



# 2024 OPEN ENROLLMENT

Presented by Tacha Merritt | Acrisure  
November 15, 2023

**For the 2024 plan year, the Alliance will be making a change to the medical plan carrier in place, with a slight change to the cost sharing for medical coverage.**

- Changes for 2024:
  - **Medical coverage will be through Anthem Blue Cross**
  - Dental, vision, life insurance, disability, and flexible spending account benefits will remain the same.
  - Ginger is now Headspace Care

# KEY TERMS REVIEW



## **Deductible**

The amount you pay each year before your plan starts to pay



## **Copay**

A flat fee you pay for covered services like doctor visits



## **Coinsurance**

Your share of health plan costs (a percentage of total cost) after meeting your deductible



## **Out-of-pocket maximum**

The most you have to pay out-of-pocket each year for health care services. Check your plan details to see if your deductible is part of your Out-of-Pocket maximum



## **Premium**

The amount you pay via payroll deduction to belong to a health plan



# HMO vs. PPO REVIEW



## Health maintenance organization

Choosing a Primary Care Physician is one of the keys to using an HMO Plan.

Access covered services through a network directed by your Personal Physician. Coverage is available only when using an HMO provider.\*

May be a good choice for those seeking comprehensive benefits with predictable out-of-pocket costs.



## Preferred provider organization

Allows you to receive covered services from any physician and hospital within the plan's network, and outside of the network for a higher share of cost.

Out-of-pocket expense may be higher than an HMO plan. Can control costs better by using network providers.

May be a good choice for those who prefer greater flexibility and freedom with how they seek care.



# MEDICAL INSURANCE CARRIER



# HOW TO FIND AN IN-NETWORK PROVIDER

- Go to [Anthem.com/ca](https://Anthem.com/ca) and select “Find Care” on the top right corner
- Network Names
  - If enrolling in the HMO plan option, available to California residents, you will utilize the “CACare HMO” network.
  - All other plan options utilize the “Prudent Buyer” network.
  - If enrolling as an out of state employee, the network name for your access would be “National PPO – BlueCard”.
- If a provider is new to you, be sure to make sure that PCP is accepting new patients



# ANTHEM HMO PLAN PROVISIONS

Plan Provision	Anthem   HMO
Network	Traditional CACare HMO
Calendar Year Deductible	None
Calendar Year OOP Max	\$2,000/\$4,000
Primary Care Office Visit	\$20
Specialist Office Visit	\$40
Hospital Stay	\$250 copay per admission
Chiropractic	\$40; up to 30 visits
Acupuncture	\$40; up to 30 visits
Urgent Care	\$45
Emergency	\$100 copay per visit
Retail Rx	\$10/\$25/\$40
Mail Order Rx	\$20/\$50/\$80



# ANTHEM PPO PLAN PROVISIONS

Plan Provision	Anthem   PPO	
	In-Network	Out-of-Network
Network	Prudent Buyer	N/A
Calendar Year Deductible	\$250/\$750	\$750/\$2,250
Calendar Year OOP Max	\$2,500/\$5,000	\$7,500/\$15,000
Primary Care Office Visit	\$20	40% after deductible
Specialist Office Visit	\$20	40% after deductible
Hospital Stay	20% after deductible	40% after deductible
Chiropractic	\$20; up to 30 visits	40% after deductible; up to 30 visits
Acupuncture	\$20; up to 20 visits	Not covered
Urgent Care	\$25	40% after deductible
Emergency	\$150 copay per admission + 20%	\$150 copay per admission + 20%
Retail Rx	\$10/\$25/\$40	Not covered
Mail Order Rx	\$30/\$75/\$120	Not covered





