

Open Enrollment

November 23, 2020-December 18, 2020

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Open Enrollment FAQ

- ▶ Open enrollment occurs once a year. During open enrollment, employees can make changes to their benefit elections. The selections will go into effect January 1-December 31 of the upcoming year.
- ▶ If an employee decides not to make any changes to their benefits, their current benefit elections will roll over into the new year. **ANY FSA CONTRIBUTIONS MUST BE RE-ELECTED EACH YEAR OR THE CONTRIBUTIONS WILL BE DROPPED.**
- ▶ Most benefit elections can only be changed outside of open enrollment during a qualified life event. Qualified life events include:
 - ▶ Marriage or Divorce
 - ▶ Birth or Adoption of a Child
 - ▶ Dependent Loss of Eligibility
 - ▶ Loss of Other Coverage
 - ▶ Death
- ▶ Benefit changes due to a qualified life event must be made within **30 days** of the event.

Definitions

- ▶ Deductible
 - ▶ Amount you are required to pay before health insurance starts to cover some of the expenses.
- ▶ Copay
 - ▶ Cost of receiving certain types of medical care. For example, the amount you pay out of pocket when visiting a Doctor's Office for a check up.
- ▶ Coinsurance
 - ▶ Once the deductible is met, the insurance company will cover a certain percentage of medical expenses. Once you reach your out of pocket maximum the insurance company will assume 100% of medical expenses.
- ▶ Coinsurance Maximum
 - ▶ Once the percentages you pay reach a certain amount, the insurance company will start paying 100% of medical expenses.
- ▶ Out of Pocket Maximum
 - ▶ The maximum amount you will pay per year for medical expenses. This includes the expenses contributed to deductibles, copays and coinsurance.
- ▶ Premium
 - ▶ Cost of having insurance coverage, the regular payment deducted from your check for insurance coverage.
- ▶ Flexible Spending Account (FSA)
 - ▶ A special account you put money into that you use to pay for certain out-of-pocket health care costs. You can save between 15%-40% by not having to pay federal, most state and local taxes, as well as Social Security and Medicare taxes for every dollar elected. (Source: <https://www.healthcare.gov/have-job-based-coverage/flexible-spending-accounts/>)

PPO vs HMO

Preferred Provider Organization (PPO)

- ▶ A preferred provider organization (PPO) is a medical care arrangement in which medical professionals and facilities provide services to subscribed clients at reduced rates. PPO medical and healthcare providers are called preferred providers.
- ▶ Choosing between a PPO and an HMO generally involves weighing one's desire for greater accessibility to doctors and services versus the cost of the plan.
- ▶ PPO plans offer a wider range of providers than HMO plans, but come at a higher cost.

Health Maintenance Organization (HMO)

- ▶ An HMO is made up of a group of medical insurance providers that limit coverage to medical care provided through doctors and other providers who are under contract to the HMO.
- ▶ These contracts allow for premiums to be lower, but they also add additional restrictions when it comes to selecting providers for HMO members.
- ▶ The HMO insurance option is offered to Tier I City Employees only.

Tiers

- ▶ Tier One
 - ▶ Hired before the dates listed under Tier Two
- ▶ Tier Two

Salary Group	Hired on or after:
AFSCME 3636	3/6/2007
TPOAM	4/9/2007
AFSCME 329	4/23/2007
ACS	8/1/2007
MGMT	8/1/2007
SFFA	9/12/2011
SPCOA	2/19/2013
SPOA	2/20/2013
POAM	5/31/2013
PST	4/10/2014
SPDC	NONE ARE TIER II

- ▶ Tier Three (ACS, Management, 329,3636, TPOAM only)
 - ▶ Hired July 20, 2020 and after.

Medical Insurance-Blue Cross Blue Shield (All Tiers)

BCBS Community Blue 10

- ▶ Bi-Weekly Premium:
 - ▶ Single- \$45.51
 - ▶ Two Person- \$192.84
 - ▶ Family- \$210.41
- ▶ In-Network Deductible:
 - ▶ Single- \$250.00
 - ▶ Family- \$500.00
- ▶ In-Network Co-Pays:
 - ▶ \$10 for Office and Urgent Care Visits
 - ▶ \$50 for Emergency Room Visits
- ▶ In-Network Out of Pocket Maximum
 - ▶ Single- \$6,350.00
 - ▶ Family- \$12,700.00
- ▶ Coinsurance: 10%
 - ▶ Coinsurance Maximum Single- \$500
 - ▶ Family- \$1,000

BCBS Community Blue 12

- ▶ Bi-Weekly Premium:
 - ▶ Single- \$0.00
 - ▶ Two Person- \$71.56
 - ▶ Family- \$58.80
- ▶ In-Network Deductible:
 - ▶ Single- \$1,000.00
 - ▶ Family- \$2,000.00
- ▶ In-Network Co-Pays:
 - ▶ \$30 Office and Urgent Care Visits
 - ▶ \$150 Emergency Room Visits
- ▶ In-Network Out of Pocket Maximum
 - ▶ Single- \$6,350.00
 - ▶ Family- \$12,700.00
- ▶ Coinsurance: 20%
 - ▶ Coinsurance Maximum Single- \$2,500
 - ▶ Family- \$5,000

