

## Mercer County ESC Open Enrollment

What to Expect with EPC Anthem/CVS/Delta/VSP

October, 2018

## Open Enrollment January 2019

January 1, 2019 Open Enrollment through Benelogic

Make changes to your current plan options

Medical Dental Vision

- Enroll or waive coverage
- Add or drop dependents

Spousal Coordination of Benefits - Complete paperwork and return it to Treasurer's office

2019 Premiums – see Treasurer's office for rates

## Enrollment Through Benelogic

- Benelogic is an enrollment website https://epc-online.benelogic.com/login
- Open enrollment starts: October 15
  - User ID: first name initial + last name+ last four of SSN (John Doe 123-45-6789 = jdoe6789)

**ALL LOWER CASE** 

- Password: last four of SSN
- You will be prompted to update your password

## **Enrollment Through Benelogic**

Your current census data is already populated, but you will need to:

- Verify personal data is correct or make changes
- Enroll or waive medical
- Enroll or waive dental
- Enroll or waive vision
- Enter a beneficiary for life coverage



#### **Employee Portal**

#### Sign In Tips

- Your User ID is the first initial of your First Name + Last Name + last 4 digits of your SSN (e.g., jsmith1234). If your name contains a
  space, hyphen or apostrophe, please exclude these characters when entering your User ID (e.g., Jane Smith-Jones with SSN 999-99-1234 has
  a User ID of jsmithjones1234). If you are having difficulty with your User ID, you can click the link under the Sign In button to retrieve it.
- If you are signing in for the first time, your Password is the last 4 digits of your SSN. You will be prompted to change your password after successfully signing in. If you do not remember the password you set for yourself, you can use the automated password reset functionality by clicking the link under the Sign In button.

#### Important Information

- Your password is unique to your account.
- . Benelogic is not responsible for any lost, stolen, or otherwise disclosed passwords.
- . Benelogic is not responsible for any transactions that occur by unauthorized access to your account.
- · For your security, Benelogic employees cannot access your password.



Forgot User ID/Password?

By clicking **Sign In**, you are stating that you have the right to use this system and the account is assigned to you. Unauthorized use of this system, including accessing an account not assigned to you, is prohibited and may be prosecuted under the law.

Sign In 🖺















#### Attention



It's Enrollment Time! Now is your opportunity to make your Open Enrollment 10/1/2018 elections. You have until 09/09/2018 12:00 AM ET to elect.

Go!

#### What Do You Want To Do?



Make A Change. If you need to make a change outside of an enrollment period, you can submit it here.



Upload a Document. You can add supporting documentation or just securely store benefit related records in your personal File Cabinet.



Change Your Password. You can change your password and/or your security questions.



View Current Benefits. You can see the benefits you have in effect today.



Watch an Overview. You can get a high level preview of how to enroll and the highlights of your portal with this quick tour.















Eff	ective 10/01/2018	
<b>→</b>	Personal Information	
	Dependent Information	
	Medical Insurance	
	Dental Insurance	
	Vision Insurance	
	Basic Life Insurance	
	Review	

Personal Information		
First Name	Sally	
Middle Name		
Last Name	Smith	
Suffix	(none)	,
SSN	***-**-2222	
Birth Date	05/13/1970	
Gender	Female	0.7

Contact Information	
Address Line 1	123 Paulding
Address Line 2	
Address Line 3	
City	paulding
State	OH - Ohio ▼
Zip Code	45434
Home/Mobile Phone	
Work Phone	
Work Phone Ext	
Email	

Cancel

Next >>

















### Effective 10/01/2018



Dependent Information

Medical Insurance

Dental Insurance

Vision Insurance

Basic Life Insurance

Review

### Dependent Information

#### Dependents

Birth Date

Relationship

Edit

Delete



Cancel

Next >>

### Resources

General Information

Dependent Eligibility Documentation

Dependent Enrollment Affidavit Form

Name

There are currently no active dependents.

