# ANTHEM PPO W/ HSA PLAN PROVISIONS

Plan Provision	Anthem   PPO with HSA	
	In-Network	Out-of-Network
Network	Prudent Buyer	N/A
Health Savings Account Funding	\$187.50 or \$437.50 per month (\$2,250 / \$5,250 annually)	
Calendar Year Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Calendar Year OOP Max	\$5,500/\$11,000	\$10,000/\$20,000
Primary Care Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Hospital Stay	20% after deductible	40% after deductible
Chiropractic	20% after deductible up to 20 visits	40% after deductible up to 20 visits
Acupuncture	20% after deductible up to 20 visits	Not covered
Urgent Care	20% after deductible	40% after deductible
Emergency	\$150 + 20% after deductible	\$150 + 20% after deductible
Retail Rx	Copay after deductible of \$10/\$25/\$40	50% after deductible
Mail Order Rx	Copay after deductible \$30/\$75/\$120	Not Covered



# WHO IS ELIGIBLE FOR THE HSA PLAN?

- You must be enrolled in the Anthem PPO with HSA – a qualified high deductible health plan
- Must not be claimed as a dependent on another person's tax return
- Must not be enrolled in Medicare
- Must not be enrolled in a Health Care Flexible Spending Account, but may enroll in a Limited Purpose FSA
- Family members must be tax-dependents to be eligible to use HSA funds



# BENEFITS OF THE HSA PLAN

- Lower monthly premiums than traditional HMO and PPO
- HSA contributions are exempt from Federal income tax
- Unused funds remain in your account from year to year
- HSA funds are 100% portable if you leave the Alliance
- Funded by the employer (\$2,250/\$5,250) and employee (optional)
- Combined funding can't exceed \$4,150/\$8,300 for 2024
- Employees age 55 or older may contribute an additional \$1,000
- Use the HSA debit card to pay for eligible medical expenses, including deductible, coinsurance, dental, and vision
- You will be sent tax 1099 form and 5498 form for tax purposes



# 2024 EMPLOYEE COSTS PER PAY PERIOD – MEDICAL

<b>Anthem Blue Cross HMO</b>	<b>Employee Pays Bi-Weekly</b>
Employee Only	\$22.09
Employee + Spouse/DP	\$194.39
Employee + Child(ren)	\$158.97
Employee + Family	\$273.91
<b>Anthem Blue Cross PPO</b>	<b>Employee Pays Bi-Weekly</b>
Employee Only	\$47.60
Employee + Spouse/DP	\$283.33
Employee + Child(ren)	\$231.81
Employee + Family	\$399.23
<b>Anthem Blue Cross HSA</b>	<b>Employee Pays Bi-Weekly</b>
Employee Only	\$14.38
Employee + Spouse/DP	\$126.94
Employee + Child(ren)	\$103.90
Employee + Family	\$178.94

- Employee premiums paid over 26 pay-periods
- Employee premiums are pre-tax, except for non-tax qualified domestic partner coverage



## \$ Opt-Out: Medical Coverage

- Employees covered by other health insurance are eligible for **\$50 per pay period** when opting out of the Alliance's medical coverage.
- Employees may still enroll in dental and vision coverage.



DENTAL INSURANCE CARRIER

**DiRECT**  
**DENTAL**  
ADMINISTRATORS, LLC



# DENTAL INSURANCE PLAN PROVISIONS

Plan Provision	Direct Dental	
	In-Network	Out-of-Network
Preventative Care	<b>100%   3 cleanings per year</b>	
Basic Care	90% after deductible	80% after deductible
Major Care	60% after deductible	50% after deductible
Orthodontia	50% after deductible (Adult and Children)	
Deductible	\$50 per person, \$150 per family	
Maximum Benefits	<b>\$3,000 per calendar year, per member</b>	
Orthodontia Maximum Benefit	\$1,500 lifetime maximum, per member	



# DIRECT DENTAL PPO NETWORK



- You may see any dentist that you wish with your Direct Dental Plan
- You can stretch your benefit dollars and reduce your out-of-pocket expenses by searching for a DHA network dentist:
  - DHA network dentists offer discounted rates for services
- Navigate to <https://www.directdentalplans.com/> and select “Find a Dentist” to find a DHA provider near you
- Out of Network Benefits are paid according to the 90% Usual, Customary and Reasonable (UCR) Fees for the treating dental office zip code





