



Johnson County Texas

2024-2025 Open Enrollment

Effective 10/01/2024



AGENDA

- Overview of Changes for 2023- 2024
- Plan Details
- Open Enrollment
- Questions



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Overview of Changes

- Plan designs and most rates will remain the same
 - Critical Illness rates increase effective 10/01
- Adding EAP plan effective 10/01
- Benefit effective date changing to 01/01
 - 10/01 Plan Year – Passive Enrollment
 - Medical Deductible will NOT reset
 - 01/01 Plan Year – Active Enrollment
 - Medical Deductibles WILL reset



10/01 Enrollment: Action Needed

This is a passive enrollment; before September 5th, feel free to:

- Change your benefits, or wait until the October enrollment
- Your benefits will remain the same with the following exceptions
 - FSA & HSA benefits will not continue deductions. You must actively make an election for every plan year.
 - Critical Illness rate increase.

The call center will be open for help with this open enrollment as well as the one in October.



BCBS

Medical Plan Highlights



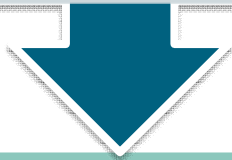
Medical Plan Details

Three BCBS medical options

PPO

HMO

HDHP



All three options cover the same services, use BCBS's network and offer prescription drug coverage

HMO Plan has a narrower network and no out of network benefits – You must select a PCP for HMO

HDHP is first dollar coverage for all services



Medical Benefit Highlights

*PLAN YEAR: OCTOBER 1, 2024 – DECEMBER 31, 2024

Medical Plan	PPO Plan In Network	HMO Plan	HDHP
<u>*Plan Year Deductible</u>			
Individual	\$1,000	\$1,000	\$4,000
Family	\$2,000	\$2,000	\$8,000
Coinsurance: Plan Pays / You Pay	80% / 20%	80% / 20%	80% / 20%
<u>Out of Pocket Maximum:</u> (Deductibles and Copayments apply)			
Individual	\$4,000	\$4,000	\$4,000
Family	\$8,000	\$8,000	\$8,000
<u>Medical Services</u>			
Primary Care / Specialist Office Visit Copay	\$35 / \$45 Copay	\$35 / \$45 Copay	No charge after deductible
Urgent Care	\$100 Copay	\$100 Copay	
Emergency Room	\$300 Copay	\$300 Copay	
MDLive	\$0 Copay	\$0 Copay	
Routine Lab/X-Ray	100% of Allowable Amt after OV Copay.	100% of Allowable Amt	
Preventive Services (Routine annual exams, well baby exams, vision exams)	100% of Allowable Amt after OV Copay.	100% of Allowable Amt	

Pharmacy Highlights

Prescription Benefits	PPO and HMO
Generic	\$10 Copay
Brand	\$50 Copay
No-Preferred Brand	\$75 Copay
Specialty	\$50 Copay
Non-Preferred Specialty	\$75 Copay

Mail order – 3-month supply with 2 copayments

HMO Plan – Provider Selection

If you are choosing the HMO Plan, you will be required to select a PCP.

In the PlanSource system, enter “DFAULT” in the provider network or code filed.

This will allow you to be enrolled and receive an ID card. Your card will say NO PCP ON FILE. You will need to choose a PCP through BCBS prior to seeking care for the first time.

A new card with the PCP listed will then be mailed out.



HMO Plan

Premium Deductible Out-of-Pocket Costs

Family Covered

+ ADD FAMILY MEMBER

<input checked="" type="checkbox"/> Yourself	
Employee Only	\$25.00 Per Pay Period
Employee + Spouse	\$225.00 Per Pay Period
Employee + Children	\$112.50 Per Pay Period
Employee + Family	\$305.50 Per Pay Period

Primary Care Providers

Primary Care Information required
This plan requires you to [select a primary care provider](#) for Medical before checkout.