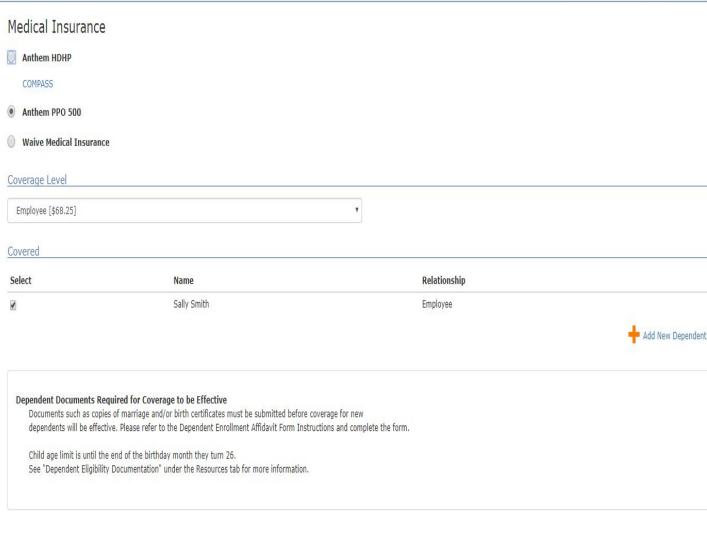
#### Total Cost for Sally Smith \$68.25 ▼ 👔



Health Care Reform FAQ

Anthem Providers CVS/Caremark

Provider Directory





View Benefits as of Today



Cancel

Next >>







Total Cost for Test HSA \$51.74 Y



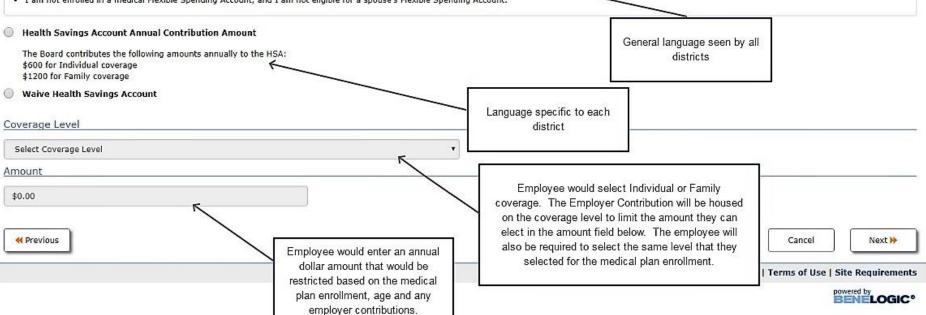
#### Health Savings Account

If you are enrolled in a HDHP medical plan, you can contribute to a Health Savings Account (HSA). If you wish to contribute to a HSA, please make an annual election below. If you do not wish to contribute to a HSA or are enrolled in another medical plan option or have waived medical coverage, please select Waive Health Savings Account.

The 2019 HSA contribution limits are \$3,500 for individual coverage and \$7,000 for family coverage. If your employer contributes to the HSA on your behalf, their contribution amounts will be listed below. Please take any employer contribution into account when making your annual HSA contribution election. If you are age 55 or older, you may contribute an additional \$1,000 to the HSA.

By electing a contribution amount, I certify that I am eligible to contribute to an HSA during the plan year per IRS guidelines, which include that as of the effective date of this election:

- · I am not enrolled in any part of Medicare, and will not enroll during this plan year;
- · I am not covered by any other first-dollar coverage, including spousal coverage, military plans, and VA covergage;
- · I am not enrolled in a medical Flexible Spending Account, and I am not eligible for a spouse's Flexible Spending Account.







