



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



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.



Sign In

User ID

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.



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.



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.



Home



My Benefits



Change Requests



Resources



Tools



Profile

Effective 10/01/2018

➔ **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 ▼

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 ➔



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- My Benefits
- Change Requests
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- Profile

Total Cost for Sally Smith \$68.25 ▼ ?

Effective 10/01/2018

- ✓ Personal Information
- ➔ **Dependent Information**
- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic Life Insurance
- Review

Resources

- General Information
- Dependent Eligibility Documentation
- Dependent Enrollment Affidavit Form

Dependent Information

Dependents

Name	Birth Date	Relationship	Edit	Delete
There are currently no active dependents.				

➕ Add New Dependent

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My Benefits



Change Requests



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Profile

Total Cost for Sally Smith \$68.25 ▼ ?

Effective 10/01/2018

- ✓ Personal Information
- ✓ Dependent Information
- ➔ **Medical Insurance**
- Dental Insurance
- Vision Insurance
- Basic Life Insurance
- Review

Resources

Plan Information

- [Paulding - Benefits Overview](#)
- [Children's Health Insurance Program Notice](#)
- [Medicare D Notice](#)

General Information

- [Dependent Eligibility Documentation](#)
- [Dependent Enrollment Affidavit Form](#)
- [General Health Notices](#)
- [Health Care Reform FAQ](#)

Provider Directory

- [Anthem Providers](#)
- [CVS/Caremark](#)

Medical Insurance

Anthem HDHP

COMPASS



Anthem PPO 500



Waive Medical Insurance

Coverage Level

Employee [\$68.25] ▼

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	Sally Smith	Employee

Add New Dependent

Dependent Documents Required for Coverage to be Effective

Documents such as copies of marriage and/or birth certificates must be submitted before coverage for new dependents will be effective. Please refer to the Dependent Enrollment Affidavit Form Instructions and complete the form.

Child age limit is until the end of the birthday month they turn 26.

See "Dependent Eligibility Documentation" under the Resources tab for more information.



View Benefits as of Today

◀ Previous

Cancel

Next ▶

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 coverage;
- I am not enrolled in a medical Flexible Spending Account, and I am not eligible for a spouse's Flexible Spending Account.

☐ Health Savings Account Annual Contribution Amount

The Board contributes the following amounts annually to the HSA:

\$600 for Individual coverage
\$1200 for Family coverage

☐ Waive Health Savings Account

Coverage Level

Select Coverage Level

Amount

\$0.00

Previous

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powered by
BENELOGIC

General language seen by all districts

Language specific to each district

Employee would select Individual or Family coverage. The Employer Contribution will be housed on the coverage level to limit the amount they can elect in the amount field below. The employee will also be required to select the same level that they selected for the medical plan enrollment.

Employee would enter an annual dollar amount that would be restricted based on the medical plan enrollment, age and any employer contributions.



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My Benefits



Change Requests



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Profile

Total Cost for Sally Smith \$68.25 ▼ ?

Effective 10/01/2018

- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ➔ **Dental Insurance**
- Vision Insurance
- Basic Life Insurance
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- Plan Information
- Paulding - Benefits Overview
- General Information
 - Dependent Eligibility Documentation
 - Dependent Enrollment Affidavit Form
 - General Health Notices
- Provider Directory
 - Delta Providers

Dental Insurance

☒ Delta Dental

☐ Waive Dental Insurance

Coverage Level

Employee ▼

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	Sally Smith	Employee

[+ Add New Dependent](#)

Dependent Documents Required for Coverage to be Effective

Documents such as copies of marriage and/or birth certificates must be submitted before coverage for new dependents will be effective. Please refer to the Dependent Enrollment Affidavit Form and complete instructions.



View Benefits as of Today

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Total Cost for Sally Smith \$68.25 ▼ ?

