

Open Enrollment Meetings Effective July 1, 2020



COUNTY OF PULASKI, DSS AND PSA

Meeting Objectives



- Open Enrollment – What is it?
- Benefit Plan Options
- Answer Questions
- Next Steps

2020-2021 Plan Year

- Medical/Vision will remain with Anthem
- Dental will remain with Delta Dental
- Voluntary Vision will remain with EyeMed
- EAP will continue with Optima
- Flexible Spending Accounts will continue with Flexible Benefit Administrators
- Health Savings Accounts are administered by Health Savings Administrators
- Accident, Critical Illness and Cancer will remain with Aflac

What is Open Enrollment



Open Enrollment is an annual period when you, the Employee are able to:

- Update your knowledge of the health care industry
- Ask questions about your benefit plans
- Select the plans in which you want to enroll
- Change your family election





MEDICAL PLANS

Anthem Options



All plans include:

- Access to Anthem's largest national PPO network (KeyCare)
- Prescription drug coverage with money-saving mail service
- Free preventive care, such as annual checkups and vaccinations

In Network Benefits	Anthem Keycare PPO 1400/20% HSA	Anthem Keycare PPO 20/40 PPO
Referrals Required	No	No
Plan Accumulator	Calendar Year	Calendar Year
Annual Deductible*	\$1,400 Individual \$2,800 Family	No deductible No deductible
	*Non-embedded	
Coinsurance	20% after deductible	Most services are copayments/ 20% coinsurance
Maximum Out-of-Pocket	\$4,075 Individual \$8,150 Family	\$2,500 Individual \$5,000 Family
Preventive Care	Covered at 100%	Covered at 100%
Physician's Office Visits- PCP	20% coinsurance, after deductible	\$20 Co-Payment
Physician's Office Visits- Specialist	20% coinsurance, after deductible	\$40 copay
Urgent Care	20% coinsurance, after deductible	\$40 copay
Emergency Room	20% coinsurance, after deductible	\$250 copay 20% coinsurance ER doctor and other services
Inpatient Services	20% coinsurance, after deductible	\$300 co-pay per day up to 5 days per admission
Outpatient Services	20% coinsurance, after deductible	\$300 copay
Diagnostic Lab Services	20% coinsurance, after deductible	20% coinsurance – Office \$300 Co-Pay- Outpatient Hospital
Advanced Diagnostic Services	20% coinsurance, after deductible	20% coinsurance - Office \$300 Co-Pay- Freestanding Radiology Center or Outpatient Hospital
Routine Vision Exam	\$15 copay; does not apply to the deductible	\$15 copay
Pharmacy Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)	After the deductible: \$10/\$30/\$50/\$50	\$10/\$30/\$50/\$50
Mail Order Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)	After the deductible: \$10/\$60/\$150 \$50 Tier 4 - 30-day supply for home delivery	\$10/\$60/\$150 \$50 Tier 4 - 30-day supply for home delivery

Out of Network



Out of Network Benefits	Anthem Keycare PPO 1400/20% H S A	Anthem Keycare PPO 20/40 PPO
Annual Deductible	\$1,400 Individual \$2,800 Family	\$750 Individual \$1,500 Family
Maximum Out-of-Pocket	\$10,000 Individual \$20,000 Family	\$3,750 Individual \$7,500 Family
Co-Insurance	40%	30%

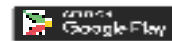


Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims

- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?
It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WVIC). Compare underwrites or administers HMO or POS policies. WVIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

We're here to help

When you become a member, you can get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your ID card.
- **Online:** Register at **[anthem.com](https://www.anthem.com)** or download the Sydney mobile app to chat with a team member.

Online access wherever you are!

Register at [anthem.com](https://www.anthem.com) or download the **Anthem Anywhere mobile app** to get personalized information online and on the go.

Use the self-service tools to:



Find a doctor.



View your ID Card. Go paperless and receive important communications electronically rather than by mail.



