# 2019 Open Enrollment

## October 29 - November 16

### What is Open Enrollment?

Open enrollment is the period of time each year when eligible employees can make changes to medical and dental plans and enroll or re-enroll in Flexible Spending Accounts (FSA). During open enrollment a change in family status or proof of good health is not required. Changes made during open enrollment are effective January 1, 2019.

**During open enrollment (between October 29 and November 16) you can**:

- Add medical/dental coverage for yourself if you've previously waived coverage, or for any of your eligible dependents if not currently covered*;
- Change medical/dental plan selections;
- Drop medical/dental coverage on yourself and/or any of your currently covered dependents*;
- Enroll or re-enroll in the dependent care and/or health care FSA.

**The employee must be covered in order to cover dependents.*

## Big News for 2019!

### Administrative Changes for Health Insurance, VEBA and Flexible Spending Accounts

At the August 23, 2018, School Board meeting, the Board awarded the contract for employee group health insurance for the two-year period starting January 1, 2019 to **PreferredOne** from HealthPartners.

The Heath Insurance Transparency Act (HITA), requires that all school districts must make requests for proposals at least 150 days prior to the expiration of the existing contract, but not more than once every 24 months. The District's contract with HealthPartners expires on December 31, 2018. District administration advertised and received responses to a Request for Proposal from five health insurance vendors: HealthPartners, BlueCross/BlueShield, Medica, PreferredOne and PEIP (Public Employees Insurance Plan). PreferredOne was determined to be the best option for employees in terms of both services and price.

In addition, **121 Benefits** will replace the District's current VEBA, Flexible Spending Accounts (FSA) and COBRA administrator, PlanSource, effective January 1, 2019. 121 Benefits is a local company that is dedicated to providing friendly and responsive customer service.

## Health Insurance Plans

### How will these changes impact my health insurance plan?

District 833 worked to ensure health insurance plan offerings through PreferredOne would match existing offerings through HealthPartners. Many employees will notice that the move to PreferredOne will save them money in 2019. Premium cost sheets will be available at www.sowashco.org for review during open enrollment. **Please check your premium cost sheets for any changes to your premium contributions.**

If you are currently enrolled in one of our medical/dental insurance plans, you do NOT have to submit a new enrollment form to continue with your current plan in 2019,
***with the exception of those enrolled in the Select Choice Medical Plan.***

- **Plan Options** – The District will continue to offer the Open Access $25 co-pay plan and the Open Access High Deductible plan. The Select Choice $15 co-pay plan will become an Open Access plan, so you will no longer have to select a primary care network.

- **Find A Doctor** – The District will be part of PreferredOne's *Open Access 200* network. This network is PreferredOne's largest and most comprehensive network and includes Mayo Clinic/Hospital (St. Mary's and Methodist Campus).

  To find out if your doctor is part of the *Open Access 200* network, please visit **www.preferredone.com/find-a-doctor/**. From here, you will be able to search by network. The *Open Access 200* network can be found under the Large Employer Group Networks. You will be able to search by clinic, doctor, urgent care, convenience care, mental health care and hospital.

- **Pharmacy/Prescription Drug Coverage** – PreferredOne uses **ClearScript** for its prescription drug coverage. This provides access to 63,000 nationwide pharmacies, mail order prescription drug program, cost management programs, specialty drug programs and the ability to match Rx formulary process.

  To check if medications are covered, visit **www.ClearScript.org**.

## VEBA for High Deductible Health Plans

- A VEBA is a tax-free Health Reimbursement Arrangement (HRA) that provides a source of funds to pay for the cost of health care expenses for you, your spouse and qualified dependents.

- **The VEBA contribution will continue to be funded three times/year.** If you are enrolled in the high deductible plan, your annual VEBA contribution will be disbursed to your VEBA account as such; 50% on January 15, 25% on July 15 and 25% on October 15. The dollars in your account are available to you for reimbursement of your medical, dental and vision expenses incurred by you and your dependents covered on the District's health plan.

- **DUE TO HEALTH CARE REFORM regulations effective January 1, 2017, if you want to be reimbursed for expenses incurred by your spouse or dependent children and they are NOT covered on our medical plan, you will have to complete an attestation form confirming that they are covered by another GROUP health coverage.** Medicare, MNSure and MNCare are NOT group health plans. **Please see the Fact Sheet and the "Certification of Other Coverage" form on the website.** The completion of this form is an **annual requirement**, if it applies to you.

- Health Care Reform regulations effective January 1, 2017 also require us to offer any employee currently covered by a High Deductible Health Plan the opportunity to "opt out" of the HRA/VEBA. Offering an annual opt-out will allow you to purchase coverage on the Marketplace or direct from an insurance carrier. If you choose to opt out, your VEBA account will be "frozen" and will not be allowed to accept contributions or pay out reimbursements during the time that the account is frozen. If you are considering this, please contact Human Resources to discuss.

- Beginning January 1, 2019 our VEBA administrator will be 121 Benefits. Please watch for additional information on how funds will be rolled over from PlanSource to 121 Benefits. This information will be available on the HR and open enrollment sections of the district website, **www.sowashco.org**, and emailed to those that currently have a VEBA.

## Dental Plans

District 833 offers two plan choices; the Delta Care Plan or the Delta Preferred (PPO and Premier Provider Network) Plan. ***There are no changes to either dental plan for 2019.*** Both plans offer a lifetime orthodontia maximum for each dependent child. Summaries for both plans can be found on the district's main website, **www.sowashco.org**, under Open Enrollment. Please check the premium cost sheet for your premium cost.

