

OPEN ENROLLMENT

2020-21



OPEN ENROLLMENT DATES:

August 1 – 21, 2020 BCBS Health/Dental & EyeMed Vision

August 1 – 31, 2020 ASI Flex Spending

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

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

BLUE CROSS/BLUE SHIELD: OPEN ENROLLMENT DATES ARE AUGUST 1-21, 2020.

CHANGES INCLUDE:

- Premiums will increase in August 2020 payroll: 6.97% Health and 2.0% Dental (see tables below)
- High Deductible Health Plan deductible will increase to \$3600 effective September 1, 2020
- Out-of-Pocket limits will increase by \$250 In-Network/\$500 Out-of-Network
- Office Visit Copays will increase (Primary Office Visit \$35; Specialist \$55; Urgent Care \$55; ER \$85)
- Prescription Copay Minimums and Maximums will increase (Generic 25% Coins (\$10 min/\$40 max); Formulary 25% Coins (\$50 min/\$100 max); Non-Formulary 50% Coins (\$75 min/\$150 max); In-Network Specialty 25% Coins (\$125 min/\$250 max); Out-of-Network Specialty 50% Coins (\$250 min/\$500 max)
- To make changes to your health/dental insurance, complete an enrollment form and return to HR prior to close of business on August 21, 2020. ***If you have no changes, no action is needed.***

Health Plan Options:

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

Benefits Summary: https://www.ehplan.org/sites/default/files/educators_health_alliance_650_09-01-2020.pdf

Health \$650 PPO	Employee Cost/Month	NSCS Cost/Month
Employee	\$108.22	\$ 613.28
Employee/Spouse	\$ 378.79	\$1,136.37
Employee/Child(ren)	\$ 333.70	\$1,001.10
Employee/Family	\$ 508.62	\$1,525.85

- \$3600 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.

Benefits Summary: https://www.ehaplan.org/sites/default/files/educators_health_alliance_3600_hsa_09-01-2020.pdf

Health \$3600 HDHP	Employee Cost/Month	NSCS Cost/Month
Employee	\$ 86.58	\$ 490.62
Employee/Spouse	\$ 303.03	\$ 909.11
Employee/Child(ren)	\$ 266.96	\$ 800.89
Employee/Family	\$ 406.90	\$1,220.69

Dental Plan: https://www.ehaplan.org/sites/default/files/educators_health_alliance_dental_option_5_non-std_09-01-2020.pdf

- 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	\$ 8.70	\$ 49.31
Employee/Spouse	\$ 30.46	\$ 91.39
Employee/Child(ren)	\$ 26.83	\$ 80.50
Employee/Family	\$ 40.91	\$ 122.73

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

EYEMED VISION INSURANCE: ***OPEN ENROLLMENT DATES ARE AUGUST 1-21, 2020.***

- **NO Increase in Premiums and NO Plan Changes for 2020-21**
- ***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 an enrollment form and return to HR prior to close of business on August 21, 2020.

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 1-31, 2020.***

- ***To participate, employees must re-enroll for the flexible spending account each year.***
- Health Care FSA Maximum is \$2,750.
- Dependent Care FSA Maximum is \$5,000 (if married filing joint or single head of household) or \$2,500 (if married filing separate income tax returns).
- Over-the-Counter drugs are now reimbursable.
- 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.