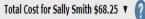


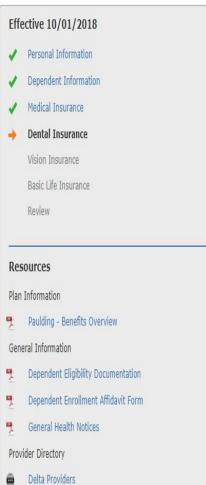


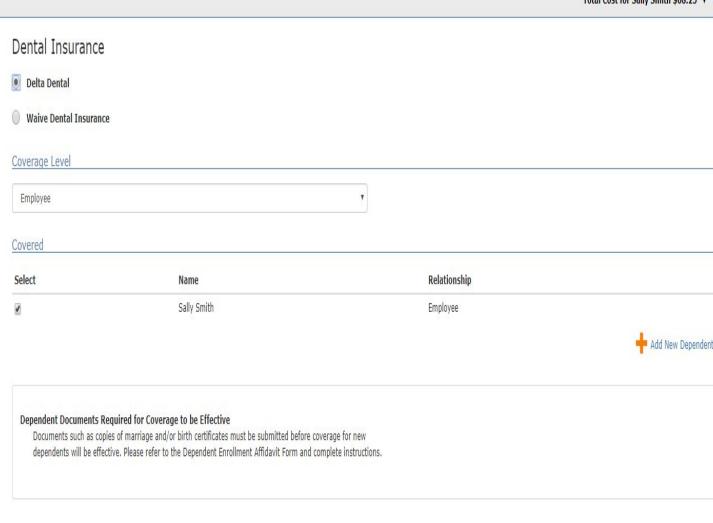














View Benefits as of Today



Cancel

Next >>







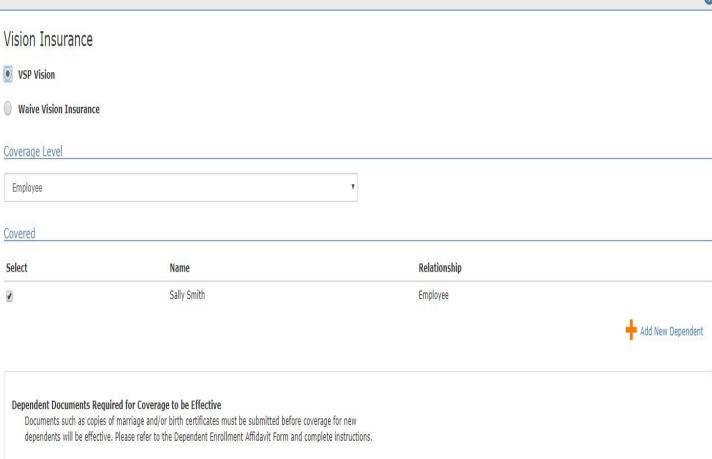


















Next >>

















- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- Basic Life Insurance

Review

Basic Life Insurance





Select	Name	Relationship	Primary %	Contingent %	Edit
--------	------	--------------	-----------	--------------	------

There are currently no active beneficiaries.





















Total Cost for Sally Smith \$68.25 ▼ (2)

#### Review - 10/01/2018

Review the following summary of your benefit elections to ensure that it is accurate and complete. To make changes click the Edit icon to the right of the information section you wish to change. Any changes made will be effective 10/01/2018. Once you are satisfied with your benefit elections, click

Cancel

Personal Information

Name Sally Smith

123 Paulding Paulding, OH 45434 Home/Mobile Phone Work Phone

(none)

**Email** 

(none)

Address

Relationship

Dependent Information Name

There are currently no active dependents.

Gender

Beneficiary Information

Name

Relationship

Sally Smith - Employee

This section is only for beneficiaries not already listed as dependents. If none are listed here, please refer to the specific plan(s) below to review or update your beneficiaries.

Your Benefit Selections

Tour Benefit Selections					
Benefit		Your Selection	Coverage Level	Cost Breakdown	
Medical Insurance	Covered by this benefit:	Anthem PPO 500 Sally Smith - Employee	Employee	\$68.25	
Dental Insurance	Covered by this benefit:	Delta Dental Sally Smith - Employee	Employee	\$0.00	
Vision Insurance		VSP Vision	Employee	\$0.00	



#### No Eligible Beneficiaries Registered

Covered by this benefit:

It is recommended that you designate one or more beneficiaries for this benefit, but there are no eliqible beneficiaries registered. Please register one or more people or organizations that you wish to then designate as beneficiaries for this plan. If registering a person that is also your dependent, please register them as a dependent.

Basic Life Insurance

Basic Life and AD&D - \$50,000 \$0.00

\$68.25

**Employee Monthly Cost** 

Special Enrollment Rights: If you decline coverage for the Medical component of your plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the plan if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 30 days after your other coverage ends and you or your dependents meet the eligibility requirements of the plan. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependent, provided you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption and your dependent meets the eligibility requirements of the plan.

Acceptance: You are applying, on behalf of yourself and each dependent listed above, for the coverage elected. Coverage will be provided according to the terms and conditions of the contract between the insurance carrier(s) and your employer. You are hereby authorizing any physician, hospital or other provider of service to furnish any information, reports or copies of records, related to care or services rendered to you or any of the dependents listed above to the insurance carrier(s) or other third parties who require such information to administer the plan. Such information is to be held confidential. By completing this enrollment process, you are making a binding election with regard to your benefits and are authorizing your employer to make the deductions necessary to pay your share of the cost of coverage. You cannot cancel or change this election unless you experience a Change-in-Status or are entitled to a Special Enrollment Right. You are also authorizing subsequent payroll deductions in future plan years unless you notify your employer of a change in your election. If any of these benefit selections are incorrect, please contact your Human Resources Department immediately,

Please note the above deductions are monthly contributions. Your actual deductions will vary based on your district's payroll frequency and deduction schedules. In the event that any of your monthly contributions display a cost of "\$0.00", you will need to see your treasurer for the actual cost of the monthly contribution rate.