Elected Coverage

Coverage effective from 10/01/2024 to 12/31/2024

	Blue Edge HSA (Pretax)	\$0.00 Per Pay Period
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Plan Details

Description	In Network	Out of Network
Annual Deductible	1000 Individual / 2000 Family	Not Covered
Annual Out of Pocket Limit	4000 Individual / 8000 Family	Not Covered

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Blue Essentials HMO - ASO (Pretax)

\$25.00
Per Pay Period

[Update Cart](#)

Medical Plan Types:

HMOs, PPOs, and HD

HMOs, PPOs, and HD

Enter "DEFAULT" Here

Primary Care Information

Member	Provider Name*	Provider Network or	Existing Patient
Test, Donald	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

< BACK

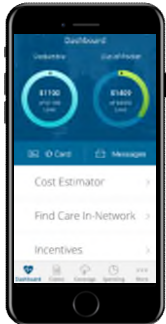
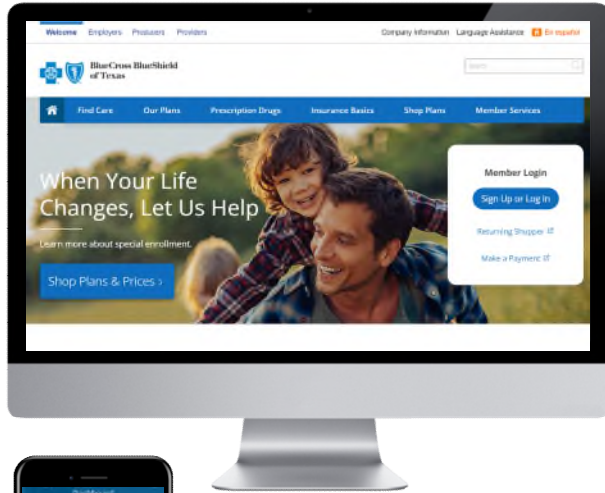
Continue

Employee Assistance Program (EAP) - BCBSTX

- Your EAP is designed to help you when you need it.
- Services are **confidential**
- Up to 5 counseling sessions per incident per year
- No cost to you!














BCBS Online Tools and Resources



TEXT **BCBSTX** TO **33633**
TO DOWNLOAD THE APP

Blue Access for MembersSM 

-  Provider Finder[®]
-  Claim History and Health Snapshot
-  Well onTarget[®] Member Wellness Portal
-  Health Assessment

-  ID Card Management
-  Mobile Preferences
-  Benefits and Claims
-  Member Care Profile
-  Blue PointsSM Program
-  Maternity Management
-  Blue365[®] Discount Program
-  Health Care School



Dental Coverage (BCBS)



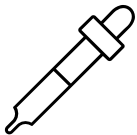
	PPO - Low	PPO - High
Deductible (Per Person / Per Family)	\$75/ \$225	\$50/ \$150
Benefit Maximum per person	\$750	\$5,000
Preventive 2 Exams Per Calendar Year, Fluoride Treatments, Sealants, X-rays, etc.	Plan pays 80%	Plan pays 100%
Basic Dental Filling Restoration, Steel Crowns, Extractions, Anesthesia, Root Canal, Gum Disease, Oral Surgery, etc	Plan pays 50%	Plan pays 80%
Major Dental Space Maintainers, Crown Build-ups, Crowns, Bridges, Restorations, Dental Implants	Plan pays 25%	Plan pays 50%
Orthodontia (Adults & Children up to 19) Installation, Treatment, Adjustment, etc.	No Benefit	Lifetime Maximum benefits of \$1,000

Superior Vision

Vision Plan Highlights

Vision Coverage (Superior Vision)

- Benefits through Superior National network – Owned by MetLife
- LASIK Discounts between 10%-50%



Plan Feature	In-Network Benefits	Out-of-Network Reimbursement
Eye Exam (every 12 months)	\$0 Copay for annual visit \$10 Copay for additional visits	Up to \$42
Lenses (every 12 months)	Covered in Full (Copay includes single, bifocal, trifocal, or lenticular lenses)	Up to: \$26 Single Vision \$34 Bifocal \$50 Trifocal
Frames (every 12 months)	You have a \$140 frame allowance	Up to \$53
Contact Lenses* (in lieu of glasses every 12 months)	You have a \$130 contact allowance	Up to \$100



