



 HUB



2020-2021 OPEN ENROLLMENT

AUG. 20 - SEP. 2, 2020



LiveOak
THE CITY OF LIVE OAK, TEXAS

AGENDA

- Welcome
- What's Changing
- Eligibility & Enrollment
- Review of 2020-21 Benefits
- How to Enroll
- Questions



WHAT'S CHANGING

Dental

- Moving from Sunlife to BCBS of Texas
 - 2 new dental plans are available: **LOW PPO** **HIGH PPO**
 - The dental benefits and rates have changed

Medical

- The plan is the same but the Rates have changed

Pre- tax Accounts:

- Flexible Spending Account
 - \$2,750 for self only coverage (versus \$2,700)
 - \$550 rollover (versus \$500)



OPEN ENROLLMENT

- **Who can enroll?**

- Employees working at least 30 hours/week
- Legal spouse or registered domestic partner
- Children under the age of 26

- **When can you enroll?**

- During annual open enrollment
- Within 31 days of a Qualifying Event

- **Open enrollment is a Passive:**

- If you fail to login and update your elections, current elections will apply to the next plan year.
- If you are on the DHMO plan currently, you will be enrolled in the LOW PPO dental plan.
- To enroll in the Flexible Spending Account, you must re-enroll per the I.R.S.



MEDICAL COVERAGE



MEDICAL PLAN



BENEFITS – Blue Cross Blue Shield of Texas		PPO Plan
Deductible	Network	\$500 Individual / \$1,500 Family
	Non-Network	\$10,000 Individual / \$20,000 Family
Out-of-Pocket Maximum		Includes Deductible & Copayments
	Network	\$1,500 Individual / \$4,500 Family
	Non-Network	Unlimited
Co-insurance	Network	100%
	Non-Network	50%
Lifetime Maximum		Unlimited
		You Pay
Office Visit		Telemedicine- \$0 Copay
	Network	\$30 Copay
	Non-Network	Deductible/50%
Specialist Office Visit	Network	\$60 Copay
	Non-Network	Deductible/50%
Preventive Visit	Network	0%
	Non-Network	Deductible/50%
In-Patient Hospital	Network	Deductible/0%
	Non-Network	Deductible/50%
Urgent Care	Network	\$75 Copay
	Non-Network	Deductible/50%
Emergency Room	Network	\$500 Copay + Deductible
	Non-Network	\$500 Copay + Deductible
Prescriptions	Preferred: Generic /Brand /Specialty	\$0 / \$10 / \$50 / \$100 / \$150
	Non-Preferred: Generic /Brand /Specialty	\$10 / \$20 / \$70 / \$120 / \$250
	Mail Order (90 days)	3x copay
Network Website	www.bcbstx.com	Blue Choice PPO

NOTE: This is a brief summary and not intended to be a contract.



Save Money & Time by using-

- ✓ Virtual medicine
- ✓ Nurse advise line

Page 15 and 16 in guide



Save Money by going to-

- ✓ H.E.B
- ✓ Walgreens
- ✓ Walmart

Take Charge of your Health-



Tobacco Users- Employees and spouses, who are tobacco users, will have an additional surcharge of \$25 per person per month towards the cost of their employee health insurance premium.

Wellness Program- Employees and spouses that do not complete the Annual Physical Acknowledgement form will have an additional surcharge of \$25 per person per month towards the cost of their employee health insurance premium. Preventive care is covered at 100% per below:

- Adult Preventive Exam:
 - History & Physical Exam; Height; Weight, BMI
- Screening Tests:
 - Blood pressure
 - Colorectal cancer screening
 - Abdominal Aortic Aneurysm screening
- Health Counseling
 - Alcohol; Obesity; Tobacco use cessation (includes RX)
- Routine vaccinations & immunizations
- Well child exams
- Prevention for Women (now including contraceptives)

Generally, lab work for preventive and biometrics screenings are covered at 100%. However, make sure to ask your doctor if labs are sent out of the office.

*For a complete list of covered services please go to
https://www.bcbstx.com/provider/clinical/tx_preventivecare.htm



Well on Target-



Blue PointsSM — Rewards for Healthy Living

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points* program. This program can help you get on track — and stay on track — to reaching your wellness goals.