The **Delta Care Plan** is a managed care plan, meaning there is a narrow network of dentists to choose from. There are no deductibles and no annual maximums on this plan; however, if you receive care from a non-Delta Care network provider, you will NOT be covered.

The **Delta Preferred Plan** includes a $1,000 annual maximum per member per year and has an annual deductible for non-preventive care.

If you are currently enrolled in dental insurance through District 833, and you do not want to change plans, you do NOT have to submit a new enrollment form.

## How to Enroll or Make Changes to Health and/or Dental Plans

If you are currently not enrolled in one of the District insurance plans and wish to enroll, OR if you wish to add/drop coverage for yourself or dependents you must complete an ***Enrollment Form or Change Form.***

Enrollment instructions and materials will be posted on the Open Enrollment webpage by October 29, 2018.

The Enrollment Form or Change Form must be completed and returned to the HR/Benefits department by **4 p.m. on Friday, Nov. 16, 2018.**

**Forms received after 4 p.m. on November 16, 2018, will not be accepted.** If you are using the interoffice mail, please be sure the District mail schedule will allow timely delivery of your forms.

## 2019 Flexible Spending Accounts enrollment is online!

Employees that work at least 30 hours per week are eligible to participate in our Flexible Spending Accounts (FSA.)

If you wish to participate in the Health and/or Dependent Care FSA, you will need to enroll online through 121 Benefits' online portal. You will receive an email from 121 Benefits with your login information on October 29, 2018.

**What about our FSA plans?**

Two separate FSA plans allow you to pay your dependent day care expenses and un-reimbursed health care expenses on a pre-tax basis. Through these FSA plans, you pay these expenses before your taxes are calculated. **This lowers your taxable income and results in more take home pay for you.**

Please consult your tax advisor for the appropriateness of your participation, as it may impact your Social Security benefits in the future.

For specific details on the plan, or what constitutes a qualified family status change refer to your summary plan description (SPD) which is available online.

**Dependent Care FSA Reimbursement**

If in order to work, you are paying for child care or dependent care services, you may be reimbursed through the Dependent Care FSA. In general:

1. If you are married, the services must be provided to enable both you and your spouse to work.
2. The child must be under 13 years of age, or if older, mentally or physically incapable of caring for him or herself.
3. Services may not be provided by someone who is your dependent, such as an older child, your spouse or a grandparent who lives with you.
4. The childcare provider must comply with all the rules and regulations issued by the state.

5. The maximum amount of dependent care expenses that may be paid on a pre-tax basis is $5,000 **per household** per calendar year.

**Health Care FSA Reimbursement**
This program allows you to pay for eligible un-reimbursed expenses on a pre-tax basis. **The current annual maximum election amount allowed for 2019 is $2,650.**

Eligible un-reimbursed expenses include things like co-pays, deductibles, eyeglasses and dental expenses not covered by insurance.

Eligible un-reimbursed expenses must be incurred between January 1 and December 31, 2019 and/or the 2.5-month grace period through March 15, 2020. **Any dollars remaining in your 2019 FSA after March 30, 2020 will be forfeited (use-it-or-lose-it).** You will have the opportunity to submit claims (incurred on or before March 15, 2020) for reimbursement up until March 30, 2020. These plans are governed strictly by IRS rules.

**You must submit a new enrollment for the health and dependent care FSA plan EVERY year.** Your online election must be made during the annual open enrollment period and can only be changed if you have a "family status change." Family status changes include events like marriage, divorce, birth or adoption of a child, death and a number of other employment-related changes, as specified in your plan document.

**You must complete your online enrollment for the FSA plans by 4 p.m. on Friday, Nov. 16, 2018.**

*NOTE: The FSA program is administered by 121 Benefits. Visit their website at **www.121Benefits.com**. Your personal spending account status and claim history will be available to you at this site, as well as your 2019 FSA online enrollment. If you participated in one of the FSA plans in 2018, all claims must be incurred by March 15, 2019 and all reimbursement requests must be received at 121 Benefits no later than March 30, 2019.*

## Open Enrollment Meetings

There will be four informational meetings on benefits open enrollment and we invite you (and your spouse) to attend:

**Monday, Oct. 29, 2018 at 4:30 p.m.**
Park High School Lecture Hall

**Thursday, Nov. 1, 2018 at 4:30 p.m.**
East Ridge High School Rooms 2045A & 2045B

**Wednesday, Nov. 7, 2018 at 6:30 p.m.**
District Service Center

**Thursday, Nov. 8, 2018 at 4:30 p.m.**
Woodbury High School Lecture Hall

## Thinking about retiring in 2019?

If you are thinking about retiring in 2019, it is important that you are enrolled in the medical plan that you would want to continue after retirement. Retirement is not a family status change that allows you to change from single to family coverage or change plans. Under MN statute, as a retiree of a public entity, you are allowed continuation beyond the 18-month COBRA continuation law until you are Medicare eligible at the age of 65, but you can only continue your dependents that were covered on the day before your employment ended. If you are covering your dependent spouse on your plan at retirement, they are allowed to continue on the plan until they reach age 65.

**Thank you for taking the time to review this information. If you have any questions, please reach out to the South Washington County Schools Benefits Team:**

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