Pre-tax Savings Accounts

Savings Account Comparisons

Medical FSA/HSA/Limited Purpose FSA Summary

	HSA	FSA	Limited Purpose FSA
Eligibility	HDHP Enrollment	HMO or PPO Enrollment	Can be enrolled in the HDHP
Use	Expenses allowed by the IRS	Expenses allowed by the IRS	Only cover qualified vision and dental expenses
Employer	Stays with you even if employment changes	Lost if you leave employment	
Changes to Contributions	Can be changed at any time	Can be changed during open enrollment	
Rollover	Unused balance rolls over from year to year	\$640 rollover. Any additional unused balance is forfeited.	
Taxes	Contributions are taken out pretax; interest earned, and withdrawals are tax-free	Contributions are pretax; withdrawals are tax-free	



IMPORTANT: The IRS does not allow employees to contribute to an HSA if they are:



Covered under someone else's plan



On Medicare, Medicaid or TRICARE



Claimed as dependent on someone else's tax return



If you have any dollars in a medical FSA they will be converted to a limited purpose FSA before HSA dollars can be contributed.



Dependent Care FSA



FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified dependent care expenses such as preschool, summer day camp, before or after school programs, and child or adult daycare.



Dependent Care FSA

**\$5,000 per household
or \$2,500 if married,
filing separately.**



IRS determines eligible expenditures. There is no roll over and funds are only available after deductions have been made



FSA and HSA Short Plan Year Election Limits

Health Savings Account (HSA)	Benefit	Annual Target
HSA – Individual – Under Age 55 Correct	Population	Employer Base/Max - \$0 Employee Min/Max - \$0 /\$4,150
HSA – Individual – Over Age 55 Correct	Population	Employer Base/Max - \$0 Employee Min/Max - \$0 /\$5,150
HSA – Family – Under Age 55 Correct	Population	Employer Base/Max - \$0 Employee Min/Max - \$0 /\$8,300
HSA – Family – Over Age 55 Correct	Population	Employer Base/Max - \$0 Employee Min/Max - \$0 /\$9,300
Medical Flexible Spending Account	Benefit	Annual Target
Medical Flexible Spending Account	Plan	Employer Contributes - \$0 Employee Min/Max - \$0 /\$800
Medical Flexible Spending Account	Benefit	Annual Target
Dependent Care Reimbursement Account	Plan	Employer Contributes - \$0 Employee Min/Max - \$0 /\$1,250
Medical Flexible Spending Account	Benefit	Annual Target
Limited Flexible Spending Account	Plan	Employer Contributes - \$0 Employee Min/Max - \$0 /\$800

Ochs & Mutual of Omaha

Life & Voluntary Products Overview



Life/AD&D – Ochs

Your Basic and Supplemental Life Insurance Coverages:

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	\$10,000	<ul style="list-style-type: none">✓ Includes a matching AD&D benefit✓ Includes a Line of Duty benefit✓ Basic Life coverage reduces beginning at age 65
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Supplemental Life Coverage - 100% employee paid

Supplemental term life	Elect in \$10,000 increments Maximum \$750,000	<ul style="list-style-type: none">✓ Includes a matching AD&D benefit
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Spouse term life	Elect in \$5,000 increments Maximum \$250,000	<ul style="list-style-type: none">✓ Includes a matching AD&D benefit
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Child term life	Elect \$10,000, \$15,000, or \$20,000	<ul style="list-style-type: none">✓ Includes 1st newborn child benefit
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Dependent Package	Spouse \$5,000 and Child \$5,000	<ul style="list-style-type: none">✓ Includes your spouse and all eligible children live birth to age 26
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If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

*Change beneficiary at any time



Life/AD&D – Ochs

INITIAL ELIGIBILITY OPPORTUNITY * NEW HIRES *

Initial eligibility refers to the first time an employee is eligible for coverage.

- ✓ Employee - up to **\$300,000 guaranteed**
- ✓ Spouse - up to **\$50,000 guaranteed**
- ✓ Child - **all coverage guaranteed**
- ✓ Dependent Package (spouse and child) - **all coverage guaranteed**

ANNUAL ENROLLMENT OPPORTUNITY

Available during your employer's annual enrollment period.

