

Know Your BENEFITS



Effective **July 1, 2016**, the agency **BASE Plan** with Anthem BCBS and the two additional options for **BUY UP Plans** available to staff will stay the same for the 2016/2017 plan year. The premiums did not increase this year. Every employee has the opportunity to change plans during open enrollment which occurs May 15, 2016 – June 15, 2016. The premiums for 2016/2017 are as follows (new cards will be issued in 7/2016):

BASE PLAN Option 1—Blue Preferred Select Option L1 with RX Option AS on 7/1/2015; In Network Amounts--\$5,900/\$11,800 deductible; out-of-pocket changed from \$6,600/\$13,200 with network co-pays count toward out of pocket amounts. **\$35/\$35 co-pay with physician/specialist COPAYS APPLY (FOR FIRST THREE VISITS ONLY AND ALL OTHER CHARGES ARE SUBJECT TO DEDUCTIBLE AND COINSURANCE)**; Preventative Cares Services are No Cost Share; ER \$250/30%; Urgent Care 30%; Prescription Services Retail \$500 deductible; 30day supply \$15/\$50/250 max. Mail Order \$15/\$125/25% 250 max.; Outpatient Therapy Services \$35/\$35. Out of Network changes are noted on the Summary of Benefits, along with additional insurance information.

Employee Base Coverage—Agency pays 100% \$542.65 month.

Payroll Deductions for any dependents insured—Employee pays 100%

Spouse Coverage: \$542.65 month.

\$383.05 for a 17 pay period Head Start Center Employees.
\$250.45 for a 26 pay period year round employees not listed.

Child(ren) Coverage: \$406.95 month.

\$287.26 for a 17 pay period Head Start Center Employees.
\$187.82 for a 26 pay period year round employees not listed.

Family Coverage: \$955.03 month.

\$674.14 for a 17 pay period Head Start Center Employees.
\$440.78 for a 26 pay period year round employees not listed.

Option 2--BUY UP PLAN—Blue Preferred Select Network. 80/60 plan; **\$5,000/\$15,000 deductible**; Out-of-pocket **\$6,300/\$12,700** with network co-pays counting toward out-of-pocket amounts; \$20/40 co-pay with physician/specialist. ER 20% in network; Urgent Care 20%; Inpatient and Outpatient Professional Services 20%; Outpatient Therapy \$20/\$50. Prescription Services Retail \$10 tier 1, \$35 tier 2, \$60 tier 3, 25% with \$150 max. Mail order \$10 tier 1, \$90 tier 2, \$180 tier 3, 25% with \$150 max. Non network information is provided on the Summary of Benefits and well as other plan information.

<u>Employee OPTION 2--Buy-Up Coverage</u>	\$615.60 month.
—Agency pays 100% of Base Plan only	\$542.65 month.
—Employee is responsible for Buy Up Portion	\$72.95 month.

\$51.49 for a 17 pay period Head Start Center Employees.
\$33.67 for a 26 pay period year round employees not listed.

Payroll Deductions for any dependents insured—Employee pays 100%

Spouse Coverage: **\$615.60 month.**

\$486.04 for a 17 pay period Head Start Center Employees.
(Employee \$72.95 + Spouse \$615.60 = \$688.55 x 12 = \$8,262.60 divided by 17 = \$486.04 per pay period)
\$317.79 for a 26 pay period year round employees not listed.
(Employee \$72.95 + Spouse \$615.60 = \$688.55 x 12 = \$8,262.60 divided by 26 = \$317.79 per pay period)

Child(ren) Coverage: **\$534.61 month.**

\$428.87 for a 17 pay period Head Start Center Employees.
(Employee \$72.95 + Child(ren) \$534.61 = \$607.56 x 12 = \$7,290.72 divided by 17 = \$428.87 per pay period)
\$280.41 for a 26 pay period year round employees not listed.
(Employee \$72.95 + Child(ren) \$534.61 = \$607.56 x 12 = \$7,290.72 divided by 26 = \$280.41 per pay period)

Family Coverage: **\$1,156.36 month.**

\$866.75 for a 17 pay period Head Start Center Employees.
(Employee \$72.95 + Family \$1,156.36 = \$1,229.31 x 12 = \$14,751.72 divided by 17 = \$866.75 per pay period)
\$567.37 for a 26 pay period year round employees not listed.
(Employee \$72.95 + Family \$1,156.36 = \$1,229.31 x 12 = \$14,751.72 divided by 26 = \$567.37 per pay period)

Option 3--BUY UP PLAN—Blue Access to Blue Preferred Select Network. 80/60 Plan; \$2,500/\$7,500 deductible; Out-of-pocket \$5,000/\$10,000 network co-pays count toward out of pocket amounts. \$20/40 co-pay with physician/specialist; 20%/40% coinsurance. ER 20%; Urgent Care 20%; Inpatient and Outpatient Professional Services 20%. Prescription Services Retail \$10 tier 1, \$35 tier 2, \$75 tier 3, 25% w \$150 max. Mail Order \$10 tier 1, \$90 tier 2, \$225 tier 3, 25% with \$150 max.

Employee OPTION 3--Buy-Up Coverage	\$683.86 month.
—Agency pays 100% of Base Plan only	\$542.65 month.
—Employee is responsible for Buy Up Portion	\$141.21 month.

