



## OPEN ENROLLMENT DATES:

**August 1 – 24, 2023 BCBS Health/Dental & Ameritas-VSP Vision**

**August 1 – 31, 2023 ASI Flex Spending**

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

**BLUE CROSS/BLUE SHIELD:** ***OPEN ENROLLMENT DATES ARE AUGUST 1-24, 2023***

### CHANGES INCLUDE:

- Premiums will increase in August 2023 payroll: 7.2% Health and 0% Dental (see tables below)
- To make changes to your health/dental insurance, complete an enrollment form and return to HR prior to close of business on August 24, 2023. ***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.ehaplan.org/sites/default/files/option\\_1\\_-\\_educators\\_health\\_alliance\\_650\\_09-01-2023\\_-\\_final.pdf](https://www.ehaplan.org/sites/default/files/option_1_-_educators_health_alliance_650_09-01-2023_-_final.pdf)

Health \$650 PPO	Employee Cost/Month	NSCS Cost/Month
Employee	\$126.91	\$719.16
Employee/Spouse	\$444.18	\$1,332.55
Employee/Child(ren)	\$391.31	\$1,173.92
Employee/Family	\$596.42	\$1,789.27

- **\$3800 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/option\\_8\\_-\\_educators\\_health\\_alliance\\_3800\\_hsa\\_09-01-2023\\_-\\_final.pdf](https://www.ehaplan.org/sites/default/files/option_8_-_educators_health_alliance_3800_hsa_09-01-2023_-_final.pdf)

Health \$3800 HDHP	Employee Cost/Month	NSCS Cost/Month
Employee	\$101.53	\$575.31
Employee/Spouse	\$355.35	\$1,066.05
Employee/Child(ren)	\$313.05	\$939.15
Employee/Family	\$477.14	\$1,431.43

**Dental Plan:** [https://www.ehaplan.org/sites/default/files/educators\\_health\\_alliance\\_dental\\_option\\_5\\_non-std\\_09-01-2023 - final.pdf](https://www.ehaplan.org/sites/default/files/educators_health_alliance_dental_option_5_non-std_09-01-2023_final.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 for at least employee.

## **AMERITAS-VSP VISION INSURANCE**

**OPEN ENROLLMENT DATES ARE AUGUST 1-24, 2023**

- NO Increase in Premiums and NO Plan Changes for 2023-24
- **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 24, 2023.

Vision	Employee Cost/Month	NSCS Cost/Month
Employee	\$4.08	\$4.08
Employee/Spouse	\$13.56	\$4.08
Employee/Child(ren)	\$10.16	\$4.08
Employee/Family	\$19.64	\$4.08

## **ASI FLEXIBLE SPENDING ACCOUNT:**

**OPEN ENROLLMENT DATES ARE AUGUST 1-31, 2023**

- **To participate, employees must re-enroll for the flexible spending account each year.**
- Health Care FSA Maximum is \$3,050.
- 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).
- Debit Cards will be issued to all Health Care FSA participants for the upcoming plan year.
- Dependent Care FSA offers options for Automatic Reimbursement and Recurring Direct Payment.
- See attached document for detailed instructions on how to enroll online:
  - If you are a current participant, go to [www.asiflex.com](http://www.asiflex.com) and login. On the Main Menu, click the green "Open Enrollment" tab
  - If you are **not** a current participant, go to <https://enroll.asiflex.com> and enter employer code "NESTATECOLLEGE" (Employee ID will be your SAP personnel number)

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