





**2019 OPEN**

**ENROLLMENT**

**GUIDE**

Insert employer logo

Welcome to Your Benefits

Open Enrollment!



Our 2019 Benefits Guide will provide you with an overview of the comprehensive and rewarding benefits package offered by [Client Name]. We value your service as an employee and our competitive benefits are one way that we thank you for all that you bring to [Client Name]. We are proud to offer you a benefits program designed to protect the health and financial security of you and your family.

If you are enrolling in benefits with [Client Name] for the first time or are evaluating changes to your past elections, we are here to help! You can have your questions answered by the following resource:

Human Resources Department

Name:

Email:

Phone Number:

Sincerely,

CEO Name / VP of HR Title

Eligibility & Enrollment

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# Who is eligible?

(sample text) If you are a part-time or full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage: [Insert dependent coverage information].

# How to Enroll?

(sample text) Log into bswift at http://vbabenefits.bswift.com using your username and password. Note: Your default username is the first four letters of your last name and last four digits of your social security number. Your password default is your date of birth (example: 0000000). Please contact your HR representative with any problems accessing the bswift system. The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary, including beneficiary designations. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. Please print and review your confirmation of benefits statement for your records.

# When to Enroll?

(sample text) The open enrollment period runs from [insert date] through [insert date]. All elections should be completed by Wednesday, November XX as there will not be telephonic support for password resets, questions, etc. during the Thanksgiving holiday. The benefits you elect during open enrollment will be effective from January 1, 2019 through December 31, 2019.

# How to Make Changes?

(sample text) Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, birth or adoption of a child, change in child’s dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse’s benefits or employment status.

Medical and Prescription Drugs

**How much did I spend on health care last year?**

Consider your payroll contributions and out-of-pocket expenses.

🡪Choose a plan with limits that fit your budget.

**Do I have major events coming up this year?**

This may include planned medical procedures or life events like having a baby.

🡪Consider a plan with a lower out of pocket maximum.

**Do I typically have health expenses that aren’t covered by my plan?**

Unexpected injuries and illnesses can be hard to plan for financially.

🡪Consider a voluntary plan that complements your medical insurance to help with unplanned expenses.

Things to consider when choosing a plan

**Overview of Plan Benefits** (Copy and paste plan design grid below from Excel document. Only show plans available for employees in 2019.)



Plan Changes

**Plan Changes**

* In an effort to control rapidly rising prescription drug costs, we are introducing Anthem’s Essential Prescription Drug Formulary which does not cover certain high cost prescription drugs. They all have lower-cost alternatives (with the same or similar active ingredients) that will continue to be covered under the health plan. If this change impacts your prescriptions, you’ll receive a letter advising you of alternatives and to talk to your doctor about the drugs you take. Check out your new drug list at <https://www11.anthem.com/pharmacyinformation/> (Click Essential Drug List 4-Tier).

The VBA’s total pharmacy spent increased 4.4% this past year to $16.7 million (Specialty drugs accounted for 45.7% of total Rx spend).

* The cost for Tier 2 and Tier 3 medications will change in 2019; the 20% coinsurance component has been eliminated and now your out-of-pocket costs will be based on only the applicable copayment.
* We are implementing Anthem’s Rx Choice Tiered pharmacy network which allows members to save on prescription drug costs by going to pharmacies with greater negotiated discounts.
  + Anthem has created two levels of pharmacies; member will pay a lower cost share at level 1 pharmacy versus level 2 pharmacy (pharmacy listings by levels can be found at Anthem pharmacy directory by visiting [www.anthem.com](http://www.anthem.com); see below for a few samples of retailers).
  + Copayments vary based on the level pharmacy where you get your prescription filled:

|  |  |  |
| --- | --- | --- |
|  | ***Level 1 Pharmacy*** | ***Level 2 Pharmacy*** |
| Tier 1 prescription drugs (generic) | $15 | $25 |
| Tier 2 prescription drugs (low cost brand, high cost generic) | $40 | $50 |
| Tier 3 prescription drugs (high cost brand) | $75 | $85 |
| Tier 4 (specialty) | 20% coinsurance up to $200/script *(Only available through Accredo)* | |

What’s New For 2019

[Client Name] carefully evaluates our benefits offerings each year to ensure we are providing our employees a state of the art benefits program. We are pleased to announce the following additions for 2019:

* **Advance Medical (Expert Medical Opinion)** - this new program will be available to all covered members and is designed to help with those who suffer from complicated conditions. Advance Medical is a network of physicians throughout the US and the world who are specialists that provide expert medical opinion and health advocacy services. They will review diagnoses and treatment plans and can collaborate with the treating physician on suggested alternatives, if applicable. For members, it can be a valuable resource especially when navigating the often overwhelming and complicated healthcare system to receive a second opinion. There is no charge (additional medical services/claims would be subject to your health’s plan deductible and coinsurance) to utilize this benefit and members can call 1-866-901-2261 to access this benefit after January 1, 2019.

