

Know Your BENEFITS



Effective **July 1, 2017**, 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 2017/2018 plan year. The premiums did not increase this year. Employees can change plans during open enrollment which occurs June 1, 2017 – June 15, 2017. The premiums for 2017/2018 are as the same as 2016/2017 (new cards were issued in 5/2017):

BASE PLAN Option 1—

Blue Preferred Select Option L1 with RX Option AS on 7/1/2017; In Network Amounts-- \$5,900/\$11,800 deductible; out-of-pocket \$6,600/\$13,200 for in network providers. \$35/\$35 co-pay with physician/specialist COPAYS APPLY for the first 5 visits then all other visits are subject to deductible and coinsuranc; Preventative Care Services are No Cost Share; ER \$250/30%; Urgent Care 30%; Prescription Services Retail 30-day supply \$10/\$35/\$60/25% up \$150 in network. Mail Order 90-day supply \$10/\$90/\$180/25% up to \$150 in network; Outpatient Therapy Services \$35. Out of Network amounts 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: (\$1,085.27 month - \$542.65 agency pays = \$542.62) **\$542.62 month for Spouse**
.00 month

Total \$542.62 per month

\$383.03 for a 17 pay period Head Start Center Employees

(Employee + Spouse = \$542.62 month x 12 = \$6,511.44 divided by 17 = \$383.03 per period)

\$250.44 for a 26 pay period year-round employees.

(Employee + Spouse = \$542.62 month x 12 = \$6,511.44 divided by 26 = \$250.04 per period)

Child(ren) Coverage: (\$949.50 month - \$542.65 agency pays = \$406.95) **\$406.95 month for Child(ren)**
+ .00 month

Total \$406.95 per month

\$287.26 for a 17 pay period Head Start Center Employees

(Employee + Child(ren) = \$406.95 month x 12 = \$4,883.40 divided by 17 = \$287.26 per pay period)

\$187.82 for a 26 pay period year-round employees.

(Employee + Child(ren) = \$406.95 month x 12 = \$4,883.40 divided by 26 = \$187.82 per pay period)

Family Coverage: (\$1,497.68 month - \$542.65 agency pays = \$955.03) **\$955.03 month for FAM**
+ .00 month for EMP

Total \$955.03 per month

\$674.14 for a 17 pay period Head Start Center Employees

(Employee + Family = \$955.03 month x 12 = \$11,460.36 divided by 17 = \$674.14)

\$440.78 for a 26 pay period year-round employees.

(Employee + Family = \$955.03 month x 12 = \$11,460.36 divided by 26 = \$440.78)

Option 2--BUY UP PLAN—

Blue Preferred Select Network. 80/60 plan; \$5,000/\$10,000 deductible; Out-of-pocket \$6,350/\$12,700; \$20/40 co-pay with physician/specialist. ER 20% in network; Urgent Care 20%; Inpatient and Outpatient Professional Services 20%; Outpatient Therapy \$20/20% coinsurance. Prescription Services Retail \$10 tier 1, \$35 tier 2, \$60 tier 3, 25% coinsurance 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, as well as, other plan information.

Employee OPTION 2--Buy-Up Coverage

\$615.60 month.

—Agency pays 100% of Base Plan only

\$542.65 month.

—Employee is responsible for Buy Up Portion

\$72.95 month.

(Employee = \$72.95 x 12 = \$875.40)

\$51.49 for a 17 pay period Head Start Center Employees.

(Employee \$72.95 x 12 = 875.40 divided by 17 = \$51.49 per pay period)

\$33.67 for a 26 pay period year-round employees.

(Employee \$72.95 x 12 = 875.40 divided by 26 = \$33.67 per pay period)

Payroll Deductions for any dependents insured—Employee pays 100%.

Spouse Coverage:

(\$1,231.16 month - \$542.65 paid by agency = \$688.51)

**\$615.56 month for SPOUSE
+ 72.95month for EMP Cost
\$688.51 per month**

Total

\$486.01 for a 17 pay period Head Start Center Employees.

(Employee + Spouse = \$688.51 x 12 = \$8,262.12 divided by 17 = \$486.01 per pay period)

\$317.77 for a 26 pay period year-round employees.