Well onTarget can give you the support you need to make healthy choices – while rewarding you for the hard work. Available at [Wellontarget.com](https://www.wellontarget.com)

MEMBER WELLNESS PORTAL: Self – Directed Courses, Online tools & articles

FITNESS PROGRAM: Gym membership for \$25, No contracts, earn 2,500 points

FITNESS TRACKING: Earn Points by tracking activity using devices or mobile phone

REDEEM POINTS: Apparel, electronics, jewelry, sporting goods, books, music, etc.



DENTAL COVERAGE



Dental Plan Comparison



Benefits – BCBS (Blue Care Dental)	Low PPO Plan	High PPO Plan
Type I – Preventive Services	No Waiting Period	No Waiting Period
Oral examinations (2 Per Year)		
X-rays	100%	100%
Cleanings (2 Per Year)		
Type II – Basic Services	No Waiting Period	No Waiting Period
Fillings		
Extractions	80%	80%
Periodontics		
Type III – Major Services	No Waiting Period	No Waiting Period
Crowns		
Removable / fixed bridge-work	50%	50%
Partial or complete dentures		
Type IV - Orthodontia		
Child (under 19)	50%	50%
Adult		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximums		
Dental Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,000	\$1,500
Out of Network Reimbursement	Maximum Allowable Charge (MAC)	90 th Percentile
Network Website		

NOTE: This is a brief summary and not intended to be a contract.

Important information regarding the Low PPO Plan:

The Low PPO plan will pay the following services under Major Services at **(50% Reimbursement)** vs. the High PPO plan which will pay services under Basic Services **(80% Reimbursement)**:

- (1) Root Canal Treatment
- (2) Oral Surgery
- (3) Periodontal Surgery.

Under the Low PPO Plan-
Implants are NOT covered.

Note: Employees should choose the High Plan if their provider is not in the network. The Out of Network Reimbursement for the Low PPO plan (MAC) will result in higher charges for an Out of Network Dentist.



VISION COVERAGE



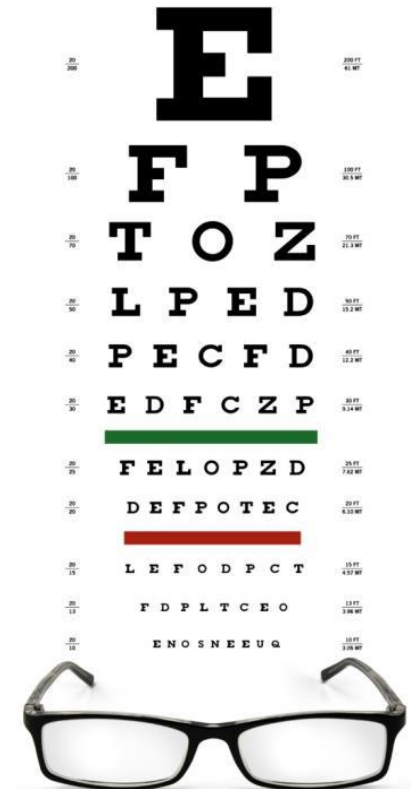
DavisVision™



Vision



BENEFITS		Avesis
Eye Exam	Network	\$10 Copay
	Non-Network	Up to \$35 Reimbursement
Frames/ Lens (Materials copay applies to frame or lenses)		
Single Vision	Network	\$10 Copay
	Non-Network	Up to \$25 Reimbursement
Bifocal Lenses	Network	\$10 Copay
	Non-Network	Up to \$40 Reimbursement
Trifocal Lenses	Network	\$10 Copay
	Non-Network	Up to \$50 Reimbursement
Lenticular Lenses	Network	\$10 Copay
	Non-Network	Up to \$80 Reimbursement
Frames	Network	\$10 copay / Up to \$150 Allowance
	Non-Network	Up to \$45 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary	Covered in Full
	Elective	Up to \$130 Allowance
Non-Network	Medically Necessary	Up to \$250 Allowance
	Elective	Up to \$130 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		12 Months



Visit: www.avesis.com for provider listings.