Estimate your costs before you step into the doctor's office.



Check the price of a drug or refill a prescription.



Take a health assessment to get tips for staying healthy. Receive tips, news, and alerts that relate to your specific health concern.



Access discounts on health care related products and services

Looking for a doctor?

Finding a doctor in your plan is fast and easy using the Find a Doctor tool on [anthem.com](https://www.anthem.com).

You can look up:



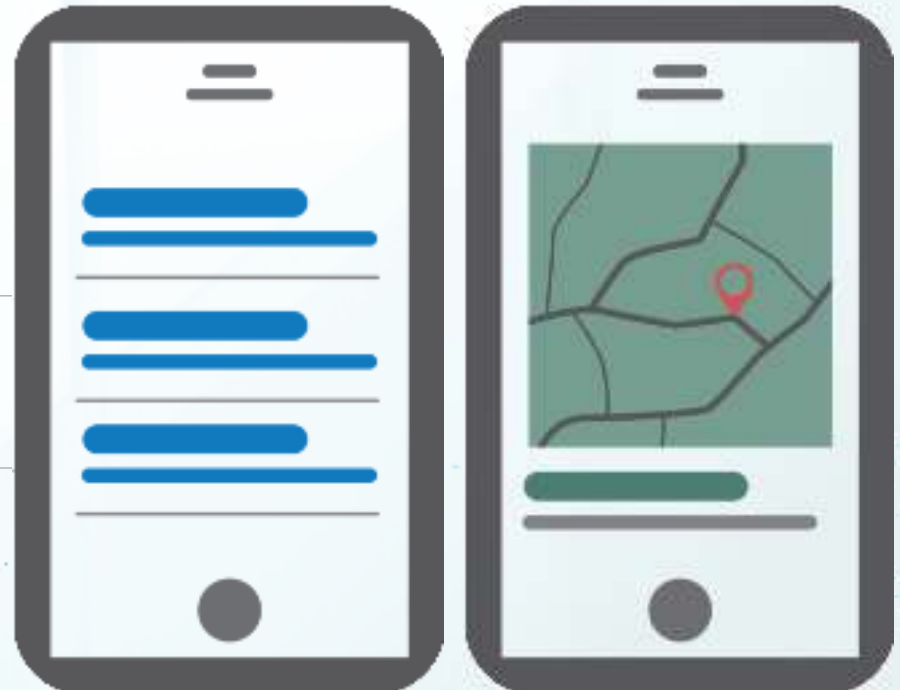
Doctors, hospitals, labs and other health care providers in your area.



Doctor profiles and patient reviews.



Directions to pharmacies, urgent care centers and other health care facilities.



Estimate your costs before you get care

After registering online, you can use our **Estimate Your Cost** tool to find out what a test, procedure or other type of care will cost **before** visiting a doctor.



See the average costs for common procedures and services in almost 400 treatment categories — plus, get quality information for hospital-based procedures.



Compare doctors and facilities based on the cost and quality-of-care ratings for these procedures.



Stay informed so you can make the right choice for your health and your budget.

Health and wellness programs

Your plan goes way beyond covering doctor visits

From online resources to personal attention from registered nurses, health and wellness programs are available at no extra cost to help you:



Become more engaged in your health.



Make better health care decisions.



Reach your health goals.



Save money on health-related products and services.

Once you're a member, simply go to [anthem.com](https://www.anthem.com) or call the Member Services number on your ID card — which can also be found on the mobile app — to take part in our programs.



24/7 NurseLine

Our registered nurses can answer your health questions — wherever you are, any time of the day or night.

All you have to do is call our toll-free number.



Tired of driving to the doctor's office?

See a doctor or therapist at home

- Have a private video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam.
- You can be at home, on vacation or just about anywhere with internet access.
- Avoid long drives and waiting rooms. Plus, your virtual visit costs as little as \$10 (for traditional plan) or \$59 on the HSA plan (for medical services during deductible phase).
- Download the LiveHealth Online app or sign up at livehealthonline.com.