Members can call for any condition, but most common are orthopedics, oncology and neurology.

* **Airrosti** - A provider group that focuses on the prevention and treatment of musculoskeletal injuries and conditions (i.e. back or hip pain). They can significantly reduce claims spend through the reduction of surgery, imaging, opioids, and long-term treatment plan. Their goal is to have their patients close to recovery within 3 to 4 visits. Your cost will depend on the health plan you are currently enrolled in. Please visit their website at [www.airrosti.com](http://www.airrosti.com) to find a provider near you, but note that Airrosti offices are currently only in Richmond, Charlottesville, Staunton and Northern Virginia. They hope to expand in other Virginia areas as demand increases. This program became available July 2018.

669 VBA members were impacted by musculoskeletal injuries with the average annual spend of $13,078 per year.

* **Anthem Health Guide** – We understand navigating the healthcare system can be tough, thus we will be adding a concierge customer service unit that replaces our current Anthem customer service team. Anthem Health Guide will be a one-stop shop for all of your healthcare needs and you can access this group by calling 1-833-831-0085 on the back of your new ID card. The following are examples of how Health Guides can assist members:
* Assist in finding a physician and/or making an appointment on your behalf
* Help you with estimating costs of care or medications at various facilities, providers or pharmacies
* Resolve claims issues
* Help you understand your medical plan benefits
* **LivingConnected** - diabetic members will receive a Bluetooth glucose meter and diabetic supplies at $0 out of pocket costs. Additionally, supplies (test strips, lancing device, lancets) will be automatically refilled at no additional cost. Personalized health coaching from certified diabetic educators and 24/7/365 toll free access to live nursing support are included in the program. Members who are eligible will receive a welcome letter and if you would like to opt-out please call 1-800-966-2046.

In 2017, 838 VBA members were diagnosed with diabetes with average annual spend of $11,100 per year.

* **Learn Your Benefits** - Employees and their families will have access to a new web and mobile employee benefits video education and engagement platform. You may visit [www.banksite.com](http://www.banksite.com) to learn more about your employee benefit programs.

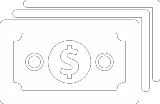
Your Medical Cost in 2019

(sample text)

ABC COMPANY provides a generous employer contribution towards medical coverage. Please review the Monthly/Bi-weekly payroll deductions below:

(Highlight and right click to insert a row if you have a five tier structure.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL PLANS - Employee MONTHLY/Bi-Weekly Deductions** | | | | |
|  | **Plan A** | **Plan B** | **Plan C** | **Plan D** |
| Employee only | $ | $ | $ | $ |
| Employee + child(ren) | $ | $ | $ | $ |
| Employee + spouse | $ | $ | $ | $ |
| Employee + family | $ | $ | $ | $ |

Health Savings Accounts (HSA)



**Tips for Keeping Costs Down:**

* Choose in-network providers
* Take advantage of preventive care services
* Request generic prescriptions
* Use Urgent Care providers instead of the Emergency Room
* Try a Virtual Visit for non-emergent health consultations

If you enroll in a High Deductible Health Plan (HDHP), you can also open a Health Savings Account (HSA) to help pay for eligible medical expenses.

**What is an HSA?**

An HSA is a deposit account that you can use to pay for current and future qualified medical expenses, tax-free. Money in your HSA earns interest and can be invested to help you build funds faster.

**Who is eligible to open an HSA?**

To open an HSA, you must be enrolled in a HDHP plan. You cannot be claimed as a dependent on another person’s tax return, be enrolled in Medicare if you’re over 65, or have received Veterans Affairs medical benefits at any time over the past three months unless it was for preventative care or related to a service injury/accident.

**What is the tax benefit associated with an HSA?**

The money you contribute to your HSA is tax-deductible and can be used for expenses for yourself and your dependents. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS). Your HSA balance plus investment earnings carry over from year to year, tax-free.