(Employee + Spouse = \$688.55 x 12 = \$8,262.12 divided by 26 = \$317.77 per pay period)

Child(ren) Coverage:

(\$1,077.26 month - \$542.65 paid by agency = \$534.61)

**\$461.66 month for Child(ren)
+ 72.95 month for EMP Cost
\$534.61 per month**

Total

\$377.37 for a 17 pay period Head Start Center Employees.

(Employee + Child(ren)) = \$534.61 x 12 = \$6,415.32 divided by 17 = \$377.37 per pay period)

\$246.74 for a 26 pay period year-round employee.

(Employee + Child(ren)) = \$534.61 x 12 = \$6,415.32 divided by 26 = \$246.74 per pay period)

Family Coverage:

(\$1,699.01 month - \$542.65 paid by agency = \$1,156.36)

**\$1,083.41 month for FAM
+ 72.95 month for EMP Cost
\$1,156.36 per month**

Total

\$816.25 for a 17 pay period Head Start Center Employees.

(Employee + Family = \$1,156.36 x 12 = \$13,876.32 divided by 17 = \$816.25 per pay period)

\$533.70 for a 26 pay period year-round employees.

(Employee + Family = \$1,156.36 x 12 = \$13,876.32 divided by 26 = \$533.70 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.**

(Employee buy up \$141.21 x 12 = \$1,694.52)

\$99.68 for a 17 pay period Head Start Center Employees.

\$65.17 for a 26 pay period year-round employees.

Payroll Deductions for any dependents insured—Employee pays 100%

Spouse Coverage: *(\$1,367.69 month - \$542.65 paid by agency = \$825.04)* **\$683.83 month for SPOUSE**
+141.21 month for EMP Cost
Total \$825.04 per month

\$582.38 for a 17 pay period Head Start Center Employees.

(Employee + Spouse = \$825.04 x 12 = \$9,900.48 divided by 17 = \$582.38 per pay period)

\$380.80 for a 26 pay period year-round employee.

(Employee + Spouse = \$825.04 x 12 = \$9,900.48 divided by 26 = \$380.79 per pay period)

Child(ren) Coverage: *(\$1,196.74 month - \$542.65 paid by agency = \$654.09)* **\$512.88 month for Child(ren)**
+141.21 month for EMP Cost
Total \$654.09 per month

\$461.71 for a 17 pay period Head Start Center Employees.

(Employee + Child(ren) \$654.09 = \$654.09 x 12 = \$7,849.08 divided by 17 = \$461.71 per pay period)

\$301.89 for a 26 pay period year-round employees.

(Employee + Child(ren) \$654.09 = \$654.09 x 12 = \$7,849.08 divided by 26 = \$301.89 per pay period)

Family Coverage: *(\$1,886.98 month - \$542.65 paid by agency = \$1,344.33)* **\$1,203.12 month for FAM**
+ 141.21 month for EMP Cost
Total \$1,344.33 per month

\$948.94 for a 17 pay period Head Start Center Employees.

(Employee + Family \$1,344.33 = \$1,344.33 x 12 = \$16,131.96 divided by 17 = \$948.94 per pay period)

\$620.46 for a 26 pay period year-round employees not listed.

(Employee + Family \$1,344.33 = \$1,344.33 x 12 = \$16,131.96 divided by 26 = \$620.46 per pay period)

If 17 pay-period staff have more than 17 pay rolls during August – May, any additional withholdings would be counted toward the July premium.

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

LIFE & AD&D—

Effective July 1, 2017, there were no changes to the Life Benefit rates through Anthem BCBS paid by the agency. For dependent coverage, Family coverage will no longer be available, dependents must have separate coverage amounts. The agency provides \$20,000 Life & AD&D Insurance Coverage until age 65 when coverage levels drop. Coverage for family members are as follows:

Employee Coverage—Agency Pays **\$4.60 month for Life.**
 (Life is .23 per \$1,000 = \$20,000 coverage for \$4.60 per month.)

\$.52 month for AD&D.

(AD&D is .026 per \$1,000 = \$20,000 for \$.52 per month.)

Total \$5.12 paid by agency.

Family Coverage—no longer available. **\$5.01 for Sp/Ch(Fam).**
\$3.54 for 17 pp emp.
\$2.31 for 26 pp emp.

Agency pays coverage for employee based on the following ages and coverage amounts:

Age 64 and below (\$20,000 Life & AD&D) \$4.60 + .52 = \$5.12 per month.