Tips and tools



Save emergency room (ER) visits for emergencies.

If you have a real emergency, go straight to the ER or call 911. Otherwise, consider visiting an urgent care center, retail clinic, walk-in doctor's office, or you Live Health Online physician instead. Knowing where to go for care saves you time and money.



See doctors in your plan.

Go to doctors in your plan and pay less out of pocket.



Preapprove hospital services.

Avoid surprises when you can! Call to preapprove services before you get stuck with unnecessary charges.



Use the *Estimate Your Cost* tool to check costs and quality ratings.

Comparison shop for health care. Find cost ranges for services with different doctors and check quality reviews.



Save money on stuff that's good for you.

Get discounts on health-related products and services for you, your family and your home.

Consider the HDHP/HSA Plan



Two Components:

A - Insurance Plan with a deductible (HDHP)

B - Health Savings Account (HSA)

A + B = Insurance Protection with a tax-favored Savings Vehicle to pay for your medical costs

Advantages of the HDHP/HSA



- No “use it or lose it”
- Money contributed to an HSA is yours—you are vested 100% including any employer contributions
- Your account is portable
- You can choose to invest your money in mutual funds as an option
- Tax advantages are excellent—money contributed to HSA is pretax, investment grows tax free and can be used tax free for qualified expenses!

Contribution amount	2020
Individual	\$3,550
Family	\$7,100

If you are age 55 or older you can contribute an additional \$1,000 under the catch-up provision

The amounts are Pre-tax amounts. These contribution amounts are the total of the amounts (i.e. employee and employer contributions).

HSA Eligibility

You must be:

- Covered under an HSA-qualified high deductible health plan on the first day of the month

You must not be:

- Covered by any other health plan, including your spouse's health insurance
- Covered by your own or spouse's medical flexible spending account (FSA)
- Enrolled in any part of Medicare or Tricare
- Receiving Veteran's health benefits now or in the past 90 days
- Claimed as a dependent on another person's tax return

Health Savings Accounts

Option for High Deductible Health Plan (HDHP)

For employees who elect the HDHP, you must open a Health Savings Account (HSA). The HSA-eligible plan provides a way to save money for health care expenses. Our partner for HSA accounts is Health Savings Administrators.

- In 2020, individuals can contribute up to \$3,550 and families can contribute up to \$7,100 to their HSA (these totals represent the total of employee and employer contributions).
- Full contributions were made in January 2020 to align with the calendar year deductible. The following contributions will be made in January 2021:
 - \$1,260 for Employee only
 - \$2,508 for Employee + Spouse
 - \$2,508 for Employee + Child(ren)
 - \$2,508 for Family coverage
 - (You will make your HSA election on the Payroll election form)
- For 2020, if you are 55 or older, you can make a \$1,000 catch-up contribution.
- Contributions to an HSA can be made on a pre-tax or post-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee AND employer immediately become the employee's asset and is portable.

Health Savings Accounts - Additional information

- Debit Card
- Vanguard Investment options: Choose from 22 Vanguard funds
- Other Reimbursement options:
 - Use another card (i.e. cash back card) to pay for services and reimburse funds from your HSA
 - Set up payment plan with providers
- What can you use HSA funds for?
 - Funds can be used for “eligible” expenses. You can find the full list on the IRS website (publications 969 and 502)
 - You can use H S A funds for Yourself, your spouse and tax dependents, even if they are not enrolled on your insurance
 - Qualified LTC, COBRA and health care coverage while receiving unemployment compensation
 - Can use for Medicare Part B/C/D Premiums
- www.healthsavings.com for additional resources and to access your account

Health Savings Accounts - Additional information

- What if I terminate or retire?
 - Your HSA belongs to you — take it with you
 - You can continue to pay medical expenses tax-free — even after Medicare eligibility
 - Your HSA is always available for personal, spouse and tax dependent medical expenses
 - You cannot make further contributions unless covered by another HSA-qualified health plan
- You can make changes to your contribution amount at any time during the plan year

FSA Vendor partner – Flexible Benefit Administrators

Who is Eligible and When:

All Full-Time Employees working at least 30 hours each week.

