

# **GARRETT COUNTY PUBLIC SCHOOLS OPEN ENROLLMENT**



**MAY 1- 12, 2017**



# INTRODUCTIONS

## **HUMAN RESOURCE STAFF:**

- **JANE WILDESEN, DIRECTOR OF HUMAN RELATIONS AND EMPLOYEE RELATIONS**
- **ANGELA FLANIGAN, HUMAN RESOURCES MANAGER**
- **KENDRA BERRY, HUMAN RESOURCES ASSISTANT**

## **CBIZ STAFF:**

- **ELIZABETH LOGSDON, CONSULTANT, CBIZ EMPLOYEE SERVICES ORGANIZATION**
- **BENJAMIN MORRIS, CBIZ WELLBEING COORDINATOR**

# AGENDA

- **TIMELINES FOR OPEN ENROLLMENT**
- **FLEXIBLE SPENDING ACCOUNT (FLEX BENEFIT ADMINISTRATORS)**
- **TELEDOC OPTION**
- **PHARMACY PLAN CHANGE (CVS caremark)**
- **\* WELLNESS INCENTIVE PARTICIPATION PROGRAM**
- **QUESTIONS AND ANSWERS**

# TIMELINES FOR OPEN ENROLLMENT

**DR. JANE WILDESEN, DIRECTOR OF HUMAN RESOURCES AND EMPLOYEE RELATIONS**

**CONTACT INFORMATION: [jane.wildesen@garrettcountyschools.org](mailto:jane.wildesen@garrettcountyschools.org)**

**PHONE: (301)-334-8903**

**OPEN ENROLLMENT: MAY 1 – 12, 2017**

**MANDATORY RESPONSE - ALL EMPLOYEES MUST RETURN THEIR PERSONALIZED OPEN ENROLLMENT FORM EVEN IF THEY DON'T WANT CHANGES. EVERYONE NEEDS TO ACCESS THEIR EMAIL FOR COPIES OF THE SUPPORTING DOCUMENTS FOR OPEN ENROLLMENT**

# TIMELINES FOR OPEN ENROLLMENT

- **EMPLOYEE BENEFIT GUIDE** - HAS INFORMATION ABOUT MEDICAL, PHARMACY, DENTAL, AND VISION – EVERYONE NEEDS TO READ WHOLE BOOK
- **UMR EMPLOYEE QUESTIONNAIRE** – ALL EMPLOYEES MUST COMPLETE WITH UMR BY PHONE OR FAX [THIS IS ONLY ABOUT THE DEPENDENTS COVERED ON YOUR INSURANCE PLAN]
- **INSURANCE CHANGE FORM** – COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING A CHANGE TO YOUR COVERAGE, SUBMIT WITH YOUR PERSONAL OPEN ENROLLMENT FORM

# **FLEXIBLE SPENDING ACCOUNT**

**MS. ANGELA FLANIGAN, HUMAN RESOURCES MANAGER**

**CONTACT INFORMATION: [angela.flanigan@garrettcountyschools.org](mailto:angela.flanigan@garrettcountyschools.org)**

**PHONE: (301)-334-8904**

**(FLEX BENEFIT ADMINISTRATORS)**

**[www.myhealthcareonline.com/fba](http://www.myhealthcareonline.com/fba)**

**Flex Team: Technical support [1-800-437-3539]**

# TELEDOC OPTION

**BENJAMIN MORRIS, CBIZ WELLBEING COORDINATOR**

**CONTACT INFORMATION:**

**[benjamin.morris@garrettcountyschools.org](mailto:benjamin.morris@garrettcountyschools.org)**

**PHONE: (724)-366-7051**



**1-800-Teladoc (835-2362)**

**[www.teladoc.com](http://www.teladoc.com)**

# PHARMACY PLAN CHANGES

**MS. ELIZABETH LOGSDON (CBIZ B&I MD)**

**CONTACT INFORMATION:**

**[elogsdon@CBIZ.COM](mailto:elogsdon@CBIZ.COM)**

**PHONE: (301) 784-2454**

The logo for CVS Caremark, featuring a red heart icon followed by the text "CVS caremark™" in red.



# WELLNESS INCENTIVE PARTICIPATION PROGRAM

**RATES ARE GOING UP JANUARY 1, 2018**

**– \$600 PER COVERED EMPLOYEE, \$300 PER COVERED SPOUSE**

- **BUT, BEGINNING IN LATE AUGUST AND EARLY SEPTEMBER YOU WILL START RECEIVING INFORMATION ABOUT THE BIOMETRIC HEALTH SCREENING AND THE CLINICAL HEALTH RISK ASSESSMENT PIECES OF THE WELLBEING PACKAGE THAT WILL BE OFFERED TO HELP MITIGATE THE INCREASED PREMIUMS.**
- **BY PARTICIPATING IN BOTH THE BIOMETRIC HEALTH SCREENING AND CLINICAL HEALTH RISK ASSESSMENT (CHRA) YOU WILL BE OFFERED A RATE REDUCTION BENEFIT.**

**CONTACT INFORMATION: [jane.wildesen@garrettcountyschools.org](mailto:jane.wildesen@garrettcountyschools.org)**

# WELLNESS INCENTIVE PARTICIPATION PROGRAM

- **AS DISCUSSED ON PAGE 13 OF THE EMPLOYEE BENEFIT GUIDE, REGISTRATION FOR THE SCREENINGS WILL BEGIN IN LATE AUGUST. A **PHYSICIAN'S LAB FORM** WILL BE AVAILABLE ANY TIME BEFORE OCTOBER 13, 2017 BY **CONTACTING BENJAMIN MORRIS** (CONTACT INFORMATION IN THE GUIDE) FOR USE AT YOUR DOCTOR'S OFFICE IF YOU CHOOSE TO HAVE THESE SCREENINGS COMPLETED BY YOUR OWN PHYSICIAN.**
- **IF **BOTH EMPLOYEE AND SPOUSE ARE COVERED**, THEY BOTH NEED TO PARTICIPATE. IF ONLY ONE PARTICIPATES, YOU WILL STILL EXPERIENCE AN INCREASE IN PREMIUM.**

# WELLNESS INCENTIVE PARTICIPATION PROGRAM

**SPREADING THE INCREASE OVER THE TIME PERIOD OF **JANUARY 1, 2018 – DECEMBER 31, 2018.****

- **\$600 OVER 12 MONTHS = \$50 MONTHLY (EMPLOYEE NOT PARTICIPATING)**
- **\$300 OVER 12 MONTHS = \$25 MONTHLY (SPOUSE NOT PARTICIPATING)**
- **\$900 OVER 12 MONTHS = \$75 MONTHLY (BOTH NOT PARTICIPATING)**

**EXAMPLE:**

**PPO FAMILY COVERAGE**

**\$400.08 MONTHLY BEFORE INCREASE**



**AFTER INCREASE:**

**EMPLOYEE NOT PARTICIPATING**

**\$450.08**



**SPOUSE NOT PARTICIPATING**

**\$425.08**



**BOTH NOT PARTICIPATING**

**\$475.08**

# **QUESTIONS AND ANSWERS**

**Thank you for attending this Open Enrollment Meeting**

**If you have any questions, please contact staff in the Human Resource Office:**

- **Jane Wildesen, Director of Human Relations and Employee Relations**
- **Angela Flanigan, Human Resources Manager**
- **Kendra Berry, Human Resources Assistant**