If you wish to change or stop your HSA employee contribution election, complete the HSA Quarterly Change form enclosed in the packet.

Enrolling the Medical Plan and choosing the High Deductible Health Plan for the first time, you will need to indicate your HSA contribution amount on the Benefit Election/Waiver & payroll authorization form. You must also complete an enrollment packet for HSA Administrators.

You must complete the *Flex Enrollment Form*, if you are electing. If you are participating in the HDHP you cannot participate in Health Flex, but you are still eligible to participate in the Dependent Flex if you meet all the other IRS requirements.

If you are a new employee and are not currently covered under our plans, please refer to the Q&A in the enrollment folder.

All forms are to be completed and returned to HR no later than June 8th, 2018



QUESTIONS AND ANSWERS



Where do I find these forms?

In your enrollment packet or contact Betsy Nemeth at 434-977-2970 x111 or Cynthia Polaro at 434-977-2970 x181

When are the forms due and where do I return them?

All forms are due by **June 8, 2018** and must be returned Betsy Nemeth.

Other Information

Our open enrollment period will end on **June 8, 2018**.





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.