**Plus -- your HSA funds are yours to keep – even if you switch health plans, change jobs, or retire.**

**[Client Name] will contribute $$$ per month to employee HSA accounts.**

|  |  |  |
| --- | --- | --- |
| **Maximum HSA Contributions** | **2018** | **2019** |
| Individual | $3,450 | $3,500 |
| Family | $6,900 | $7,000 |
| Catch-up – 55 or older | $1,000 | $1,000 |

**What are qualified medical expenses?**

The IRS maintains a list of all eligible medical expenses, common qualified expenses include:

* Acupuncture
* Ambulance Services

View the complete list of qualified expenses at:

<https://www.irs.gov/publications/p502/index.html>

[Vendor Name] is the administrator of our HSA Benefits. Visit their website at [www.vendorname.com.](http://www.vendorname.com/)

* Dental Treatment
* Contact Lenses
* Doctor’s Fees
* Hearing aids
* Chiropractic Care
* COBRA Premiums

Value-Added Benefits

**Anthem Anywhere App/Web Portal**

Anthem participants have access to the new enhanced app at no cost. This app allows members to view claims data, health and benefits related information; view virtual ID card; receive notifications for gaps in care, recommended screenings; and participate in wellness challenges. Download the free app (ANTHEM ANYWHERE) today onto your Apple or Android device.

**Anthem’s LiveHealth Online® Telemedicine**

[Live Health Online](http://www.livehealthonline.com/home.html)Anthem’s LiveHealth Online® provides access to a doctor on a computer or smart phone 24/7. Members will pay $10 less than the primary care physician (PCP) office visit copay plus applicable coinsurance; members enrolled in a high deductible plan will pay $49. The copayment paid by the member goes towards deductible and out-of-pocket maximums. This service is a great option if you or a covered family member is experiencing symptoms such as: flu, sinus infection, pink eye, etc. This is also a great option if traveling. More information is available on Anthem’s website at www.livehealthonline.com.

**Anthem EAP (Employee Assistance Program)**

Employees enrolled in the medical plan have access to Anthem’s EAP, available 24 hours a day, 7 days a week.

The EAP provides the following services:

* Four face-to-face counseling sessions per situation
* Crisis consultation
* Legal assistance
* Financial assistance
* ID recovery
* Tobacco cessation
* Dependent care services and other family or work-related resources

Counselors are available by calling 800-346-5484 or visiting the website at [www.AnthemEAP.com](http://www.AnthemEAP.com) ;Login is “VBA”.

Employees can take advantage of this resource with the full confidence that all information discussed with Anthem will be kept confidential.

Dental Benefits

(Name of Employer) provides dental coverage for you and your family. All members are encouraged to receive two cleanings per year to keep teeth and gums healthy. Dependents will be covered up to age 26, regardless of full time student status.

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Feature** | **Basic Plan**  *In-network Benefit* | **Comprehensive Plan**  *In-network Benefit* | **Enhanced Indemnity Plan**  *(No network required)* |
| **Annual Deductible** | $50 (3 per family) | $50 (3 per family) | $50 (3 per family) |
| **Annual Benefit Maximum** | $1,000 per person | $1,500 per person | $1,500 per person |
| **Preventive & Diagnostic Services**  *Costs for preventive and diagnostic services do not count toward annual maximum* | 100%;  80% OON | 100%;  80% OON | 100%; |
| **Primary Services**  *Fillings (including composite); oral surgery; endodontics & periodontics* | 80%;  60% OON | 80%;  60% OON | 80% |
| **Major Services**  *(crowns, bridges, dentures, implants)* | No coverage | 50% | 50% |
| **Orthodontia**  *(dependents under the age of 19 only)* | No coverage | 50% up to $1,000 lifetime maximum | 50% up to $1,000 lifetime maximum |

(Delete columns for plans not offered)

Dental Costs and NEW Wellness Benefit

# Your Dental Cost in 2019

(Delete columns for plans not offered)

|  |  |  |  |
| --- | --- | --- | --- |
| **DENTAL PLANS - Employee MONTHLY/BI-MONTHLY Deductions** | | | |
|  | **Basic**  **Plan** | **Comprehensive**  **Plan** | **Indemnity**  **Plan** |
| Employee only | $ | $ | $ |
| **Employee + child(ren)** | $ | $ | $ |
| **Employee + spouse** | $ | $ | $ |
| **Employee + family** | $ | $ | $ |