Benefits You Receive:

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

The 2020 plan year maximum for County of Pulaski employees is \$2,750

This program lets employees pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pretax dollars. There are limits on salary reduction contributions to a health FSA offered under a cafeteria plan and is applicable to both grandfathered and non-grandfathered health FSAs. This limit will be indexed for cost-of-living adjustments. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

FBA has online access for their members to file claims and access information at flex-admin.com

Limited Flexible Spending Account



FSA Vendor partner – Flexible Benefit Administrators

Who is Eligible and When:

All Full-Time or Part-Time Employees working at least 20 hours each week.

Limited Flexible Spending:

With a Limited Flexible Spending Account you are able to pay for eligible dental and vision care expenses with pre-tax dollars.

This account can be opened if you have a high deductible health plan.

Maximum Election Amount

The maximum election amount you can have with this plan is \$2,750 for the plan year. The LME is an individual election and does not impact the amount your spouse is eligible for under their individual Healthcare Flexible Spending Program.

Examples of Eligible Expenses

Qualified Dental Expenses

- Cleaning
- Fillings
- Crowns
- Orthodontia
- Extractions
- Dentures

Qualified Vision Expenses

- Contact Lenses
- Eyeglasses
- Eye exams/procedures
- Vision correction procedures

*For a complete listing visit www.irs.gov

Examples of Expenses NOT covered

- Insurance premiums
- Medical Expenses
- Co-insurance, co-payments and deductibles
- Prescription medicines
- Over-the-counter items
- Medical equipment
- Contraceptives
- Dental whitening procedures/kits

*For a complete listing visit www.irs.gov



DENTAL BENEFITS



Delta Dental



*Out of network benefits mirror PPO and Premier network benefits. However, out of network providers may balance bill.

PPO plus Premier		
Type of Service	In Network	Out of Network
Annual Maximum	\$1,000 per enrollee	\$1,000 per enrollee
Annual Deductible	\$0	\$0
Preventive Services (exams, cleaning, x-rays, fluoride treatments, sealants, etc.)	0%	0%*
Basic Services (fillings, root canals, periodontal services, complex oral surgery, etc.)	20%	20%*
Major Services (crowns, dentures, implants)	50%	50%*
Orthodontic Services – Child Only Coverage (up to age 19)	50% \$1000 lifetime max benefit	50%* \$1000 lifetime max benefit

If you are having Basic, Major or Ortho services done, have your dental provider run a pre-authorization with Delta Dental



Prevention First

Cleanings and preventive visits are covered at the plan's current level...and the costs for these services will not count against the annual maximum benefit! This means members always have benefits for these services, even if they have used all of their annual maximum benefit allowance.

<u>Without Prevention First</u>			
	Delta Dental Pays	Member Pays	Maximum Remaining
Diagnostic and Preventive Treatment (twice annually)	\$190	\$0	\$810

<u>With Prevention First</u>			
	Delta Dental Pays	Member Pays	Maximum Remaining
Diagnostic and Preventive Treatment (twice annually)	\$190	\$0	\$1,000

Healthy Smile, Healthy You[®]

As a result of the growing evidence connecting oral health to overall body health, Delta Dental's *Healthy Smile, Healthy You* program provides additional benefits for important health conditions connected to oral health:

- **Pregnancy** — Enrollees are eligible for one additional cleaning and exam (or periodontal maintenance procedure) during the term of pregnancy, regardless of normal plan limits.
- **Diabetes** — Enrollees diagnosed with diabetes are eligible for one additional cleaning and exam (or periodontal maintenance procedure) beyond the ordinary limit per benefit period.
- **Certain High Risk Cardiac Conditions** — Enrollees diagnosed with cardiac conditions that meet the high risk criteria are eligible for one additional cleaning and exam (or periodontal maintenance procedure) beyond the ordinary limit per benefit period.
- **Cancer being treated via radiation and/or chemotherapy** — Enrollees undergoing cancer treatment via radiation and/or chemotherapy are eligible for one additional cleaning and exam beyond the ordinary limit per benefit period, along with a fluoride application beyond the age limitations of their group contract.