LIFE/AD&D INSURANCE



Basic Life/AD&D



- **100% paid by The City of Live Oak**
- **Provided through Mutual of Omaha**
 - Benefit amount is equal to 1 x base salary
 - Update your beneficiary information in Benefit Connector



Active, full-time employees

- Employee benefit amount is 5x Annual Salary up to \$500,000 for employee
 - ❑ \$100,000 Guarantee Issue Amount (new hires only)
 - ❑ Employees can increase \$10,000 during open enrollment up to Guarantee Issue Amount (No EOI)
- Spouse benefit is 50% of employee benefit up to \$25,000
 - ❑ \$50,000 Guarantee Issue Amount (new hires only)
 - ❑ Any increase or new enrollments requires EOI
- Child coverage amount is up to \$10,000
 - ❑ Guarantee Issue (No EOI)

DISABILITY INSURANCE



Short Term Disability



- **Voluntary Coverage**

Plan Highlights

Benefit Percentage	60% of your base pay
Monthly Benefit Maximum	\$1,000
When Benefits Begin	14 day elimination period
Maximum Benefit Duration	90 days



Long Term Disability



- **100% paid by The City of Live Oak**

Plan Highlights

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,500
When Benefits Begin	90 day elimination period
Maximum Benefit Duration	Your Monthly LTD benefit will be reduced by social security and any other disability income you are eligible to receive.



EMPLOYEE ASSISTANCE PROGRAM



Employee Assistance Program



- **100% paid by The Company**
- **Provided through Alliance Work Partners**
- **Counseling on Personal Issues, such as:**
 - Stress, anxiety, depression
 - Relationships
 - Problems with your children
 - Substance abuse

EAP Services

- Assistance for you or a household family member
- Up to six (6) in-person sessions with a counselor, per year, per individual
- Unlimited toll-free phone access 24/7: 1-800-343-3822
- Online resources 24/7: www.awpnow.com
 - Enter the registration code: **AWP-CCV-345**



FLEXIBLE SPENDING ACCOUNTS



- Set aside a portion of your income, **before taxes**, to pay for qualified health care and/or dependent care expenses
- Decrease your taxable income and increase your take-home pay

Health Care FSA

- **\$2,750** maximum annual contribution
- Eligible expenses include:
 - Coinsurance
 - Copays
 - Deductibles
 - Dental treatment
 - Vision care
 - Prescriptions



Dependent Care FSA

- **\$5,000** maximum annual contribution (per family)
- Eligible expenses include:
 - Care of a dependent child **under the age of 13** by babysitters, nursery schools, pre-school or daycare centers
 - Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as a your federal tax dependent

- Incur Claims until 9/30/2020
- Up to \$550 will rollover,
- Claims Filing Deadline is 12/31/2020

IMPORTANT FSA RULES

- Unused health care funds over \$550 will NOT be returned to you or carried over to the following year
- Unused dependent care funds will NOT be returned to you or carried over to the following year.

VOLUNTARY PRODUCTS



- Voluntary products such as:
 - Critical Illness Insurance (Requires EOI)
 - Cancer Insurance
 - Accident Insurance



BENEFIT COSTS



Benefits Costs

BCBS Medical – PPO Plan:

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$799.40	\$799.40	\$0	\$0
EE/SP	\$1,716.30	\$1,212.01	\$504.30	\$252.15
EE/CH	\$1,311.83	\$1,029.99	\$281.84	\$140.92
Family	\$2,116.02	\$1,391.88	\$724.14	\$362.07

BCBS Blue Care Dental- Low PPO

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$17.21	\$17.21	\$0	\$0
EE/SP	\$34.41	\$17.21	\$17.20	\$8.60
EE/CH	\$44.42	\$17.21	\$27.21	\$13.61
Family	\$67.87	\$17.21	\$50.66	\$25.33

BCBS Blue Care Dental- High PPO

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$24.47	\$17.21	\$7.56	\$3.78
EE/SP	\$49.54	\$17.21	\$32.33	\$16.17
EE/CH	\$61.30	\$17.21	\$44.09	\$22.05
Family	\$94.95	\$17.21	\$77.24	\$38.62

Avesis- Vision

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$5.47	\$0	\$5.47	\$2.74
EE/SP	\$9.57	\$0	\$9.57	\$4.79
EE/CH	\$11.47	\$0	\$11.47	\$5.74
Family	\$14.20	\$0	\$14.20	\$7.10



HOW TO ENROLL

- Benefit Enrollments will be done through the City's benefit software – Benefit Connector
- You must register first in order to login and make your benefit elections
- All employees need to register:
 - To verify personal information, dependents/beneficiaries, current benefits;
 - Make changes to current benefits or enroll in new benefits;
 - Or waive any benefits
 - Log on to: <https://cityofliveoak.benefitconnector.com/>



QUESTIONS