# NEW LifeSmile + HOW Programs

In 2019, our dental plan will be participating in two new dental wellness programs through Delta Dental:

* LifeSMILE – This self-administered oral health risk assessment uses questions about oral health in combination with the history of treatments to provide members with a risk score for future oral conditions and diseases. This report can then be used at your next dental visit to begin the conversation on improving oral health. This assessment is available at [www.deltadentalva.com](http://www.deltadentalva.com).
* HOW (**H**ealth Through **O**ral **W**ellness) – When you visit your dentist, ask him or her to perform a clinical risk assessment, which could automatically trigger benefits covered under the plan (i.e. additional cleanings, fluoride treatments, sealant replacements) based on your unique and relevant dental wellness risk.

A picture containing indoor, wall, table

Description generated with very high confidence

Vision Benefits

Vision Service Plan (VSP) will provide voluntary vision benefits as outlined below. When you are enrolled in our Anthem medical plan you also receive basic vision benefits through Anthem which cover a routine eye exam and discounts on materials; however, (employer name) also offers additional vision benefits on a voluntary basis through VSP. With VSP, you will enjoy some additional plan enhancements such as: broader network; increased frame allowance with additional $20 on certain designer frames; WellVision® exam that can detect diabetes and hypertension; diabetic eye care; 20-25% off additional glasses and sunglasses if purchased on the day of exam; and laser vision discount. VSP does not distribute ID cards, providers can verify eligibility directly with VSP. Dependents will be covered up to age 26, regardless of full time student status. To view benefits, review provider directory and plan benefits, check out VSP’s website at [www.vsp.com](http://www.vsp.com).

**EXTRA SAVINGS! Additional $20 to spend on featured brands like:**

ANNE KLEIN, BEBE®, CALVIN KLEIN, LACOSTE, NIKE, NINE WEST and many more!

(Delete any columns for plans not offered.)

|  |  |  |  |
| --- | --- | --- | --- |
| **In-network**  **Plan Design Features** | **Anthem Blue View Vision**  *(Included with Anthem medical plans)* | **Basic Plan**  **(VSP)** | **Enhanced Plan**  **(VSP)** |
| **Comprehensive Eye Exam** | $15 copay | $15 copay | $15 copay |
| **Frames/Lenses** – single vision, bifocal, trifocal and lenticular | 35% discount off retail | $30 copay  *($150 allowance\*); frame benefit available every 24 months* | $15 copay  *($150 allowance\*); frame benefit available every 12 months* |
| **Covered Lens Options** | Varying discounts | Standard scratch-resistant coating; polycarbonate lenses for children | Standard scratch-resistant coating, progressive lenses, photochromic, polycarbonate lenses (children and adults), ultraviolet coating and Pink Tints (1 & 2) |
| **Contact Lenses**  *(Contact lens benefit in lieu of frames benefit every 12 months)* | 15% off retail | $30 copay;  *$150 allowance* | 15 copay;  *$150 allowance* |
| Contact lenses fitting fee | No discount | Copay not to exceed $60 | Copay not to exceed $60 |

|  |  |  |
| --- | --- | --- |
| **VISION PLANS - Employee MONTHLY/BI-WEEKLY Deductions** | | |
|  | **VSP Basic Plan** | **VSP Enhanced Plan** |
| **Employee only** | **$5.80** | **$10.20** |
| **Employee + child(ren)** | **$9.60** | **$15.60** |
| **Employee + spouse** | **$9.00** | **$14.60** |
| **Employee + family** | **$15.40** | **$25.00** |

*\*$80 allowance at Costco*

****(Delete any columns for plans not offered.)

Lincoln Financial Group Logo (click to navigate to top page)Disability Income Benefits

**LINCOLN FINANCIAL** (formerly Liberty Mutual) will continue to insure disability coverages for 2019.

[Client Name] is committed to providing a comprehensive benefits program. As part of your benefits package, disability income benefits are provided to you at no cost/are available on a voluntary basis. Should you become unable to work due to a non-work related illness or injury, disability coverage acts as income replacement to protect you and your family from serious financial hardship.