After You Enroll

- **Please Note:** Effective 7/1/2020 your dental plan will include the PPO and Premier networks. You will be receiving new ID Cards. Be sure to share your new card with your dental provider on your next visit. If your dentist participates in our PPO or Premier networks, they will file your claims for you.
- If your dentist does not participate, you may have to pay your dentist upfront and file for reimbursement. Claim forms can be found at DeltaDentalVA.com.
- If you have benefit questions, call customer service at 800-237-6060. Representatives are available:
 - 8:15 am to 6:00 pm Monday through Thursday
 - 8:15 am to 4:45 pm on Fridays
 - (Eastern times noted)



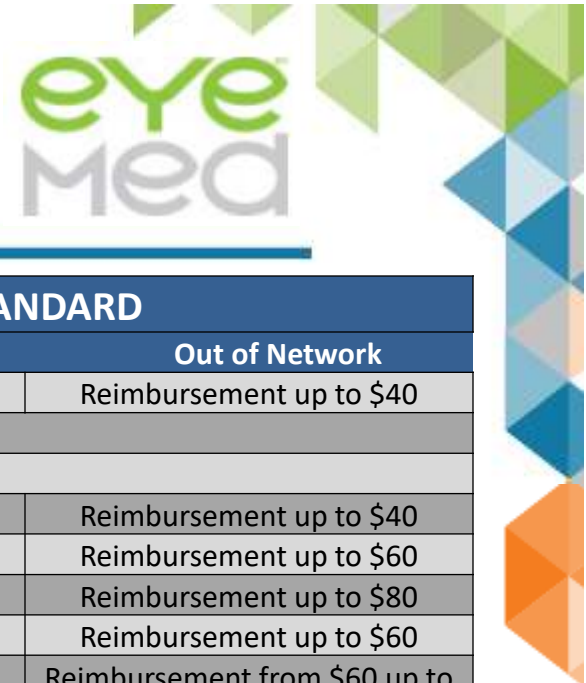
Pre-Determination of Benefits:

- A pre-determination of benefits is recommended, but not required, for services over \$250.
- Participating dentists will take care of submitting the pre-determination on a member's behalf.
- Delta Dental advises the patient and the dentist of what services are covered and what the payment would be.
- This allows the member to make an informed decision prior to having the services rendered!

Customer Service Excellence

- Experienced, well-trained customer service representatives
- Easy access to answers
 - Online at DeltaDentalVA.com
 - Nationwide toll-free number staffed Monday through Thursday from 8:15 a.m. to 6:00 p.m., and Friday from 8:15 a.m. to 4:45 p.m. EST
 - Automated IVR system available 24/7 answers more than half of all inquiries
- Majority of inquiries are resolved on the first call

EyeMed Voluntary Vision



EyeMed Network:
More than 4,200
locations nationwide.
Search online:

www.eyemed.com

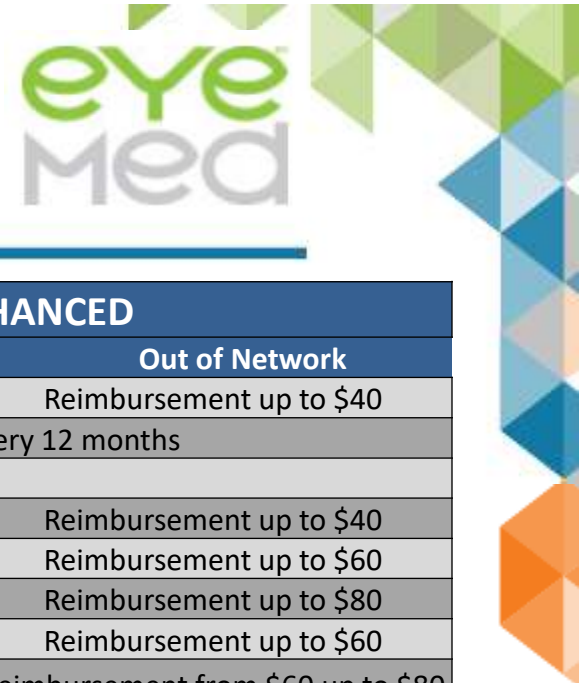
- ✓ Click on “find a provider”
- ✓ Use the INSIGHT network



Eyemed Voluntary Vision - STANDARD		
Type of Service	In Network	Out of Network
Vision Exam	\$10 copay	Reimbursement up to \$40
Lenses		
Single Vision Lenses	\$20 Copay	Reimbursement up to \$40
Bifocal Lenses	\$20 Copay	Reimbursement up to \$60
Trifocal Lenses	\$20 Copay	Reimbursement up to \$80
Standard Progressive	\$85 Copay	Reimbursement up to \$60
Standard to Platinum Progressive	\$105 - \$130 Copay	Reimbursement from \$60 up to \$80
Lenses - Once every 12 months*		
Frames	\$0 copay; \$130 allowance 20% off balance over \$130 allowance	Reimbursement up to \$45
Frames - Once every 24 months		
Conventional Contact Lenses	\$0 copay, \$125 allowance 15% off balance over \$125	Reimbursement up to \$125
Disposable Contact Lenses	\$0 copay, up to \$125 allowance	Reimbursement up to \$125
Medically Necessary	\$0 copay, paid in full	Reimbursement up to \$125
Contact Lenses - Once every 12 months		

*You can use the lense benefit for EITHER glasses lenses or contact lenses once every 12 months





EyeMed Voluntary Vision

EyeMed Network:
More than 4,200
locations nationwide.
Search online:

www.eyemed.com

- ✓ Click on “find a provider”
- ✓ Use the INSIGHT network



EyeMed Voluntary Vision - ENHANCED		
Type of Service	In Network	Out of Network
Vision Exam	\$15 Copay	Reimbursement up to \$40
Exam – once every 12 months		
Lenses		
Single Vision Lenses	\$15 Copay	Reimbursement up to \$40
Bifocal Lenses	\$15 Copay	Reimbursement up to \$60
Trifocal Lenses	\$15 Copay	Reimbursement up to \$80
Standard Progressive	\$15 Copay	Reimbursement up to \$60
Premium Progressive Lens	\$35 - \$60 Copay	Reimbursement from \$60 up to \$80
Lenses - Once every 12 months*		
Frames	\$0 copay; \$130 allowance 20% off balance over \$130 allowance	Reimbursement up to \$45
Frames - Once every 24 months		
Conventional Contact Lenses	\$0 copay, \$150 allowance 15% off balance over \$150	Reimbursement up to \$150
Disposable Contact Lenses	\$0 copay, \$150 allowance	Reimbursement up to \$150
Medically Necessary	\$0 copay, paid in full	Reimbursement up to \$150
Contact Lenses - Once every 12 months		

*You can use the lenses benefit for EITHER glasses lenses or contact lenses once every 12 months



Employee Assistance Program



The Optima Employee Assistance Program (EAP) is a confidential service available to employees and household members – at no cost to you. Trained professionals can easily refer you to the following resources:

- **Face to Face Counseling** – You and your household member are eligible for up to 3 visits for each personal situation, as needed. Short-term, solutions-focused counseling to address a wide range of personal and professional challenges.
- **Legal** - one, initial 30-minute office or telephonic consultation per separate legal matter at no cost. Retention of the attorney for the matter may be provided at a 25% discount off normal, hourly fees. (Some limitations apply.)
- **Financial** – one telephonic consultation per separate financial matter at no cost. Consultation is typically limited to 30-60 minutes.
- **Identity Theft** – one, 30-minute telephonic consultation with a fraud recovery specialist, who will offer counsel on identity restoration steps.
- **Note:** VRS Hybrid employees are entitled to additional benefits – 3 additional free counseling sessions and unlimited legal and financial counseling services.