*This is only a sample of the benefits summary. Please review full benefits summary for more details at:

<http://intranet/Shared%20Documents/Forms/AllItems.aspx>

Prescription Drug Copays

	CB10 PPO	CB12 PPO	HAP HMO
Generic	\$5 copay	\$7 copay	\$5 copay
Brand Preferred (Formulary)	\$30 copay	\$35 copay	\$30 copay
Brand Non-Preferred (Non-Formulary)	\$60 copay	\$70 copay	\$45 copay
90 Day Retail or Mail Order	1x copay	2x copay	2x copay
Out of Pocket Maximum (combined with medical)	\$6,350 single \$12,700 family	\$6,350 single \$12,700 family	\$6,600 single \$13,200 family

Tier One Coverage ONLY: Medical Insurance- HAP and Retiree Health Contributions

► Medical Insurance through HAP-
Health Maintenance Organization
Plan (HMO)

► Bi-Weekly Premium:

- Single- \$47.27
- Two Person- \$173.14
- Family- \$40.66

Health Care Services	Coverage
Benefit Period, Annual Deductible, and Annual Co-insurance Maximum:	
Benefit Period:	Calendar Year
Annual Deductible	\$250 Individual ; \$500 Family
Co-insurance (amount member pays)	10%
Annual Co-insurance Maximum	\$500 Individual ; \$1,000 Family
Annual Out-of-Pocket Maximum	\$6,600 Individual ; \$13,200 Family

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Tier Two- ICMA-RC Retirement Health Savings

- ▶ Participating in the program is mandatory for eligible employees.
- ▶ Employees contribute 2% of gross pay
- ▶ City of Southfield Contribution:

Full Time Employees	\$200/Month
75% Time Employees	\$150/Month
50 % Time Employees	\$100/Month

- ▶ Vesting Period:
 - ▶ 3 Years to be vested 50%
 - ▶ 4 Years to be vested 75%
 - ▶ 5 Years to be vested 100%

Tier Three (ACS, Management, 329,3636 TPOAM) - ICMA-RC Retirement Health Savings

- ▶ Participating in the program is mandatory for eligible employees.
- ▶ Employees contribute 2% of gross pay
- ▶ City of Southfield Contribution:

Full Time Employees	\$100/Month
75% Time Employees	\$75/Month
50 % Time Employees	\$50/Month

- ▶ Vesting Period:
 - ▶ 5 Years to be vested 50%
 - ▶ 6 Years to be vested 75%
 - ▶ 7 Years to be vested 100%

457(b) Deferred Compensation Plans- T. Rowe Price VS ICMA-RC

457 plans are non-qualified, tax-advantaged, deferred compensation retirement plans offered by state governments, local governments, and some nonprofit employers. Eligible participants are able to make salary deferral contributions, depositing pre-tax money that is allowed to compound without being taxed until it is withdrawn (source: <https://www.investopedia.com/terms/1/457plan.asp>). If you are familiar with a 401K account, a 457 plan is the government equivalent.

T. Rowe Price

Ability to take up to two loans for \$1,000-\$50,000 or 50% of the loan. You can not take out a loan that is more than 50% of the 457 account balance. No match is provided by the employer.

ICMA-RC

You cannot take out a loan from the account. No match is provided by the employer.

Dental- Aetna

Bi-Weekly Premium:

Single: \$5.37

2 Person: \$10.95

Family: \$17.01

(Excluding SPOA, Fire and Deputy Chiefs, these groups should refer to their contract for information on Dental coverage.)

Passive PPO With PPOII Network

Annual Deductible*

Individual

None

Family

None

Preventive Services

100%

Basic Services

90%

Major Services

60%

Annual Benefit Maximum

\$2,000

Office Visit Copay

N/A

Orthodontic Services (Adult and Child)

60%

Orthodontic Deductible

None

Orthodontic Lifetime Maximum

\$2,000

*The deductible applies to: Basic & Major services only

**This is only a sample of the benefits summary. Please review the full benefits summary at: <http://intranet/Shared%20Documents/Forms/AllItems.aspx>*

Vision- Blue Cross Blue Shield

Bi-Weekly Premium:

Single: \$0.82

2 Person: \$1.64

Family: \$2.72

(Excluding SERS, Fire, SPOA, SPCOA and Deputy Chiefs, these groups should refer to their contract for information on Vision coverage.)