Effective 10/01/2018

- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ✓ Dental Insurance
- ➔ **Vision Insurance**
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- General Health Notices

Vision Insurance

- ☒ VSP Vision
- ☐ Waive Vision Insurance

Coverage Level

Employee ▼

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	Sally Smith	Employee

[+ Add New Dependent](#)

Dependent Documents Required for Coverage to be Effective

Documents such as copies of marriage and/or birth certificates must be submitted before coverage for new dependents will be effective. Please refer to the Dependent Enrollment Affidavit Form and complete instructions.



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Total Cost for Sally Smith \$68.25 ▼ ?

Effective 10/01/2018

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

✓ Dental Insurance

✓ Vision Insurance

➔ Basic Life Insurance

Review

Basic Life Insurance



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

Beneficiaries

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

There are currently no active beneficiaries.



Add New Beneficiary



View Benefits as of Today

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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 **Submit**.

Cancel

Submit ✓

Personal Information

Name	Sally Smith 123 Paulding Paulding, OH 45434	Home/Mobile Phone	(none)	Email	(none)	
Address						

Dependent Information

Name	Relationship	Gender	
There are currently no active dependents.			

Beneficiary Information

Name	Relationship	
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

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

No Eligible Beneficiaries Registered
It is recommended that you designate one or more beneficiaries for this benefit, but there are no eligible 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	
Employee Monthly Cost		\$68.25	

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.

Cancel

Submit ✓

Anthem Medical

January 2019

Anthem will send ID cards in December

New Policy number 004000001

New Member ID DCBANxxxxxxx

Anthem Medical

January 2019

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 \(PPO\)](#)

Anthem Medical

January 2019

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

Anthem Medical

January 2019

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.

Anthem Medical

January 2019

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



CVS Pharmacy®
9,500+ locations

OR



Home delivery

=



**Same low mail pricing
for clients and members**

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

Check Drug Cost & Coverage [Search Now Drug](#)

Drug Name: **Lipitor 20mg Tablet** Patient: **Michael** Pharmacy: **CVS/pharmacy 123 Main St Boston, MA 02108** Dosage: **Most common dosage** [Edit search criteria](#)

You searched for: **Lipitor 20mg Tablet**
Brand Name: **✓ Covered by your plan**

Save money with the generic equivalent:
Atorvastatin Calcium 20mg Tablet
Generic Equivalent: **✓ Covered by your plan**

Supply Option	Drug	Cost	Coverage
90-day supply Home delivery 90 tablets	Lipitor 20mg Tablet	\$42.96 for 3 months \$14.32/month You pay 15% of the cost. Your employer pays \$286.40 for 3 months.	Request New Prescription
30-day supply In-store pickup 30 tablets	Lipitor 20mg Tablet	\$20.06 for 1 month You pay 15% of the cost. Your employer pays \$286.40 for 3 months.	Request New Prescription
90-day supply Home delivery 90 tablets	Atorvastatin Calcium 20mg Tablet	\$10.74 for 3 months \$3.58/month You pay 15% of the cost. Your employer pays \$286.40 for 3 months.	Request New Prescription
30-day supply In-store pickup 30 tablets	Atorvastatin Calcium 20mg Tablet	\$7.20 for 1 month You pay 15% of the cost. Your employer pays \$286.40 for 3 months.	Request New Prescription

[Talk to Your Doctor About Requesting this Dosage](#)

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

The screenshot shows the CVS/Caremark Prescription Savings Guide interface. At the top, there's a navigation bar with links for Home, Prescriptions, Plan & Benefits, and Health Resources. Below this, the main heading is "Prescription Savings Guide" with a subtext indicating potential savings of up to \$3,887.00. A grid of prescription cards is displayed, each for a different medication (Tasmar, Cantil, Topamax, Zetia, Detrol, Pepcid). Each card lists "Best Savings" options such as "Generic & 90-day Mail" or "Therapeutic Alternative & 90-day Supply", along with the potential savings amount. A red "Add to Cart" button is visible in the top right corner of the grid. Below the grid, there's a section titled "Need to talk to your doctor first?" with a "Generate My Rx Report" button. At the bottom, a "Keep up the good work." message congratulates the user on utilizing savings opportunities.

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.