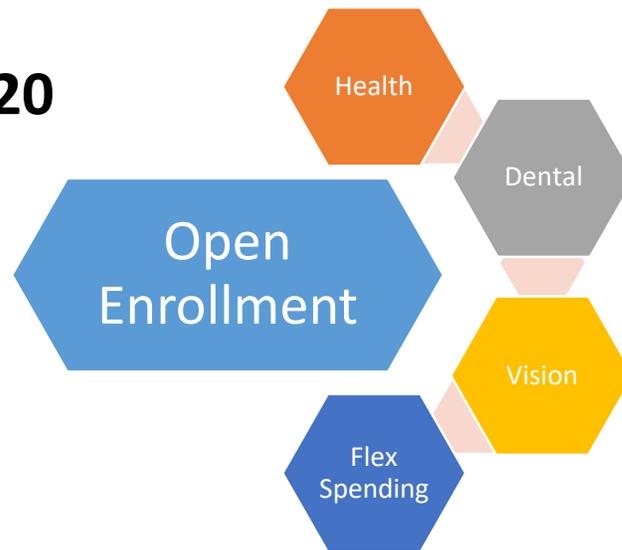


2019-20



**IT'S OPEN ENROLLMENT TIME!
NOW IS YOUR CHANCE TO MAKE CHANGES!**

Go to *Firefly Employee Self Service* for details on your current benefit elections.

OPEN ENROLLMENT DATES:

August 1 – 21, 2019 BCBS Health/Dental & EyeMed Vision

August 1 – 30, 2019 ASI Flex Spending

NOTE: ENROLLMENT FORMS ARE DUE IN HR BY CLOSE OF BUSINESS ON ABOVE DATES.

BLUE CROSS/BLUE SHIELD: **OPEN ENROLLMENT DATES ARE AUGUST 1-21, 2019.**

CHANGES INCLUDE:

- Premiums will increase in August 2019 payroll: 5.2% Health and 1.0% Dental (see tables below)
- Standard PPO Health Plan deductible will increase to \$650 effective September 1, 2019
- BCBS will mail new insurance cards to employee home addresses in late August
- To make changes to your health/dental insurance, complete the attached enrollment form and return to HR prior to close of business on August 21, 2019. **If you have no changes, no action is needed.**

Health Plan Options:

- \$650 Deductible Standard PPO Plan includes copays prior to meeting deductible.

Health \$650 PPO	Employee Cost/Month	NSCS Cost/Month
Employee	\$ 101.17	\$ 573.32
Employee/Spouse	\$ 354.11	\$1,062.32
Employee/Child(ren)	\$ 311.96	\$ 935.87
Employee/Family	\$ 475.48	\$1,426.43

- \$3500 Deductible with HRA – HDHP (High Deductible Health Plan) includes monthly employer contribution to HRA (Health Reimbursement Arrangement) plan: \$62.50/month for Employee Plan or \$125/month for All Other Plans. This plan does not offer any medical or prescription copays. Copays and Coinsurance apply only after the deductible has been met.

Health \$3500 HDHP	Employee Cost/Month	NSCS Cost/Month
Employee	\$ 80.94	\$ 458.65
Employee/Spouse	\$ 283.29	\$ 849.87
Employee/Child(ren)	\$ 249.57	\$ 748.70
Employee/Family	\$ 380.38	\$1,141.16

Dental Plan:

- The Dental Plan (Option 5) includes two oral exams/cleanings each calendar year with no deductible.
- Maintenance and Restorative services require a \$25 deductible for individual (\$50 family).
- Orthodontic services are not covered.

Dental	Employee Cost/Month	NSCS Cost/Month
Employee	\$ 8.53	\$ 48.34
Employee/Spouse	\$ 29.86	\$ 89.60
Employee/Child(ren)	\$ 26.31	\$ 78.92
Employee/Family	\$ 40.11	\$ 120.32

NOTE: Participation requires election of both health and dental coverage.

EYEMED VISION INSURANCE: **OPEN ENROLLMENT DATES ARE AUGUST 1-21, 2019.**

- **NO Increase in Premiums and NO Plan Changes for 2019-20**
- ***If you are already enrolled in Vision and want to continue coverage, no action is needed.***
- If you want to enroll or make changes to coverage, complete the attached enrollment form and return to HR prior to close of business on August 21, 2019.

Vision	Employee Cost/Month	NSCS Cost/Month
Employee	\$ 2.50	\$ 2.51
Employee/Spouse	\$ 6.99	\$ 2.51
Employee/Child(ren)	\$ 7.49	\$ 2.51
Employee/Family	\$ 12.19	\$ 2.51

ASI FLEXIBLE SPENDING ACCOUNT: **OPEN ENROLLMENT DATES ARE AUGUST 1-30, 2019.**

- ***To participate, employees must re-enroll for the flexible spending account each year.***
- Health Care FSA Maximum is \$2,700.
- Dependent Care FSA Maximum is \$5,000 or \$2,500 if married and filing separate income tax returns.
- See attached document for detailed instructions on how to enroll online:
 - If you are a current participant, go to www.asiflex.com and click "Account Detail" tab
 - If you are **not** a current participant, go to <https://enroll.asiflex.com>

BENEFICIARY REMINDER – Please review your beneficiaries on your life insurance and retirement plan to make certain they are current. To make changes, contact HR.