#### Dependent Documentation Required:

Coverage for new dependents will not be effective unless the Dependent Enrollment Affidavit Form is completed and copies of the required documents such as marriage and/or birth certificates are submitted during the eligibility period. Click Form above for a copy of the form and complete instructions.

#### Fraud Statement: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. By clicking the 'Submit' button below, you are

acknowledging you have read and understand this statement regarding fraudulent information.

Important - The beneficiary designations made here replace all previous designations.

### Anthem will send ID cards in December

New Policy number 004000001

New Member ID DCBANxxxxxxx

## Are my providers in network?

- Go to www.Anthem.com
- Hover over "Individual and Family", then click on "Find a Doctor"
- Click on "select a state", then on OHIO
- Scroll down to "Search as a Guest"
- Click on "Search by plan"
- On the next screen, select
  - type of care = medical/state = OH
  - select a plan/network click on Medical
     (Employer-Sponsored) Blue Access (PPO)

## PPO Plan Updates

- PPO Single plan OOP increases by \$500
- Family plan OOP increases by \$1,000
  - Network: Single \$1,900; Family \$5,200
  - Non-Network: Single \$3,600; Family \$10,300
- NO CHANGE IN DEDUCTIBLE
- Medical Copays, coinsurance and deductible apply to the OOP

## **HSA Plan Updates**

 Preventive Women's Care – limits changed to once per year after age 21 on routine mammograms and pap smears

 Maternity – Obstetrics care covered as one bundled charge after diagnosis, billed at delivery. Charges for additional tests and treatment subject to deductible.

## HSA and PPO Plan Updates

 Hearing Aids – Covered under Durable Medical Equipment, limit \$2,500 every three years

Live Health Online – replaces Teledoc

## COMPASS

- COMPASS is a benefit concierge service offered with your HSA medical plan at no cost
- COMPASS can:
  - Help you understand your benefits
  - Find a provider
  - Save money on medical care
  - Save money on prescriptions
  - Help with medical bills and claims questions

## CVS/caremark Prescription Coverage **January 1, 2019**

As of January 1, prescription drug coverage will move from Express Scripts to CVS/caremark.

You do NOT have to use CVS Retail stores!

You will get TWO new ID cards for January 1:

- Anthem ID cards with no Rx information
  - CVS prescription drug card

### **What Can New Members Expect?**

#### **SPECIALTY LETTERS**

Provides specifics around the CVS Specialty Pharmacy requirements for 1/1/2019

**Targeted Mail Date** 11-5-2018 CVS may also call

#### FORMULARY DISRUPTION **LETTERS**

Sent to all members that are currently taking a medication that is not covered under CVS Caremark's formulary or members that will experience a copay change due to drug tiering differences.

> **Targeted Mail Date** 11-15-2018

#### **WELCOME KITS AND ID CARDS**

Welcome Kits containing plan design details (copays, maximum out-of-pockets and deductibles if applicable) as well as ID Cards.

Targeted mail date 12-15-2018

Existing Prior Authorizations and Open Refills will be transferred over to CVS Caremark prior to January 1.

## What Can New Members Expect?

### **EPC FAQ**

### Welcome Kits containing plan details well as ID Cards Targeted mail date 12-15-2018

- Mail Order and Specialty—will need to set up shipping information and payment
- Prior Authorizations CVS may have different requirements than ESI
- Diabetic Supplies no cost at CVS Retail or Mail Order
- PPO Prescription Out-of-Pocket: \$3,000/\$6,000
- HSA CVS is real time talks to Anthem for HSA deductible/OOP accumulators. Anthem keeps the deductible/OOP limits up to date.

