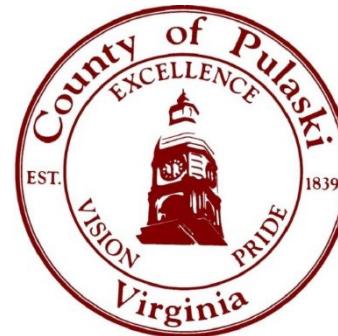




# Open Enrollment 2022



July 2022

Conner Jackson, Account Manager



- 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 Equity
- 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

# Things to Know

- You can have a qualifying event mid-year that will allow you to make changes. These things include marriage, birth/adoption of a child, obtaining/losing other coverage, divorce/legal separation, and death of a spouse or dependent
- Dependents can only stay on your medical/dental/vision plan until age 26
- Make sure to carefully review your options before election as you won't be able to make any changes mid-year unless you have one of the qualifying events listed above





# 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

# Medical Plans



In Network Benefits	KeyCare PPO \$1,400/20% HSA	KeyCare PPO \$20/\$40
<b>Referrals Required</b>	No	No
<b>Plan Accumulator</b>	Calendar Year	Calendar Year
<b>Annual Deductible</b>	\$1,400 individual \$2,800 family Non-embedded	No deductible
<b>Coinurance</b>	20% after deductible	Most services are copays/ 20% coinsurance
<b>Maximum Out-of-Pocket</b>	\$4,075 individual \$8,150 family	\$2,500 individual \$5,000 family
<b>Preventive Care</b>	Covered 100%	Covered 100%
<b>Physician's Office Visits</b>	20% coinsurance, after deductible	PCP: \$20 copay Specialist: \$40 copay
<b>Urgent Care</b>	20% coinsurance, after deductible	\$40 copay \$250 copay
<b>Emergency Room</b>	20% coinsurance, after deductible	20% coinsurance ER doctor and other services
<b>Inpatient Facility</b>	20% coinsurance, after deductible	\$300 per day; up to 5 days per admission
<b>Outpatient Facility</b>	20% coinsurance, after deductible	\$300 copay
<b>Diagnostic Lab &amp; X-Ray Services</b>	20% coinsurance, after deductible	Office: 20% coinsurance Outpatient Hospital: \$300 copay
<b>Advanced Diagnostic Imaging Services</b>	20% coinsurance, after deductible	20% coinsurance - Office \$300 Co-Pay- Freestanding Radiology Center or Outpatient Hospital
<b>Retail Pharmacy Prescription</b>	\$10/\$30/\$50/\$50, after deductible	\$10/\$30/\$50/\$50
<b>Mail Order Prescription Drugs</b>	\$10/\$60/\$150 \$50 Tier 4 30 day supply after deductible	\$10/\$60/\$150 \$50 Tier 4 30 day supply
<b>Routine Eye Exam</b>	\$15 copay	\$15 copay