**Short Term Disability Coverage**

Insured by Lincoln Financial, short-term disability coverage pays \_\_% of your salary for up to \_\_\_\_ weeks, after a waiting period of \_\_\_\_.

|  |  |
| --- | --- |
| **Short-Term Disability** | |
| Benefits Begin |  |
| Benefits Payable / Duration |  |
| Percentage of Income Replaced |  |
| Maximum Benefit |  |

**Long-Term Disability Coverage**

Insured by Lincoln Financial, short-term disability coverage pays \_\_% of your salary for up to \_\_\_\_ weeks, after a waiting period of \_\_\_\_\_.

|  |  |
| --- | --- |
| **Long-Term Disability** | |
| Benefits Begin |  |
| Benefits Payable / Duration |  |
| Percentage of Income Replaced |  |
| Maximum Benefit |  |

**Taxation of Disability Coverage**

Because disability coverage is an employer paid benefit and is available for employees at no cost, any disability   
payments made to you will be taxable.

OR

As an employee paid benefit, disability coverage is available to you on a pre-tax and/or post-tax basis:

* Pre-tax: By paying for your disability coverage on a pre-tax basis, you will pay income taxes on any STD and/or LTD benefits you receive. In effect, you are reducing your taxable income and will not have income taxes withheld on the portion of your income used to pay your disability insurance
* After-tax: If you pay your disability coverage on an after-tax basis, you will not have to pay income taxes on any STD and/or LTD benefits you receive

Basic Life Insurance & AD&D

(Name of employer) provides eligible employees working at least 30 hours per week, with basic group life and accidental death and dismemberment (AD&D) insurance in the amount of (1x, 2x, 3x,…) annual salary. Beneficiary information can be updated online during open enrollment.

Supplemental Life Insurance

|  |  |
| --- | --- |
| **Supplemental Life Rates** | |
| **Age** | **Rate** |
| < 25 | $.051 |
| 25 – 29 | $.061 |
| 30 – 34 | $.081 |
| 35 – 39 | $.091 |
| 40 – 44 | $.120 |
| 45 – 49 | $.204 |
| 50 – 54 | $.336 |
| 55 – 59 | $.528 |
| 60 – 64 | $.816 |
| 65 – 69 | $1.464 |
| 70+ | $2.628 |

### Supplemental Life Insurance

(Sample text) Employees are able to purchase supplemental group life insurance to complement basic life insurance. Participants can purchase up to 8 times their salary to a maximum of $1,500,000 (combined with basic life). Rates are per thousand of benefit. Once you start the process to increase coverage through Minnesota Life, you will receive instructions outlining how to provide evidence of insurability (EOI), if applicable. If you decide not to pursue additional coverage, please contact Minnesota Life directly to close your case. Monthly rates are outlined to the right:

### Dependent Life Insurance Options

|  |  |
| --- | --- |
| **Spouse Rates** | |
| **Age** | **Rate** |
| < 25 | $.060 |
| 25 – 29 | $.072 |
| 30 – 34 | $.096 |
| 35 – 39 | $.108 |
| 40 – 44 | $.139 |
| 45 – 49 | $.236 |
| 50 – 54 | $.390 |
| 55 – 59 | $.612 |
| 60 – 64 | $.947 |
| 65 – 69 | $1.698 |
| 70+ | $3.048 |

(Sample text) You may purchase dependent life insurance for your spouse and children at various amounts. AD&D coverage is not included in dependent life benefit plans.

**Spouse Dependent Life Options** – Participants can purchase spouse life insurance in increments of $10,000, up to $100,000. Guaranteed issue will remain at $30,000. All increases in coverage will require EOI. Premiums are based on spouse’s age and rates are per thousand of benefit. Monthly rates outlined to the right:

**Child/Children Dependent Life Options** – Total monthly rate, regardless of the number of children:

|  |  |  |
| --- | --- | --- |
| **Child Options** | **Benefit Amount** | **Monthly Rate** |
| **Option 1** | **$5,000** | **$.40** |
| **Option 2** | **$10,000** | **$.80** |
| **Option 3** | **$15,000** | **$1.20** |
| **Option 4** | **$20,000** | **$1.60** |

Voluntary AD&D

**NEW:** AD&D is currently bundled with supplemental life insurance in 2018; in 2019, these will be two separate elections at open enrollment. All benefit amounts are guarantee issue (no underwriting) and you can purchase AD&D coverage for spouse and/or children, which is currently not an option. See box below for further details.