\$99.68 for a 17 pay period Head Start Center Employees.
\$65.17 for a 26 pay period year round employees not listed.

Payroll Deductions for any dependents insured—Employee pays 100%
Spouse Coverage: **\$683.86 month.**

\$582.40 for a 17 pay period Head Start Center Employees.
(Employee \$141.21 + Spouse \$683.86 = \$825.07 x 12 = \$9,900.84 divided by 17 = \$582.40 per pay period)
\$380.80 for a 26 pay period year round employees not listed.
(Employee \$141.21 + Spouse \$683.86 = \$825.07 x 12 = \$9,900.84 divided by 26 = \$380.80 per pay period)

Child(ren) Coverage: **\$654.09 month.**

\$561.39 for a 17 pay period Head Start Center Employees.
(Employee \$141.21 + Child(ren) \$654.09 = \$795.30 x 12 = \$9,543.60 divided by 17 = \$561.39 per pay period)
\$367.06 for a 26 pay period year round employees not listed.
(Employee \$141.21 + Child(ren) \$654.09 = \$795.30 x 12 = \$9,543.60 divided by 26 = \$367.06 per pay period)

Family Coverage: **1,344.79 month.**

\$1,048.94 for a 17 pay period Head Start Center Employees.
(Employee \$141.21 + Family \$1,344.79 = \$1,486.00 x 12 = \$17,832.00 divided by 17 = \$1,048.94 per pay period)
\$685.85 for a 26 pay period year round employees not listed.
(Employee \$141.21 + Family \$1,344.79 = \$1,486.00 x 12 = \$17,832.00 divided by 26 = \$685.85 per pay period)

For those with the BUY Up Plan, there will be a small adjustment up or down prior to 6/30/2016 to ensure that only the total amount of the yearly premium has been deducted.

****Summary of Benefits for each plan is located at the end of this Know Your Benefits information.**

VISION--On July 1, 2011 employees were eligible to purchase vision coverage through payroll deduction. There were no changes to the premiums for the 2016/2017 coverage year:

Employee Coverage

\$9.01 month for vision
\$6.36 for 17 pp emp.
\$4.16 for 26 pp emp.

Emp./Spouse Coverage

\$15.78 month for vision
\$11.14 for 17 pp emp.
\$ 7.28 for 26 pp emp.

Emp./Child Coverage

\$17.13 month for vision
\$12.09 for 17 pp emp.
\$ 7.91 for 26 pp emp.

Emp./Family Coverage

\$24.07 month for vision
\$16.99 for 17 pp emp.
\$11.11 for 26 pp emp.

Exam Copayment: \$20.00
Prescription Lenses (Pair) Copayment: \$20.00

No cost shares (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount, However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

Frequency Limits (Exam, Lenses and Frame or Contact Lenses): Exam 12 mths/Lenses-12 mths/ Frames-24 Mths./ Contacts-12 months.

Frame Allowance: \$130.00 Retail Value
Contact Allowance: \$130.00

The following Non-Network Reimbursement Schedule applies:

Exam up to \$42.00
Single Vision Lenses up to \$40.00
Bifocal Lenses up to \$60.00
Trifocal Lenses up to \$80.00
Elective contacts up to \$105.00
Non-elective contact lenses up to \$210.00
Frame up to \$45.00

GENERAL INFORMATION

Dependent children can be covered through the end of the month they turn 26. Please notify HR to remove them at that time, most insurances will automatically remove them.

For OAI employee's deductions are based on two different payrolls as follows:

*17 pay periods--Head Start Center staff deductions.
26 pay periods—Year round staff.*

Deductions for Year round staff will begin the first payroll in July on Anthem insurances and are based on a 26 pay period cycle.

Deductions for Head Start Center staff that are not full year staff are based on a 17 pay period cycle and the new rates will be charged effective the first payroll in August 2016 unless there are amounts due from the previous year(s) which could include additional amounts not collected for July and August due to the increase in our insurance rates.

Staff that do not return in August or who do not plan to return in August will have coverage adjusted back to a base plan if they have not paid for the buy up insurances during the summer months.

If an overage or shortage should occur the deductions that start in September will be adjusted accordingly. These figures would be based on what is owed for the new plan year, plus or minus any overage or shortage of premiums from the previous year(s). If the employee's deductions are more than their checks they will have to pay this direct by the 1st of each month to the personnel office in order to maintain coverage. Non-payment of the premiums will result in cancellation of coverage.

New Anthem Blue Cross Blue Shield ID cards will be mailed to the employee's home address during July 2016. If you do not receive one, please let the personnel office know as soon as possible.

Reminder—if you have moved, please contact Anthem Blue Cross Blue Shield, AFLAC, Colonial and American Funds (retirement account) with your new address so that your cards, explanation of benefits and quarterly statements can be mailed to the correct mailing address.

Additional optional insurances are available during October of each year through AFLAC and Colonial (additions and cancellations have to be done in October only) and Air Evac memberships can be payroll deducted. Air Evac memberships are also available at a discounted rate for employees. If you are a member and receive a renewal notice, please forward to the Human Resources department who will then deduct the renewal through two payroll deductions.