- ✓ Child - **all coverage guaranteed**
- ✓ Employee, Spouse, & Dependent Package - **all elections require health questions**



YOUR ACCIDENT BENEFITS

ACCIDENT BENEFIT AMOUNTS

(SOME PAYOUT EXAMPLES):

EMERGENCY ROOM
\$150

URGENT CARE
\$100

AMBULANCE
Up to \$1,000

HOSPITAL ADMISSION
\$1,000

DAILY HOSPITAL CONFINEMENT
\$200/Day



PHYSICIAN FOLLOW-UP OFFICE VISIT
\$75 per visit, up to 6 per accident

PHYSICAL THERAPY
\$25 per visit, up to 6 per accident

FRACTURES
Up to \$6,000

DISLOCATION
Up to 9,000

COVERAGE TIER	PREMIUM AMOUNT (Semi-Monthly)
EMPLOYEE ONLY	\$3.29
EMPLOYEE + SPOUSE	\$4.70
EMPLOYEE + CHILD(REN)	\$5.82
EMPLOYEE + FAMILY	\$7.64

- 24-HR COVERAGE
- PORTABILITY INCLUDED

* For list of exclusions, limitations, and reductions, please refer to your enrollment packet/policy.



YOUR CRITICAL ILLNESS BENEFITS

COVERAGE GUIDELINES		GUARANTEE ISSUE
EMPLOYEE	\$10,000 increments up to a maximum of \$40,000	<u>\$40,000</u>
SPOUSE	\$10,000 increments up to a maximum of \$40,000 (not to exceed employee amount)	<u>\$40,000</u>
CHILD(REN) FOR EACH CHILD	50% of employee's Principal Sum, up to \$10,000 (no cost to employee)	<u>\$10,000</u>

BENEFIT CATEGORY	CONDITION	% OF THE ELECTED AMOUNT
HEART CIRCULATORY MOTOR FUNCTION	Heart Attack, Heart Transplant, Stroke, ALS(Lou Gehrig's), Advanced Alzheimer's, Advance Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%
ORGANS	Major Organ Transplant/Placement on UNOS List, End-Stage renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%
CHILDHOOD/ DEVELOPMENTAL	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
CANCER	Cancer (Invasive)	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%

* For list of exclusions, limitations, and reductions, please refer to your enrollment packet/policy.

Evidence of Insurability (EOI) for 10/1

Life & AD&D - Ochs

Current employees: Only the Child Life is GI during enrollment. Any increases or new coverage for Employees and Spouses would require EOI.

New hires: The employee guarantee issue is currently only for new hires within the policy. Child Life, dependent package and spouse life (up to \$50k) have GI opportunities.

Accident & Critical Illness - Mutual of Omaha

Accident: Employees can elect Accident coverage for themselves and their dependents without filling out an EOI

Critical Illness: Employees are required to submit an EOI for any Critical Illness enrollment election (for themselves or their spouses) during the Passive Enrollment.



PlanSource

Open Enrollment Support

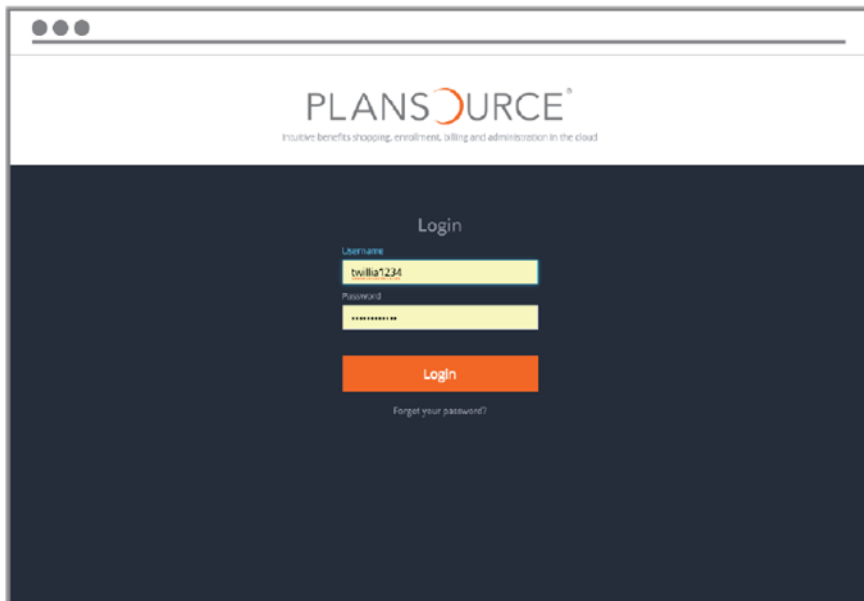


Open Enrollment Instructions

To enroll in benefits, go to: www.plansource.com/login.