To contact Optima EAP, please call us toll-free at 1-800-899-8174. You can also visit www.optimahealth.com. Password: **CountyofPulaski**



Accident



Wellness Benefit	\$25 year one; \$50 2nd – 4th year; \$75 5th year and after
Accident Hospitalization	\$900 once per year, per covered person; then \$225 per day of hospital confinement, up to 365 days per covered accident
Intensive Care Unit	\$300 per day, up to 30 days
Emergency Room	\$125
Dislocations	Up to \$2,000 based on schedule
Fractures	Up to 2,500 based on schedule
Follow-up Physical Therapy	\$35 per visit up to 10 visits per covered accident
Ambulance	\$300 - Ground Transportation \$900 - Air Transportation
Additional Covered Conditions	Burns, paralysis, surgery, coma, concussion, lacerations, diagnostic exams (CT, CAT, EKG, MRI, X-ray)
Dismemberment	\$8,750 Single \$17,500 Double
Accidental Death	\$50,000

Critical Illness Including Cancer



Wellness Screening Benefit	\$50 for Employee \$50 for Spouse (must be covered on plan) \$50 Child
Coverage Amount Options	Employee: \$10,000 or \$20,000 Spouse: \$5,000 or \$10,000 Child: \$5,000 *Employee must elect coverage in order to elect coverage for any dependent.
Guarantee Issue amount	Employee: \$10,000 Spouse: \$10,000; Child: \$5,000; coverage at no additional cost with enrolled employee *Employee must elect coverage in order to elect coverage for any dependent.
Included Illness at 100%	Heart attack, Stroke, Cancer, End-stage kidney disease, Major organ transplant, Bone Marrow transplant, Blindness, Coma, paralysis, severe burns
Included Illness at 25%	Coronary artery bypass surgery, non-invasive cancer
Recurrence Benefit	There is 6 month waiting period for the Additional occurrence benefit
Pre-existing Conditions	12/12 months* If you have received care or taken medication in the 12 months prior to the effective date, benefits will not be paid for that condition until the earlier of 12 months treatment free or 12 months of continuous insurance under the plan

*the pre-existing condition clause can be waived if you have coverage under a similar plan. See the Aflac representative for additional information.

Forms

Use the Payroll Election form to list any dependents that you need to remove or add to your plans for 2020.

- **Payroll Election Form** - All benefit eligible employees must complete and return the Payroll election form.
- **Anthem Medical** – If you want to change plans or dependent enrollment, elect the new enrollment on the Payroll Election form.
- **Delta Dental** – If you need to make a change to the plan, If you want to change plans or dependent enrollment, elect the new enrollment on the Payroll Election form.
- **EyeMed Vision** - If you need to make a change to the plan, If you want to change plans or dependent enrollment, elect the new enrollment on the Payroll Election form.

Forms and additional enrollment information

- **Flexible Spending Accounts** – Medical Flexible Spending, Dependent Care Flexible Spending or Limited Flexible Spending Accounts- If you are enrolled, you must make a new election for the 2020 plan year on the Payroll election form. If you are not enrolled and want to participate, complete the full enrollment form from Flexible Benefit Administrators.
- **Health Savings Accounts** – complete the election form section on the Payroll Election form. If you are not enrolled and want to participate, complete the full enrollment form from Health Savings Administrators.
- **Aflac (Accident, Critical Illness, Cancer)** – If you are not enrolled and want to participate, please see Human Resources

QUESTIONS?

Thank you for your time