## **Maintenance Choice: 90 Day Prescription Members Choose Where to Fill**



OR





Same low mail pricing for clients and members

CVS Pharmacy® 9,500+ locations

Home delivery

### **MAINTENANCE CHOICE**

- Fill 90 day prescriptions at either Mail Order OR
  - CVS Retail store
- May also use 30 day fills at any network retail pharmacy

#### **MEMBER BENEFITS**

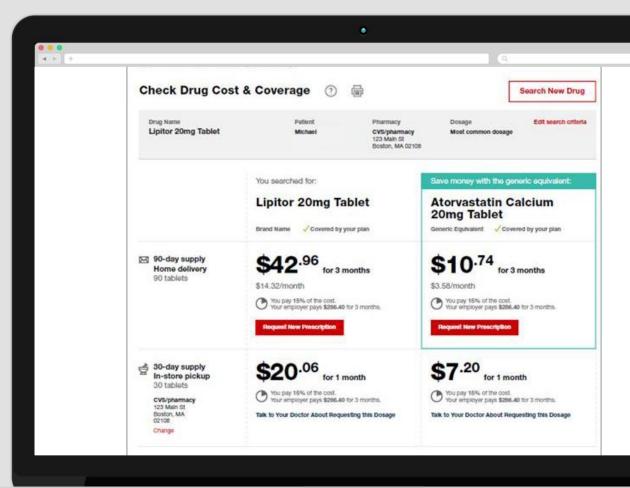
- Cost share savings when members change to a 90-day supply
- Flexibility to move prescriptions between channels at any time
- Consistent, high-quality care regardless of where members fill

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as insured health plans, plans for city, state or government employees, and church plans need CVS Caremark Legal's approval prior to offering the Maintenance Choice program. Prices may vary between mail service and CVS/pharmacy due to dispensing factors, such as applicable local or use taxes. Actual results may vary based on factors such as programs adopted by the plan. Client-specific modeling available upon request.

### **Presenting Lower-Cost Options at** caremark.com

To help ensure members are spending health care dollars wisely, we help them:

- Search for a drug
- Confirm coverage
- Understand cost
- **Explore** lower-cost options
- Share with their doctor

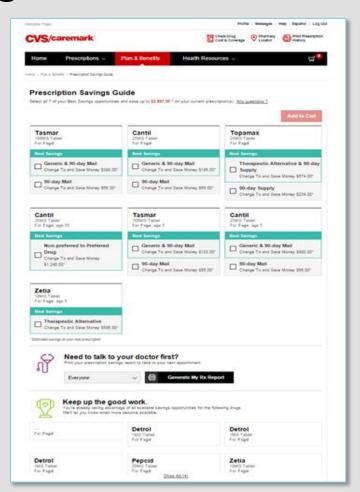


Patient story is presented for illustrative purposes only. Any resemblance to an actual individual is coincidental. All data sharing complies with applicable firewall and privacy laws. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## Prescription Savings Guide Is An Easy Way For **Members To Identify Savings**

### **Prescription Savings Guide Will:**

- Display all applicable savings opportunities with an opportunity to select and add to cart
- Offer an option to print the My Rx Report (Prescription Savings Report)
- Inform the member when they are doing a great job utilizing all their savings opportunities on current prescriptions



## CVS/caremark Prescription Coverage **January 1, 2018**

Look for the EPC FAQ flyer for information.

Additional help is available for specific questions through the EPC.

Contact information is on the flyer.

Ellen.Lewis@epcschools.org

Cristi.Goldshot@epcschools.org

# Delta Dental January 2019

## Two Networks

- Delta Dental PPO
- Delta Dental Premier

Use either network for in-network benefits
Search for a provider at www.deltadentaloh.com

# Delta Dental January 2019

 Delta will send new member packets with ID cards in mid-December. ID Cards are not needed. Providers can file claims with Delta without an ID card.

- Dependent age limit end of the month AGE 26
  - Members can add children removed as overage if less than
     26 by January 1.

# Delta Dental January 2019

### Orthodontia

- Lifetime limit will reset.
- New orthodontia coverage will apply to treatment as of January 1. It will not apply to treatment occurring prior to January.
- The orthodontist will submit the treatment plan.

# VSP Vision January 2019

## **VSP Plan Benefits**

\$0 Exam Copay – unlimited visits \$0 Materials Copay Frames – every 12 months Lenses or contacts – every 12 months

## VSP Vision January 2019

## search the network at www.vsp.com

Benefit limits will reset January 1 - check for benefit availability VSP does NOT send ID cards — they are available online

- Dependent age limit end of the month AGE 26
  - Members can add children removed as overage if less than 26 by January 1.