



2016 HEALTH, DENTAL, SECTION 125, and HSA OPEN ENROLLMENT

Scheduled through 5:00 p.m., Wednesday, February 10, 2016

It's time to make your insurance and dependent care and medical reimbursement selections for the coming plan year!

Enclosed you will find the Open Enrollment guide. The guide and all related documents are also available on the City's website at www.westalliswi.gov/openenrollment, choose "Active Employee" link. Please carefully review and consider all the information provided prior to making your plan selections.

Make sure to check out the flyer detailing the dates/times/locations of Open Enrollment group and individual meetings!

ENROLLMENT PROCEDURES

Effective date for all programs is March 1, 2016 through February 28, 2017

Every eligible employee is required to submit an application form for Health and Dental Insurance *even if* you choose not to participate in the City's plan offerings.

- Application forms for *Health and Dental Insurance* are to be submitted to the Human Resources Department.
- Payroll election forms for *Section 125 FSA (medical reimbursement and/or dependent care)* and *HSA* are to be submitted to the Finance Department.

DEADLINE for submittal: 5:00 p.m., Wednesday, February 10, 2016.

DENTAL INSURANCE

The City will continue to offer two (2) dental plan choices: (1) the Standard Dental Plan administered by Anthem and (2) CarePlus Prepaid Dental Plan administered by Dental Associates. Refer to the Open Enrollment guide for detailed information.

The City continues to offer dental insurance coverage at no monthly cost for regular, full-time employees. Regular part-time employees, holding a minimum of 0.5 FTE (full-time equivalent) budgeted position, continue to be prorated based on FTE; contact the Finance Department for your monthly rate calculation.

MONTHLY PREMIUM EFFECTIVE 3-1-16		
Plan Type	Standard Plan	Care Plus
Single (Employee Only)	\$ 37.00	\$ 34.58
Family (Employee plus 1 or more)	\$102.00	\$106.38

HEALTH INSURANCE and MEDICAL REIMBURSEMENT OPTIONS through SECTION 125 or HSA

This year the City is offering two (2) plan options: (1) PPO Plan with eligibility to participate in a medical reimbursement program through the Section 125 Flexible Spending Account (FSA) program, and (2) HDHP (High Deductible Health Plan) with eligibility to participate in a medical reimbursement program through a Health Savings Account (HSA). Both plan options will be administered by Anthem. Refer to the Open Enrollment guide for detailed information.

Plan Offerings:

1. Anthem's PPO Plan utilizing the **Blue Priority** network. This plan offers the same *in-network* benefit levels as provided in plan year 3-1-15 to 2-29-16 (\$100/\$300 deductible, \$20/\$40 provider copays, \$150 ER copay, etc.); however the *out-of-network* benefit levels have been adjusted to include a plan year medical/prescription drug deductible of \$15,000 per person or \$30,000 for a couple or family plan, 20% coinsurance after the deductible has been satisfied up to a maximum out-of-pocket coinsurance (including the deductible) of \$30,000 per person or \$60,000 per family. The PPO plan may be used in combination with optional participation in a medical reimbursement program through the Section 125 FSA.

Anthem's PPO Plan Continued:

What is a medical reimbursement program through a Section 125 FSA? A medical reimbursement program through a Section 125 FSA allows employees to pay for any eligible medical, dental and vision expenses not covered by insurance with pre-tax dollars contributed through payroll deduction; contributions may only be adjusted upon a qualified change in status; any monies left unspent at the end of the coverage period is forfeited. *This account is not available to employees who elect participation in a High Deductible Health Plan (HDHP).*

2. Anthem's High Deductible Health Plan (HDHP) utilizing the **Blue Preferred** network. Plan participants will be subject to an in-network plan year medical/prescription drug deductible of \$1,500 for a single plan participant or \$3,000 for a couple or family plan participant, 20% coinsurance after the deductible has been satisfied up to a maximum out-of-pocket coinsurance (including the deductible) of \$3,000 for a single plan participant or \$6,000 for a couple or family plan participant; out-of-network benefit levels consist of a plan year medical/prescription drug deductible of \$15,000 per person or \$30,000 per couple or family plan, 40% coinsurance after the deductible has been satisfied up to a maximum out-of-pocket coinsurance (including the deductible) of \$30,000 per person or \$60,000 per couple or family.