Benefit Amount: $25,000 increments

Plan Maximum: $500,000

Voluntary AD&D Rates:

* Employee only - $.019/$1,000
* Family - $.03/$1,000

If family coverage elected, spouse and child(ren) benefit is a % of the employee’s amount of coverage:

* Spouse, 40%; children, 10%
* Spouse only, 50%
* Children only, 15%

Health Care and Dependent Care

Flexible Spending Accounts

[Client Name] provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through a Flexible Spending Account (FSA).

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. You should contribute the amount of money you expect to spend on eligible expenses for the year. Any leftover money will not be refunded or rolled over to the following year, per IRS regulations. **OR** Per IRS ruling you may rollover up to $500 in your Health and Limited FSA accounts.

|  |  |
| --- | --- |
| Health Care Tax Savings Example | |
| **Prescription drugs** | $225 |
| **Doctor co-pays** | $80 |
| **Orthodontia (braces)** | $1,500 |
| Suggested Plan Year Election | **$1,805** |
| **Taxes (30%)** | x 0.30 |
| Estimated Annual Savings | **$541.50** |

**Health Care FSA** (*not available with HDHP enrollment*)

The maximum you can contribute to a health care FSA for 2019 is $2,650. The full amount you elect is available at the beginning of the plan year.

Examples of qualified expenses include:

* Prescriptions
* Doctor visit co-pays
* Contact lenses
* Dental care
* Flu shots

**Limited Health Care FSA** (*only available with HDHP enrollment*)

Limited Health Care FSAs are for those employees enrolled in the HDHP with an HSA account. These funds can be used for eligible dental and vision expenses. The maximum you can contribute to a Limited FSA for the plan year is $2,650.

The full amount you elect is available at the beginning of the plan year.

|  |  |
| --- | --- |
| Dependent Care Tax Savings Example | |
| **Day care for child** | $3,500 |
| **Summer child care** | $1,500 |
| Suggested Plan Year Election | **$5,000** |
| **Taxes (30%)** | x 0.30 |
| Estimated Annual Savings | **$1,500** |

**Dependent Care FSA**

The maximum you can contribute to the dependent care FSA is $5,000 if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately. Funds are available only after they are deducted from your paycheck.

Examples of qualified expenses include:

* Child care
* Before or after school program

The IRS maintains a complete list of qualified medical and dental expenses eligible for FSA reimbursement. See the list at: <https://www.irs.gov/publications/p502/index.html>

* Elder care

Voluntary Plan Offerings

**Pet Insurance**

****

We are excited to offer voluntary pet insurance. Employees can receive a group discount on pet insurance through FIGO, a technology-based pet insurance vendor. Policies provide illness and injury coverage for cats and dogs. There are no benefits specific to wellness. FIGO offers customized plan designs with flexible deductibles, coinsurance and benefit maximums based on the needs of your pet. FIGO offers technology resources such as: Pet cloud which preserves all medical records and claims and sends appointment reminders; mobile app for electronic claims submittal and payment; and digital pet tags and lost pet service. To sign up for this great plan, follow the link on the open enrollment site and request a customized quote. Employees can enroll in this benefit at any time during the year, not just at open enrollment. Members will be billed directly from FIGO, not through payroll deductions. Check it out at: <http://bit.do/vbafigo>.

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCOOQjfa0sMcCFYIqPgod2kADiQ&url=http://logos.wikia.com/wiki/File:Aflac.jpg&ei=KvvRVePTNoLV-AHagY3ICA&bvm=bv.99804247,d.eXY&psig=AFQjCNEW9q96EWbWguAfM5pJm7eM5AvlmQ&ust=1439911078031964)**Group Voluntary Critical Illness, Accident, and Hospital Indemnity Plans**

Aflac administers our group voluntary critical illness, accident and hospital indemnity plans. These programs will provide cash reimbursement if you encounter certain situations as outlined in each plan. Additionally, wellness benefits are available if you and your family receive annual screenings.

**Critical Illness Insurance** provides coverage for specific illnesses and helps offset expenses not reimbursed by other types of insurance. Two options available: $20,000 and $10,000.