	BCBSM VSP Network	BCBSM VSP Non-Network
Eye Exam	100% of approved amount	Reimbursement up to \$45
Lenses	100% of approved amount	Reimbursement up to approved amount based on lens type
Frames	\$250 allowance	Reimbursement up to \$70
Contact Lenses - medically necessary	100% of approved amount	Reimbursement up to \$210
Contact Lenses - elective	\$250 allowance for contact lens exam, fitting and materials	\$105 allowance for contact lens exam, fitting and materials
Frequency of Benefits	12 consecutive months for Exams/Lenses/Contacts 24 consecutive months for Frames	

**This is only a sample of the benefits summary. Please review the full benefits summary at:*

<http://intranet/Shared%20Documents/Forms/AllItems.aspx>

Health Care Flexible Spending Account- Provider: Basic

Defer up to \$2,700 pre-tax through payroll deduction

Pay for deductibles, coinsurance and copays including dental and vision; A debit card will be provided*

Full amount of your medical reimbursement election is available at the beginning of the plan year

Use it or lose it

\$500 roll over of unused funds

Dependent Care Flexible Spending Account- Provider: Basic

- Allows you to defer pre-tax money through payroll into a account to help pay for child care / day care services
- You can elect to defer a maximum of \$5,000 annually into this account
- The funds must be accumulated before they can be used to pay for services; A debit card will be provided*
- Use it or lose it
- \$500 roll over does NOT apply

Life Insurance- Unum

Employer Provided Life Insurance:

Please refer to your contract for more information about employer provided life insurance coverage.

Optional Life Insurance:

Age on anniversary date	Monthly Rate per \$1,000 of life insurance benefit unit per employee rate
less than age 25	.079
25-29	.083
30-34	.108
35-39	.158
40-44	.242
45-49	.38
50-54	.56
55-59	.81
60-64	1.053
65-69	1.492
70-74	2.821
75 and over	8.72

Voluntary Life Insurance Continued - Unum

Employee

- \$10,000 increments up to the lesser of 5x annual earnings or \$500,000
- Guarantee issue amount is \$200,000; Amounts over \$200,000 will require evidence of insurability
- UNUM offers a “step in” provision which means if an employee purchases at least \$10,000 in coverage the first year, they can elect up to the guarantee issue amount in future years without satisfying evidence of insurability

Spouse

- Employees must enroll themselves before electing coverage for a spouse
- Spouse benefit will be \$5,000 increments to the lesser of 100% of the employee amount or \$250,000. Guarantee issue is \$25,000

Child(ren)

- Employees must enroll themselves before electing coverage for child(ren)
- Child(ren) benefit will be \$2,000 increments up to \$10,000
 - Children from live birth to 6 months the maximum benefit will be \$1,000

Voluntary Whole Life- Unum

Benefits are available for employees, spouses and children

- Whole Life is a permanent product that provides protection beyond working years, potentially for a lifetime
- Guaranteed death benefit that will never decrease
- Level premiums
- Cash value accumulation

Supplemental Benefits-Aflac

- ▶ Accident Advantage
- ▶ Cancer Protection Assurance
- ▶ Short Term Disability Insurance
- ▶ Hospital Confinement Indemnity Insurance
- ▶ Plus Rider (Lump Sum Critical Illness Benefit Rider)

For more information about supplemental benefits through Aflac go to <http://intranet/Shared%20Documents/Forms/AllItems.aspx> or contact your benefits representative for flyers.

Employee Assistance Program- Ulliance

- ▶ Life Advisor Consultants available 24/7
 - ▶ Counseling Services
 - ▶ Life Advisor Coaching Services
 - ▶ Access to Materials: Books, newsletters, articles, videos, and more
- ▶ Legal and Financial Advice
 - ▶ Consultation, Document Review, Dispute Resolution, Wills
- ▶ Financial Advice
 - ▶ Credit Counseling, Debt Management, Financial Education, Budgeting
- ▶ Discounts
 - ▶ Shopping, Entertainment and Travel: www.workingadvantage.com/ulliance
- ▶ No cost to employees
- ▶ For access to Ulliance services: 800-448-8326 or go to www.LifeAdvisorEAP.com

Miscellaneous and Optional Benefits

- ▶ Discounts: Dell Computers, Microsoft Office, Cell Phone Providers
- ▶ Employee Fitness Center at Beechwoods
- ▶ Insurance Opt-Out Program
- ▶ Paid Holidays
- ▶ Paid Time Off (PTO): Vacation, Personal Business Days, Sick Time
- ▶ Pre-Paid Legal Services provided by MetLaw
- ▶ Residency Bonus- 1.5% of your December 31st base pay (excludes police and fire)
- ▶ Whole Life and Term Life Insurance and Accidental Death and Dismemberment (AD&D) for employee, spouse and child through Unum
- ▶ Term Life & Whole Life Insurance - employee, spouse, child through American Fidelity
- ▶ Tuition Reimbursement

Provider	Service	Contact Information
Aflac	Supplemental Benefits	1-248 408-9407
Aetna	Dental	1-800-872-3862
Basic	Flexible Spending Account	1-800-372-3539
Blue Cross Blue Shield	Health Insurance	877-790-2583
Blue Cross Blue Shield	Vision	1-800-877-7195
HAP	Health Insurance	1-800-422-4641
ICMA-RC	457 (b) Deferred Compensation Plan	1-800-669-7400
MetLaw	Pre-Paid Legal Services	1-800-821-6400
T. Rowe Price	457 (b) Deferred Compensation Plan	1-800-922-9945
Ulliance	Employee Assistance Program	1-800-448-8326
Unum	Term Life and AD&D	1-800-635-5597