The HDHP plan may be used in combination with optional participation in a medical reimbursement program through a Health Savings Account (HSA). The City will be contributing \$500 towards a single plan or \$1,000 towards a couple or family plan into an HSA account for plan year 3-1-16 to 2-28-17.

What is a Health Savings Account (HSA)? HSAs were created in 2003 to provide individuals with an HDHP a tax-preferred method of saving money for medical expenses; the money used is tax-free when paying for qualified medical expenses. At the end of the year, you keep any unspent money in your HSA; this money continues to grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belongs to *you* -- not your employer or insurance company. *This account is not available to employees who participate in other health insurance (such as a spouse's plan or Medicare Parts A and/or B, Medicaid, Title 19), or are claimed as a dependent on someone else's tax return.*

Both plans provide:

- ❖ 24/7 NurseLine wherein members are able to speak with a registered nurse about health concerns 24 hours a day, 7 days a week;
- ❖ discounts for various services not covered under either plan option (such as, but not limited to, providers of contacts, glasses, gym memberships, weight-loss programs);
- ❖ LiveHealth Online wherein members can have a doctor visit from the comfort of their home via a computer or mobile device; and,
- ❖ access to your Anthem plan offerings via computer or mobile device (anthem.com);
- ❖ a prescription drug program for retail and mail order through Express Scripts. You may continue to have your prescriptions filled at a local pharmacy or through Express Scripts mail order. Members will be required to obtain all new prescriptions for mail order and specialty pharmacy prescriptions.

NOTE: Although Anthem is able to offer these additional voluntary services/programs, they are unable to administer the City's \$25 Wellness Reimbursement Program; therefore, effective 3-1-16, this will no longer be a voluntary program offering.

Monthly premium share contributions for the Health Insurance Plan Offerings:

Effective March 1, 2016, a regular full-time employee will be subject to contributing, on a pre-tax basis, 10% per month towards the monthly premium if they participated in the City-sponsored Health Risk Assessment (HRA) offered in Fall, 2015, OR 20% if they did not participate in the HRA.* A regular part-time employee holding a minimum of 0.5 FTE (full-time equivalent) budgeted position continues to be prorated based on FTE; contact the Finance Department for your rate calculation.

MONTHLY PREMIUMS AND PREMIUM SHARE EFFECTIVE 3-1-16*						
Plan Type	Monthly Premium	PPO PLAN		HDHP (High Deductible Health Plan)		
		Employee Share		Monthly Premium	Employee Share	
		10% w/HRA	20% w/out HRA			10% w/HRA
Emple Only	\$ 591	\$ 59.10	\$118.20	\$ 761	\$ 76.10	\$152.20
Emple plus 1	\$1158	\$115.80	\$231.60	\$1491	\$149.10	\$298.20
Emple plus 2*	\$1696	\$169.60	\$339.20	\$2183	\$218.30	\$436.60

*Police and Fire Union members' monthly premium share contributions pending contract negotiations.

DEPENDENT CARE REIMBURSEMENT PROGRAM through SECTION 125

This voluntary benefit allows an employee to set aside money from his/her paycheck, on a pre-tax basis, to pay for work-related dependent care expenses. Maximum allowable contribution of \$5,000 for qualifying individuals who are married and file a joint return or \$2,500 per individual or if married filing separately. Eligible expenses include those that would otherwise qualify for the Federal Dependent Care Tax Credit, such as childcare, day care centers, after-school care and adult dependent care. Refer to the Open Enrollment guide for detailed information.

OPEN ENROLLMENT QUESTIONS OR CONCERNS MAY BE ADDRESSED AS FOLLOWS

- ❖ Health Provider Network Participation: Anthem at 844-286-6371
 - ❖ Dental Provider Network Participation: Anthem at 877-567-1805
 - ❖ Prescription Drugs - Retail and Mail Order through Express Scripts (ESI): Anthem at 844-286-6371
 - ❖ Health Savings Account (HSA): Tri-City National Bank at 888-574-2489
 - ❖ Flexible Spending Account (FSA) for medical reimbursement and/or dependent care: EBC at 800-346-2126
 - ❖ Premium calculation, general HSA and FSA questions, or payroll deduction election forms for the HSA or FSA: the City's Finance Department at 414-302-8260
 - ❖ Open Enrollment and/or general benefit information: the City's Human Resources Department at 414-302-8270
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REMINDER

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