* + Rates vary by age and usage of tobacco products (Employee and/or Spouse tobacco user rates); visit enrollment site for your specific monthly premiums

**Accident Insurance** provides coverage for injuries and accident-related medical treatments, including medical services and hospitalization. Two options available: high and low, plans vary by level of reimbursement.

|  |  |  |
| --- | --- | --- |
| **Employee Monthly Premiums** |  |  |
|  | **Accident Low Option** | **Accident High Option** |
| **Employee only** | **$8.52** | **$18.43** |
| **Employee & Child(ren)** | **$17.43** | **$35.89** |
| **Employee & Spouse** | **$13.35** | **$27.76** |
| **Employee & Family** | **$22.26** | **$45.22** |

Voluntary Plan Offerings

**Hospital Indemnity Plan** provides coverage for hospital admission, inpatient stays and intensive care confinement. Two options available: high and low, plans vary by level of reimbursement (see below).





**Legal Assistance Program**

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCOnEytOfqccCFQh1Pgodu5wGPA&url=http://www.heneylaw.com/&ei=VznOVam9C4jq-QG7uZrgAw&bvm=bv.99804247,d.eXY&psig=AFQjCNEfkIHTu3Z57kzkOX7dVvUcWrOEZg&ust=1439664847773020)Employees can purchase legal service protection and have access to an attorney on retainer within a nationwide network of more than 13,500 attorneys. Provides full coverage for money matters, home and real estate, estate planning, living will preparation, family and personal, civil lawsuits, elder care issues, vehicles and driving.

To access attorney directory, visit [www.legalplans.com](http://www.legalplans.com);

Employee/Members Access Code: GETLAW

* $16.50 monthly premium

OTHER PROGRAMS

**401(k) Retirement Plan**

[Client Name]’s 401(k) retirement plan is designed to help you save for a financially secure future. Electing a percentage of your salary to contribute will decrease your taxable income while building your retirement savings.

[Client Name] will match \_\_\_% of the first \_\_\_% of your contribution beginning after a \_\_\_\_ waiting period.

Find more information about plan options, election maximums, and instructions for enrolling at \_\_\_\_\_\_\_\_\_\_\_.

**NEW:** NestUp Clarity Report. This report estimates your retirement income need, projects how much money you may have when you reach retirement, and shows your progress toward reaching that goal. Visit <http://www.nestup.com> to see your report and you can also add other assets (including your spouses) to see if you are on track to your retirement needs.



Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit** | **Provider** | **Phone** | **Website** |
| Medical | Anthem | 1-833-831-0085 | www.anthem.com |
| Dental | Delta Dental | 1-800-237-6060 | www.deltadentalva.com |
| Vision | VSP | 1-800-877-7195 | www.vsp.com |
| Health Savings Account | Alerus | 1-877-661-4727 | www.alerusrb.com |
| Life | Minnesota Life | 1-800-643-5599 (VBA) | www.minnesotalife.com |
| Flexible Spending Account | LD&B | 1-877-532-5478 | www.LDBbenefitsadmin.com |
| Short-Term Disability  Long-Term Disability | Lincoln Financial | 1-800-643-5599 (VBA) | www.lincolnfinancial.com |
| COBRA | Flexible Benefits Administrators | 1-800-437-3539 | www.flex-admin.com |
| Group Hospital Indemnity | AFLAC | 1-800-643-5599 (VBA) | www.aflacgroupinsurance.com |
| Group Legal | Hyatt Legal (MetLaw) | 1-800-821-6400 (client svc ctr) | www.info.legalplans.com |
| Pet Insurance | FIGO | 1-800-643-5599 (VBA) | www.vabankers.org |
| Critical Illness & Accident | AFLAC | 1-800-643-5599 (VBA) | www.aflacgroupinsurance.com |

FREQUENTLY ASKED QUESTIONS

If you’ve been keeping track of commonly asked questions you receive from your employees, please feel free to list these here. If not, you can delete this page.

Open Enrollment Details

**[DELETE IF NOT NEEDED]**

|  |  |  |
| --- | --- | --- |
| Benefit Meetings/Webinars | | |
| **Date** | **Time** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |



**Key Terms**

* A **premium** is the amount you pay out of your paycheck for insurance coverage
* A **deductible** is the amount you pay before the plan contributes to the cost for services
* A **copay** is a fixed amount you pay for medical services or prescription drugs
* **Coinsurance** is the percent of charges you pay after you reach the deductible until you reach the plan’s out-of-pocket maximum
* The **out-of-pocket maximum** is the most you will pay during the plan year for health care expenses, including your deductible, copays, and coinsurance



**[INCLUDE ADDITIONAL OE INFORMATION SPECIFIC TO EMPLOYER]**



**Open Enrollment is [date] to [date]**

**Elections will take effect on January 1, 2019**