Login Page

Enter your username and password.



PLANSOURCE[®]
Insure: benefits shopping, enrollment, billing and administration in the cloud

Login

Username
twillia1234

Password

Login

[Forgot your password?](#)

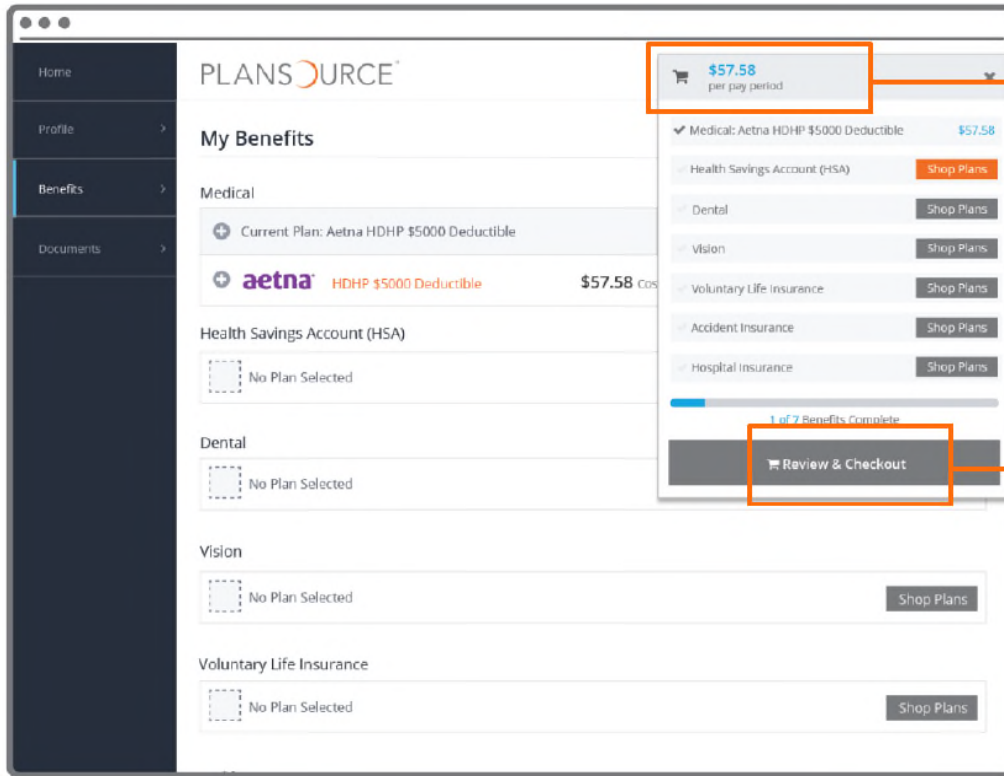
Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.





Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout

To finalize your choices, click "Review and Checkout." You must complete the checkout process in order to be enrolled in benefits.

***SHOPPING CART** display total will **not** display amounts for your Spouse/Dependents pending EOs or document verification until approved

If you need assistance in PlanSource, you can call 844-396-5676 to speak with a PlanSource Agent.

PlanSource can help with the following:

Password and login assistance, Technical support, Benefits education and guidance, Phone based enrollment, Life event assistance



Important Reminders

Open Enrollment

Open enrollment is August 19th –September 5th

- Your benefits will roll over from existing except for HSA, FSA, DCFSA, & LPFSA Contribution.
- If you enroll in an FSA or HSA, you will receive a debit card. **BE SURE TO CHECK YOUR EMAIL** (and junk mail) for messages from PlanSource regarding your Savings Accounts. This is will have important information and instructions to register your account. Once registered, you can View Plan Details.



Reminders!

- Call center support 844-396-5676
- Secondary open enrollment will be in October – this will be an active enrollment event
- This is the only time of year you may make benefit election or changes unless you have a qualified life event
- Must provide proof for any added dependents



Thank
you.