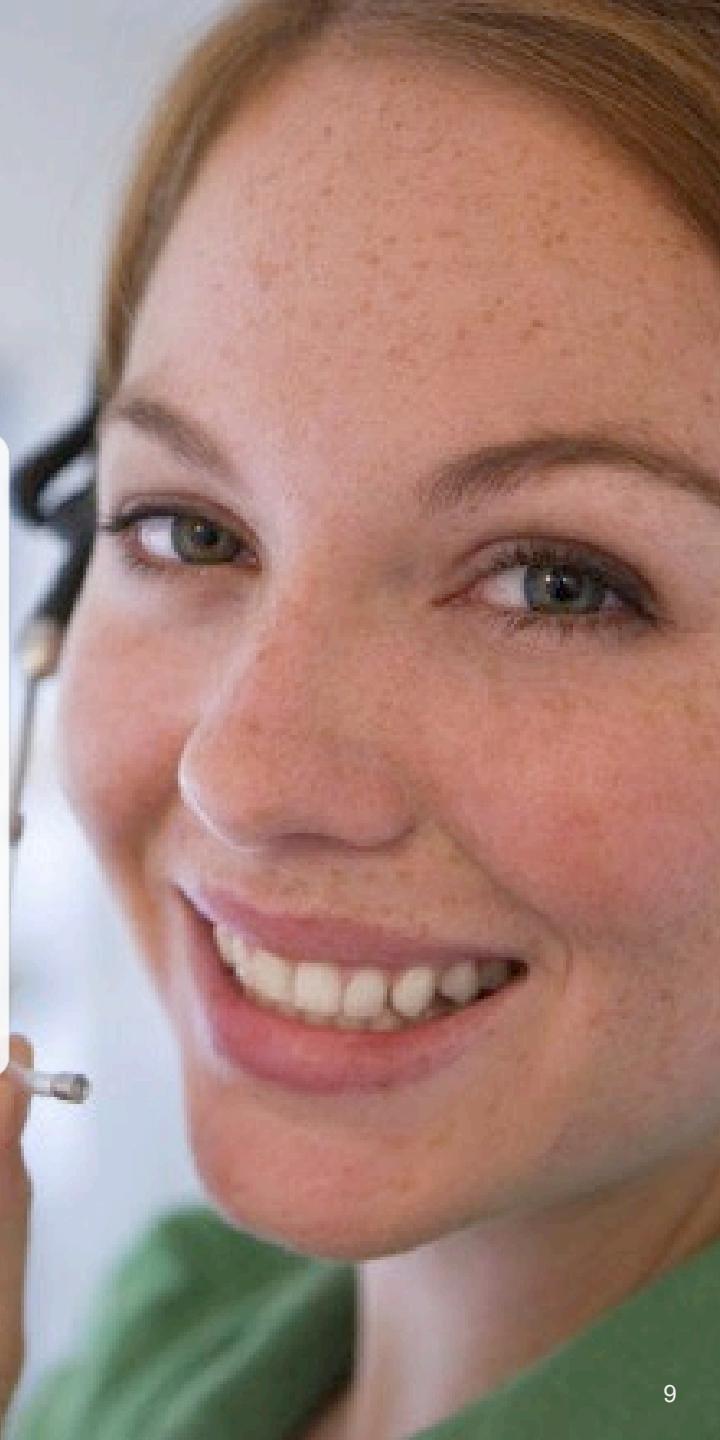
## Out of Network

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

# We're here to help

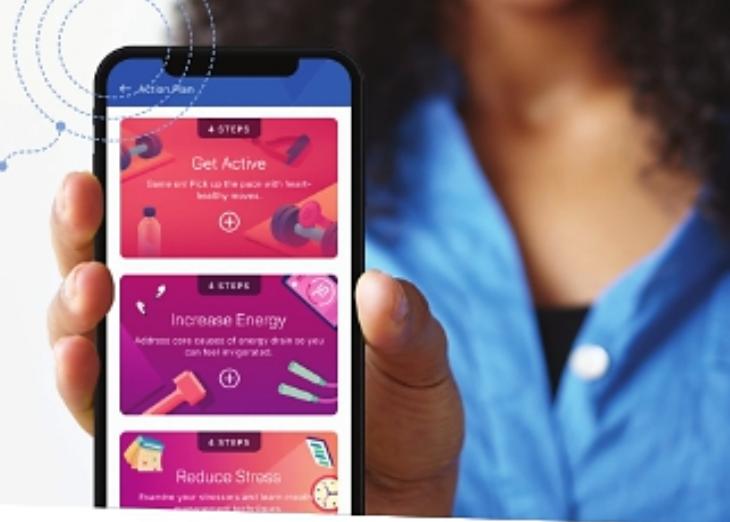
When you become a member, you can get your questions answered in the way that works best for you.

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



# Discover a powerful and more personalized health app

View all your benefits and access wellness tools to improve your overall health with the Sydney Health app



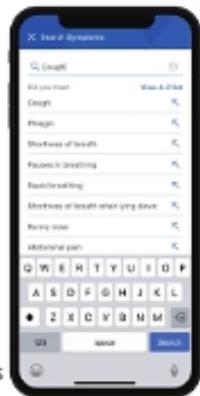
The Sydney Health mobile app works **with you** by guiding you to better overall health – and **for you** by bringing your benefits and health information together in one convenient place. Sydney Health has everything you need to know about your benefits, so you can make the most of them while taking care of your health.