Age 65-69 (Coverage drops to \$13,000) \$2.99 + .34 = \$3.33 per month.

Age 70 and above (Coverage drops to 10,000) \$2.30 + .26 = \$2.56 per month.

Employee life benefits end at retirement; employee spouse coverage ends at age 70.

Additional amounts of life insurance can be purchased at a cost to the employee per pay period.

<i>Optional Life per \$1,000 (employee)</i>	
Under 25	\$0.07
25-29	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.14
45-49	\$0.22
50-54	\$0.38
55-59	\$0.64
60-64	\$0.89
65-69	\$1.57
70-74	\$3.24
Over 74	\$4.96

<i>Optional Life per \$1,000 (spouse)</i>	
Under 25	\$0.07
25-29	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.14
45-49	\$0.22
50-54	\$0.38
55-59	\$0.64
60-64	\$0.89
65-69	\$1.57

<i>Optional Life per \$1,000 (child)</i>	\$0.21
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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 and there are no changes to the 2017/2018 coverage year:

<u><i>Employee Coverage</i></u>	<i>\$ 8.31 month for vision.</i>
	<i>\$ 5.87 for 17 pp emp.</i>
	<i>\$ 3.84 for 26 pp emp.</i>

<u><i>Emp./Spouse Coverage</i></u>	<i>\$15.23 month for vision.</i>
	<i>\$10.75 for 17 pp emp.</i>
	<i>\$ 7.03 for 26 pp emp.</i>

<u><i>Emp./Child Coverage</i></u>	<i>\$16.53 month for vision.</i>
	<i>\$11.67 for 17 pp emp.</i>
	<i>\$ 7.63 for 26 pp emp.</i>

<u><i>Emp./Family Coverage</i></u>	<i>\$23.23 month for vision</i>
	<i>\$16.40 for 17 pp emp.</i>
	<i>\$10.72 for 26 pp emp.</i>

<i>Exam Copayment:</i>	<i>\$20.00</i>
<i>Prescription Lenses (Pair) Copayment:</i>	<i>\$20.00</i>

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.

<i>Frame Allowance:</i>	<i>\$130.00 Retail Value</i>
<i>Contact Allowance:</i>	<i>\$130.00</i>

The following Non-Network Reimbursement Schedule applies:

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

DENTAL—

As of July 1, 2014, the agency no longer provided employer paid Anthem Blue Cross Blue Shield Dental Benefits. Employees may opt to purchase this as a voluntary plan for either themselves and or them and their family members and have the premiums payroll deducted. The rate increased by \$.56 cents per employee cost and \$1.50 per family cost during the 2015/2016 plan year, no rate increase for 2016/2017 plan year; no rate increase for the 2017/2018 plan year. There were no plan changes to the benefit.

Employee Coverage—payroll deducted **\$22.44 month.**
\$15.84 for 17 pp emp.
\$10.37 for 26 pp emp.

Family Coverage—payroll deducted **\$60.53 month.**
\$42.73 for 17 pp emp.
\$27.94 for 26 pp emp.

Plan Design

	<i>In Network</i>	<i>Out of Network</i>	<i>Deductible Applies</i>
<i>Diagnostic</i>	<i>100%</i>	<i>100%</i>	
<i>Preventive</i>	<i>100%</i>	<i>100%</i>	
<i>Basic Serv.</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Endodontics</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Periodontics</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Oral Surgery</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Major Restorative Serv.</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Prosthetic Repairs/Adj.</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Prosthetics</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Orthodontic</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

Annual Deductible:

<i>Individual</i>	<i>\$25</i>	<i>\$25</i>	
<i>Family Max</i>	<i>\$75</i>	<i>\$75</i>	

Annual Per Person Maximum: *\$750 per year in or out of network.*

Out of Network Reimbursement is at 90%.

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 when staff return in July or August 2017. Staff could have premiums due from July and August that will be collected during the year.

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 July or August 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 must pay this directly to OAI by the 1st of each month to the personnel office to maintain coverage. Non-payment of the premiums will result in cancellation of coverage.

New Anthem Blue Cross Blue Shield ID cards were mailed to the employee's home address during May 2017, if changes are made to plans during open enrollment, staff would receive an updated card during July 2017. 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 must be done in October only) and Air-Med (Air Evac) memberships can be payroll deducted. Air-Med 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.