

Open Enrollment

Jefferson County Commission

OPEN Online Now

BENEFIT CHANGES ARE EFFECTIVE JULY 1, 2021

- Login to Employee Self Service (ESS)
 - Click [Benefits](#) to begin your [Open Enrollment](#)
 - FORMS - If you have changes, please PRINT required forms and RETURN completed forms to Payroll.
- All employees must complete benefits enrollment online **by June 11, 2021** even if you are making no changes.
- Login to make your selections, and verify your dependents and beneficiaries.

Open Enrollment Sessions

Wednesday, June 2nd

9:00am to 11:00am-Library Conference Room

1:00pm to 3:00pm-Maintenance Conference Room

Jefferson County's Open Enrollment

Jefferson County's Open Enrollment begins on May 12 and ends on June 11, 2021. The County will have representatives available June 2, 2021 for questions. **If you are making any plan changes, you must PRINT and RETURN completed enrollment forms to payroll by June 11, 2021.** Failure to complete and submit the online packet by the deadline will prohibit you from making changes until the earlier of a family status change or next year's open enrollment.

In order to process paperwork and ensure that new membership cards are mailed to enrollees by July 1, 2021, **all forms MUST be submitted to Payroll by June 11, 2021.**

Qualifying events: Employees are required to provide documentation of a birth, death, divorce or marriage for changes in enrollment for health care, vision, dental and life insurance. Documentation of relationship is also required when dependent last names are different from the employee's last name. Documentation is required in order to enroll in the County's insurance plan due to the loss of other coverage. **Documentation must be provided within 30 days of the qualifying event.**

Medical Plan Changes

For FY 2022, there are no changes to the coverage provided in the health, dental or vision plans. The County's premium rates for health insurance increased by 2.25%, and the cost of that increase was absorbed by the County. The monthly employee premium changes are as follows:

<u>Monthly Rates</u>	<u>Employee</u>	<u>Employer</u>	<u>Total</u>
Employee Only	\$ 74.00	\$ 817.30	\$ 891.30
Employee plus 1 (one) dependent	\$334.00	\$1,448.60	\$1,782.60
Employee plus 2 (two) or more dependents	\$458.00	\$1,770.25	\$2,228.25

Health Care Plan Deductibles

Your deductible for health insurance will reset effective 7/1/2021. The Employee Only health care deductible will remain the same at \$4,000. The Employee + 1 and Employee + Family deductible will remain the same at \$8,000. The County's HRA account will continue to reimburse for out of pocket deductibles in excess of \$750 and **up to \$4,000** for individuals and/or in excess of \$1,500 and **up to \$8,000** for family.

Health Reimbursement Account (HRA)

Your health reimbursement account balances will reset effective 7/1/2021. Millenium works closely with the County to coordinate reimbursements from the HRA Plan. This account covers out of pocket deductibles in excess of \$750 for individuals and \$1,500 for employee + 1 or Family. The HRA account will reimburse for the difference between the deductibles in excess of the HRA Limits and the Deductible Limits. i.e. For Employee Only: the difference between \$750 and \$4,000= \$3,250; For family: the difference between \$1,500 and \$8,000 = \$6,500. Reimbursements should be submitted timely and must be submitted prior to any end of plan year required submission dates.

AFLAC Optional Benefits

Aflac optional benefit enrollment forms are available in the Payroll office.

Leave of Absence

All employees are required to pay for their health care. While on a leave of absence, employees are required to pay for all elected benefits at the rate that employee would normally pay.

Employee Assistance Plan (EAP)

The County will continue to offer an Employee Assistance Program through Mazzitti & Sullivan for all full-time employees. This program is a free, confidential service to assist employees and their families regarding personal matters such as family counseling, caregiving for a parent, alcohol and substance abuse, assistance as a supervisor or employee on how to handle work issues, and more. Three (3) free sessions are provided with a local BCBS participating provider. If assistance is needed beyond the initial four free visits, our BCBS plan should be utilized. At that time, the employee would pay any appropriate co-pay amounts. The phone number to contact:

EAP 1-800-543-5080

Delta Dental

Delta Dental coverage for FY 2022 **has not changed**. To find a Delta Dental provider in your area, visit Delta’s website at:

www.deltadentalins.com

<u>Monthly Rates</u>	<u>Employee</u>	<u>Employer</u>	<u>Total</u>
Employee Only	\$ 2.00	\$21.46	\$23.46
Employee plus 1 (one) dependent	\$25.24	\$21.47	\$46.71
Family	\$48.58	\$21.46	\$70.04

Delta Dental offers the County two networks: Premier Network; and PPO Network. These networks work in the same manner as the BCBS network. Employees will incur added costs when using providers that are not in-network. Each network has different “Allowable Charges” which dictate how much each enrollee pays for services.

Examples:

A service completed for a crown from a Delta Premier Dentist:

Dentist’s Charge:	\$1,000
Allowable Charge:	\$ 800
Coinsurance	50%
Delta Payment	\$400
You Owe:	\$400

No balance billing for the difference between \$800 and \$1000 because you’re visiting a Delta Dental Provider.

You have a service completed for a crown from a Delta PPO Dentist:

Dentist's Charge:	\$1,000
Allowable Charge:	\$ 700
Coinsurance	50%
Delta Payment	\$350
You Owe:	\$350

No balance billing for the difference between \$800 and \$1000 because you're visiting a Delta Dental Provider.

When a non-participating provider is used, the difference between the Premier Allowable Charge and the Dentist's Charge for services performed must be paid.

Vision Plan

The vision plan for FY2022 **has not changed** and the County's provider is National Vision Administrators (NVA).

<u>Monthly Rates</u>	<u>Employee</u>	<u>Employer</u>	<u>Total</u>
Employee Only	\$ 0.60	\$ 6.34	\$ 6.94
Employee plus 1 (one) dependent	\$ 5.54	\$ 6.34	\$11.88
Family	\$12.64	\$ 6.34	\$18.98

Summary of coverage for In-Network

Exams: Covered 100% after \$10. Co-pay-Every 12 months

Lenses: Covered 100%-Every 12 months

Frames: Covered up to \$130. Every 12 months

Contact Lenses: Covered up to \$130.00 (In lieu of Lenses/Frames)

Beneficiaries

As a REMINDER, this is a good time to review your beneficiaries for life insurance particularly if you've had a family status change within the past year (i.e., marriage or divorce).