## Working with you



- Reminding you about important preventive care needs\*
- Planning and tracking your health goals, fitness, and rewards
- Guiding you with insights based on your history and changing health needs
- Empowering you with personalized tools to find doctors, hospitals, labs, and other health care providers in your plan and compare costs.\*
- Helping you manage prescriptions and save money by comparing pharmacy costs and locating coupons

## Working for you



- Giving you instant access to your medical, dental and vision benefits and claims\*
- Storing your member ID card so you can show, email, or fax it right from your phone
- Providing answers quickly through real-time live chat with an Anthem representative
- Connecting you directly to care through a symptom checker, or a virtual video visit via easy access to Live Health Online



Simplify your healthcare  
by downloading  
Sydney Health today



# 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](http://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.

# Telemedicine – LiveHealth Online

## What is Telemedicine?

- Telemedicine uses technology to facilitate communication, between a doctor and patient who are not in the same physical location for medical evaluation, diagnosis and treatment.
- Speak to a real live doctor 24/7/365.
- All doctors are **US Board Certified**, licensed to practice medicine and write prescriptions in the state the caller is located in.
- **100% HIPAA Compliant.**
- Designed for **non-emergency care**; 71% of all medical visits today are non-emergency.

## Common issues treated via LiveHealth Online:

- Allergies
- Cough/Cold or Flu
- Fever
- Pinkeye
- Sore throat
- Sinus Infection
- Stomachache

**Download  
the app now!**

[apple.com](http://apple.com)



[play.google.com/store](http://play.google.com/store)



# 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.

# PROTECT YOUR FAMILY AND YOUR FINANCES

Dear Pulaski County Employees,

Pulaski County has partnered with AirMedCare Network to offer you, as an employee, the opportunity to join AirMedCare Network's membership program at a discounted rate!

## PULASKI COUNTY MEMBERSHIP FEES

Membership terms & conditions apply. 10-year memberships not available in IL & IL 15-year membership not available in IL.

1 YEAR	\$60/household
3 YEAR	\$170/household
5 YEAR	\$275/household
10 YEAR	\$520/household

## ABOUT AIRMEDCARE NETWORK

If you or a household member experience a life or limb-threatening emergency, our alliance of air ambulances can provide medical transport—dramatically reducing travel time to an emergency treatment facility.

AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii. You recognize us locally as Carilion Lifeguard and HEART (formerly Wings Air Rescue). We have 4 aircraft within 60 Nautical Miles of Pulaski County.

## WHEN YOU JOIN, YOU'RE COVERED

Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.

Our household plan provides membership benefits for any person who resides under one residential roof. Full-time undergraduate college students can be covered under their parents' membership if their primary residence is still with the parents.

## JOINING IS EASY!

Become a member today so you and your family can have peace of mind, at home and on the road! On-line enrollment 2 - 13 May. Go to [airmedcarenetwork.com/businessplanregistration](http://airmedcarenetwork.com/businessplanregistration). Coupon Code: 17293AMCN

If you have any additional questions please don't hesitate to contact me.

Scott Whyte | Membership Sales Manager  
540.566.8412 | [scott.whyte@gmr.net](mailto:scott.whyte@gmr.net) | plan code 17293



**ENROLL TODAY!**



### ONLINE

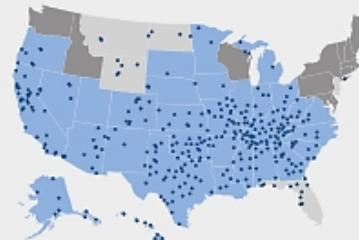
On-line enrollment 2 - 13 May  
[airmedcarenetwork.com/  
businessplanregistration](http://airmedcarenetwork.com/businessplanregistration)  
Coupon Code: 17293AMCN



### PHONE

540.566.8412

## AMERICA'S LARGEST AIR MEDICAL MEMBERSHIP NETWORK



**320+**  
LOCATIONS

**38**  
STATES

Membership terms & conditions apply.