# VISION INSURANCE CARRIER



# VISION INSURANCE PLAN PROVISIONS

Plan Provision	Vision Service Plan	
	In-Network	Out-of-Network
Well Vision Exam Copay	\$10	Plan pays up to \$50
Well Vision Exam Frequency	EVERY 12 MONTHS	
Prescription Glasses Copay	\$25	N/A
Lens Replacement Frequency	EVERY 12 MONTHS	
Single Vision	100% after copay	Plan pays up to \$50
Bifocal	100% after copay	Plan pays up to \$75
Trifocal	100% after copay	Plan pays up to \$100
Frame Replacement Frequency	EVERY 12 MONTHS	
Frame Allowance	Plan pays up to \$140	Included in lens allowance
Featured Frame Brands	Plan pays up to \$160	
Frame Discounts	20% discount above allowance	
Contacts Frequency	EVERY 12 MONTHS	
Contact Allowance	\$140	Plan pays up to \$105



# 2024 EMPLOYEE COSTS PER PAY PERIOD – DENTAL AND VISION

<b>Direct Dental</b>	<b>Employee Pays Bi-Weekly</b>
Employee Only	\$6.59
Employee + Spouse/DP	\$12.10
Employee + Child(ren)	\$14.86
Employee + Family	\$18.03
<b>VSP</b>	<b>Employee Pays Bi-Weekly</b>
Employee Only	\$0.00
Employee + 1	\$2.53
Employee + Family	\$6.69

- Employee premiums paid over 26 pay-periods
- Employee premiums are pre-tax, except for non-tax qualified domestic partner coverage



## 2024 FLEXIBLE SPENDING ACCOUNTS



- Pay for out-of-pocket health care and dependent day care expenses with pre-tax dollars
- You can save significantly on taxes as these amounts are deducted from your salary before tax withholdings are calculated
- All participants receive a debit card to conveniently pay for your eligible expenses throughout the year
- Three types of accounts: health care, limited purpose, and dependent care



# 2024 FLEXIBLE SPENDING ACCOUNTS



Annual contribution limits are determined by the IRS:

- Health Care FSA maximum contribution is \$3,200
- Dependent Care FSA maximum contribution is \$5,000
- Limited Purpose FSA maximum contribution is \$3,200
  - For HSA Plan participants only
  - For dental and vision expenses only



# 2024 FSA RULES

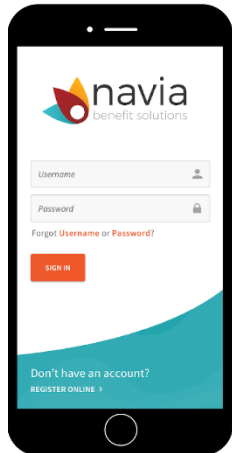
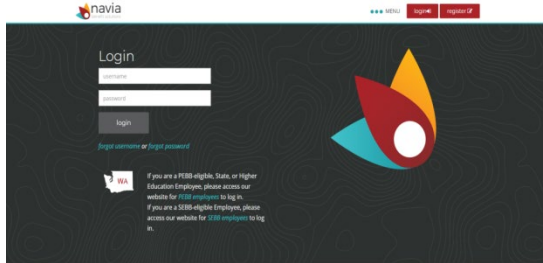


- Requires an active election for each plan year
- If you currently participate, you must enroll again if you want to contribute to an account in 2024
- You must claim the dependent on your tax return for their expenses to be eligible
- “Use it or lose it rule”

2024 Plan Year	Health Care & Limited Purpose	Dependent Care
Rollover amount	\$640	\$0
Use it by...	December 31, 2024	December 31, 2024
Claim it by...	March 31, 2025	March 31, 2025



# 2024 FSA – ACCOUNT ACCESS



- Convenient on-line access to your account information at [www.naviabenefits.com](http://www.naviabenefits.com)
- Order additional debit cards, update bank and address information, and see the details of your benefits.
- Navia Mobile App allows you to simply snap a photo and submit for reimbursement directly from your mobile device!



# LIFE AND DISABILITY BENEFITS



## LONG TERM DISABILITY

- Elimination Period: 90 days
- Monthly benefit: 60% of your monthly earnings, up to \$12,000
- EAP and Travel Assistance Programs

## LIFE AND AD&D

- 1.5x your base salary, up to \$215,000
- Life plan doubles if you pass away as a result of an accident
- Life planning and financial and legal resources





# LIFE AND DISABILITY BENEFITS



## VOLUNTARY LIFE INSURANCE

- Employee Benefit
  - Minimum | \$25,000
  - Maximum | 5x annual salary up to \$150,000
  - Guarantee Issue | 5x annual salary up to \$150,000
- Spouse Benefit
  - Minimum | \$25,000
  - Maximum | 100% of the employees' benefit, up to \$50,000
  - Guarantee Issue | 100% of the employees' benefit, up to \$50,000
- Children Benefit
  - Minimum | \$10,000
  - Maximum | 100% of the employees' benefit, up to \$10,000
  - Guarantee Issue | 100% of the employees' benefit, up to \$10,000

EOI Required



# LIFE AND DISABILITY BENEFITS



## VOLUNTARY SHORT TERM DISABILITY INSURANCE

- Additional 20% of weekly earnings, up to \$2,500
- 7 day elimination period
- Maximum benefit period of 12 weeks



# LIFE AND DISABILITY BENEFITS



## VOLUNTARY ACCIDENT INSURANCE

- Provides a lump-sum cash benefit for injuries that you or an insured family member sustain as a result of an accident.
- \$50 health screening benefit per calendar year
- “Off the Job” coverage only
- Benefit Maximum: \$10,000 annually
- Sample Benefit Payments:
  - Emergency Room | \$200
  - Ambulance | Up to \$1,500
  - Hospital Admission | \$1,500
  - Hospital Confinement | \$300 per day
  - Physician Follow-Up Visit | \$75; up to 6 per incident
- Portability Option



# LIFE AND DISABILITY BENEFITS



## VOLUNTARY CRITICAL ILLNESS INSURANCE

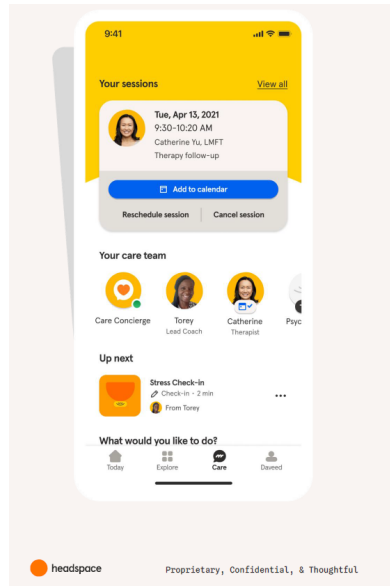
- Provides a lump-sum cash benefit upon diagnosis of a critical illness
- \$50 health screening benefit per calendar year
- Benefit Maximums:
  - Employee | \$10,000
  - Spouse | \$10,000
  - Child(ren) | \$3,000
- Guarantee Issue Amounts:
  - Employee | \$10,000
  - Spouse | Up to 100% of employees elected amount
  - Child(ren) | Up to 25% of the employees elected amount
- Sample Benefit Payments:
  - Heart Attack | 100% of elected amount
  - Major Organ Transplant | 100% of elected amount
  - Cancer | 100% of elected amount
  - Bone Marrow Transplant | 50% of elected amount
  - Benign Brain Tumor | 25% of elected amount



# HEADSPACE CARE | FORMERLY GINGER

## IN-THE-MOMENT CARE FOR EVERY EMOTION

- Ginger provides the world's first integrated mental healthcare system where coaches, therapists, and psychiatrists work to coordinate the best, personalized care right from your smartphone.



New name,  
same benefit



### Ginger is now Headspace Care

Mental health coaching and clinical services  
— all from your smartphone.

### Here's how to sign up:

If you don't have the app yet, scan the QR code below or search for Headspace Care in the App Store or Google Play, and download it from there.