# Consider the HDHP/HSA Plan



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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

HealthEquity®

- 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	2022
Individual	\$3,650
Family	\$7,300

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

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## 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

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## 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 *HealthEquity*.

- Full contributions were made in January 2022 to align with the calendar year deductible. The following contributions will be made in January 2023:
  - \$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)
- 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

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- Debit Card
- Other Reimbursement options:
  - Pay using your own funds and submit for reimbursement online
  - 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.healthequity.com](http://www.healthequity.com) for additional resources and to access your account

# Health Savings Accounts - Additional information

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- 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 2022 plan year maximum for County of Pulaski employees is \$2,850

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](http://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 \$2,850 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](http://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](http://www.irs.gov)

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# DENTAL BENEFITS



\*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
<b>Annual Maximum</b>	\$1,000 per enrollee	\$1,000 per enrollee
<b>Annual Deductible</b>	\$0	\$0
<b>Preventive Services</b> (exams, cleaning, x-rays, fluoride treatments, sealants, etc.)	0%	0%*
<b>Basic Services</b> (fillings, root canals, periodontal services, complex oral surgery, etc.)	20%	20%*
<b>Major Services</b> (crowns, dentures, implants)	50%	50%*
<b>Orthodontic Services – Child Only Coverage (up to age 19)</b>	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.

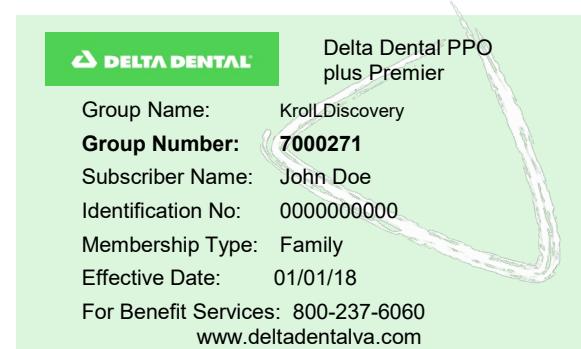
<u>Without Prevention First</u>			
Diagnostic and Preventive Treatment (twice annually)	Delta Dental Pays	Member Pays	Maximum Remaining
	\$190	\$0	\$810

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

# After You Enroll

- 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](http://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](http://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

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# VOLUNTARY VISION BENEFITS

# EyeMed Voluntary Vision - Standard



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

[www.eyemed.com](http://www.eyemed.com)

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



JCPenney | optical



OPTICAL



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

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



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

[www.eyemed.com](http://www.eyemed.com)

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



JCPenney optical



OPTICAL



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

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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.optimahhealth.com](http://www.optimahhealth.com). Password: **CountyofPulaski**



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

# Critical Illness Including Cancer



<b>Wellness Screening Benefit</b>	\$50 for Employee \$50 for Spouse (must be covered on plan) \$50 Child
<b>Coverage Amount Options</b>	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.
<b>Guarantee Issue amount</b>	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.
<b>Included Illness at 100%</b>	Heart attack, Stroke, Cancer, End-stage kidney disease, Major organ transplant, Bone Marrow transplant, Blindness, Coma, paralysis, severe burns
<b>Included Illness at 25%</b>	Coronary artery bypass surgery, non-invasive cancer
<b>Recurrence Benefit</b>	There is 6 month waiting period for the Additional occurrence benefit
<b>Pre-existing Conditions</b>	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.

# How do I enroll in benefits?



## Forms

Use the Payroll Election form to list any dependents that you need to remove or add to your plans for 2022.

- **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.

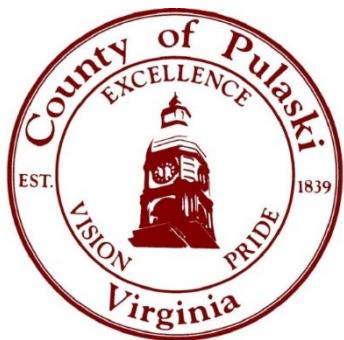


## Forms

- **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 2022 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 *HealthEquity*.
- **Aflac (Accident, Critical Illness, Cancer)** – If you are not enrolled and want to participate, please see Human Resources

# QUESTIONS?

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# THANK YOU !!