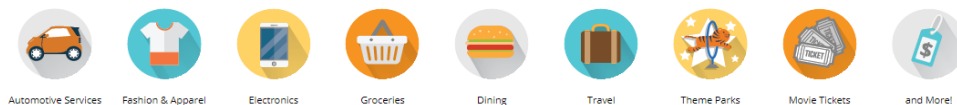
The Ginger app will automatically update to  
Headspace Care by October 31, 2023.





- Employee discount program
- Web and Mobile App
- Savings on everyday items, travel, and more:

**EMPLOYEES SAVE UP TO 50% ON:**



- This is in addition to Working Advantage!





- Wellness program designed for your physical, mental and financial health.
- Fun challenges, individual goals, information, resources and rewards!
- Complete your 2024 Open Enrollment process by COB Wednesday, November 15 = 1000 points!  
(must be signed and fully complete)



# Open Enrollment

## Next Steps





# OPEN ENROLLMENT IN PAYCOM



- Login to Paycom Employee Self-Service

*If you do not remember your Paycom password:*

*1. Use the Forgot Password option*

*2. If you continue to run into issues, email [ListHRRepresentatives@ccah-alliance.org](mailto:ListHRRepresentatives@ccah-alliance.org)*

- Under **Benefits**, click [2024 Benefits Enrollment](#), then click [Continue Enrollment](#)



# OPEN ENROLLMENT IN PAYCOM



### Eligible Years

2024 Enrollment

**BUFFET, PHOEBE (0007)** ACTIONS ▾

Eligibility Profile	Preview Date	Enrollment Year
California Employees 30+ Hrs/Wk (CAF)	11/08/2023	2024

**2024 Benefit Enrollment**

**\$21.55**  
Total Cost  
Per Pay Period

Contact Information


Dependents and Beneficiaries

Medical	\$0.00
✓ Dental	\$14.86
✓ Vision	\$6.69
Flexible Spending Account - Health Care	\$0.00
FSA Dependent Care	
✓ Basic Life and AD&D	\$0.00
✓ Basic Long Term Disability	
Voluntary Short Term Disability	
Voluntary Term Life and AD&D	\$0.00
Voluntary Critical Illness - Employee	
Voluntary Accident Insurance	

REVIEW **FINALIZE**

**Hello Phoebe,**  
Here are tips for enrollment.

- 1 Make sure you have all dependent and beneficiary information necessary. If you have not entered dependents before, you will need their social security number and date of birth.
- 2 To get started, click Start Enrollment.
- 3 You also can choose an enrollment section in the progress bar to jump to that particular section.

 **CONTINUE ENROLLMENT**



# OPEN ENROLLMENT IN PAYCOM



## PERSONAL INFORMATION

Review your personal information to ensure accuracy

- If you notice a discrepancy, click [Edit](#) to make changes, then click [Next](#)

Employee Name	Birth Date
BUFFET, PHOEBE	01/01/1980
Primary Phone	
+1 (831) 430-5500	
Street address	Apt/Suite/Other
1600 GREEN HILLS RD, STE 101	
City	State
SCOTT'S VALLEY	CALIFORNIA
Zip Code	Personal Email
95066	smellycat@gmail.com

[PREVIOUS](#) [EDIT](#) [NEXT](#)



# OPEN ENROLLMENT IN PAYCOM



## DEPENDENTS AND BENEFICIARIES

Before electing individual benefits you will be given the opportunity to add or edit dependents and beneficiaries

- Dependent: An individual who will be covered under your health insurance benefits

*Review Policy #101-1008 - Health Insurance Dependent Eligibility*

- Beneficiary: An individual who will receive Life and AD&D Insurance payment

*All employees must designate a beneficiary within Paycom*



# OPEN ENROLLMENT IN PAYCOM



BUFFET, PHOEBE (0007) ACTIONS

Eligibility Profile: California  
Preview Date: 11/08/2023  
Enrollment Year: 2024  
Employees 30+  
Hrs/Wk (CAF)

Medical	<input type="radio"/> Enroll <input type="radio"/> Decline	Dental	<input checked="" type="checkbox"/> Currently Enrolled
Vision	<input checked="" type="checkbox"/> Currently Enrolled	Flexible Spending Account - Health Care	<input type="radio"/> Enroll <input type="radio"/> Decline
FSA Dependent Care	<input type="radio"/> Enroll <input type="radio"/> Decline	Basic Life and AD&D	<input checked="" type="checkbox"/> Currently Enrolled
Basic Long Term Disability	<input checked="" type="checkbox"/> Currently Enrolled	Voluntary Short Term Disability	<input type="radio"/> Enroll <input type="radio"/> Decline
Voluntary Term Life and AD&D	<input type="radio"/> Enroll <input type="radio"/> Decline	Voluntary Critical Illness - Employee	<input type="radio"/> Enroll <input type="radio"/> Decline
Voluntary Accident Insurance	<input type="radio"/> Enroll <input type="radio"/> Decline		

NEXT

## SUMMARY PAGE

- Shows a snapshot of your current enrollment by plan
- Option to Enroll/Decline benefits

*If you know you do not want to enroll in a specific benefit, you can decline on this page*



# OPEN ENROLLMENT IN PAYCOM BENEFITS ENROLLMENT



- On each benefit enrollment page, there is a link to view Plan Documents, as well as a grey box that expands to give more information about each benefit offering
- Be sure to **select the check-box** next to the plan that you are choosing, or next to Decline Coverage if you would not like that type of insurance

A screenshot of the Paycom benefits enrollment interface. At the top left, a hand icon points to a checked checkbox next to the text 'Anthem Blue Cross HMO'. To the right of this is a button labeled 'PLAN DOCUMENTS'. Below this is a grey information box with a blue header containing an information icon and the text 'Anthem Blue Cross HMO'. Below the header, it says 'With the HMO plan, members select a Primary Care Physician (PCP) in the Blue Cross HMO CA'. Underneath is a section titled 'Choose Your Coverage' with four radio button options: 'Employee Only - \$22.09' (selected), 'Employee and Spouse - \$194.39', 'Employee and Children - \$158.97', and 'Employee and Family - \$273.91'. At the bottom of the form are two buttons: 'PREVIOUS' and 'ENROLL'. A hand icon points to the 'ENROLL' button, which is highlighted with a red border.

# OPEN ENROLLMENT IN PAYCOM



2024 Benefit Enrollment

**\$82.10**  
Total Cost  
Per Pay Period

✓ Contact Information	
✓ Dependents and Beneficiaries	
✓ Medical	\$22.09
✓ Dental	\$14.86
✓ Vision	\$6.69
✓ Flexible Spending Account - Health Care	\$38.46
✗ FSA Dependent Care	
✓ Basic Life and AD&D	\$0.00
✓ Basic Long Term Disability	
✗ Voluntary Short Term Disability	
✗ Voluntary Term Life and AD&D	\$0.00
✗ Voluntary Critical Illness - Employee	
✗ Voluntary Accident Insurance	

REVIEW

**FINALIZE**

## BENEFITS ENROLLMENT

- As you enroll in benefits, your total cost **per pay period** will update automatically
- You can click back into each benefit from this side bar to make changes
- Ensure each line has a ✓ or ✗ before hitting **Finalize**



# OPEN ENROLLMENT IN PAYCOM



## FINAL SUMMARY PAGE

- Once you enroll/decline each benefit, you will be taken to a summary page; carefully review your benefit choices
- If you are satisfied with your enrollment, click **Finalize** then **Sign and Submit** to complete enrollment





# OPEN ENROLLMENT IN PAYCOM



## THINGS TO KNOW

- Open enrollment is from **November 8 – November 22, 2023**
  - **Everyone** is required to go through the enrollment process in the Paycom portal to elect benefits for 2024
  - A qualifying event will be needed to make changes once coverage is finalized, signed and submitted
- Coverage will begin on January 1, 2024 and continue through December 31, 2024



# Questions?

