BENEFITS Open Enrollment

December 6 – December 19

- HEALTH
- WELLNESS
- FINANCIAL





AGENDA

- Welcome
- Eligibility & Enrollment
- Review of 2022 Benefits
- How to Enroll
- Questions



YOUR BENEFITS TEAM

Monica Robles Human Resources Specialist II SoCal 562-945-2000 mrobles@inclusionsvs.org Tressa Davis Human Resources Specialist NorCal 707-681-0601 tdavis@inclusionspecialized.org

My Benefits Champion

Monday – Friday 7:00 am to 5:30 pm PST Phone: 855-687-2426 / Fax: 866-214-2211 Email: champion@hubinternational.com

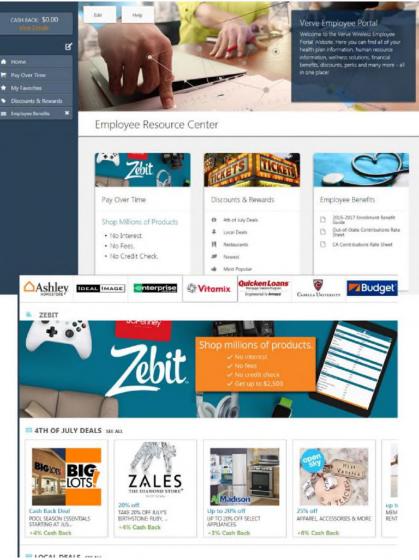
Need an ID card? Need help with a claims issue?
Have questions regarding your benefits?
Received an invoice or Explanation of Benefits (EOB) and don't know what to do?

-Need help identifying doctors, hospitals, dentists and other healthcare providers?

BENEFITHUB

- Access all employee benefits information Access links to all providers
- View Annual Employee notices
- Enjoy discounts & perks from thousands of retailers
- Receive cash back for rewards purchased
- Membership in our Employee Purchasing Program

To register visit <u>www.inclusionservices.benefithub.cor</u> Create a Username & Password



ELIGIBILITY

Who can enroll?

- Full-Time eligible employees
- Legal Spouse and Domestic Partners (check with Employer for DP rules)
- Dependent children, step-children, children of your legal spouse or domestic partner, up to age 26

When can you enroll?

- New Hires: following wait period
- During annual open enrollment
- Within 30 days of a family status change (qualifying event, life event)

Your healthcare elections will remain in force until next open enrollment unless you have a Qualifying Event like:

- Birth, Adoption, or placement for adoption of a child
- Marriage, Divorce, Annulment
- Loss of coverage through another qualified plan
- NOTE: You must notify Human Resources within 30 days of a qualifying event



MEDICAL PLAN COMPARISON

	Kaiser						
Key Benefits	Bronze 60 HMO 5400/60	Silver 70 HMO 2600/55	Silver 70 HMO 1650/55	Gold 80 HMO 250/35	Gold 80 HMO 0/30		
DEDUCTIBLE							
Individual / Family	\$5,400 / \$10,800 (embedded)	\$2,600 / \$5,200 (embedded)	\$1,650 / \$3,300 (embedded)	\$250 / \$500 (embedded)	\$0 / \$0		
OUT-OF-POCKET MAX							
Individual / Family	\$8,200 / \$16,400 (embed; includes	\$8,200 / \$16,400 (embed; includes	\$8,200 / \$16,400 (embed; includes	\$7,800 / \$15,600 (embed; includes	\$7,000 / \$14,000 (embedded)		
PHYSICIAN SERVICES	aea)	aea)	aea)	aea)			
Office Visits	\$60/\$80 (ded waived first 3 visits; combined office limit)	\$55/\$80 (ded waived)	\$55/\$80 (ded waived)	\$35/\$55 (ded waived)	\$30/\$35		
Preventive Care	0% (ded waived)	0% (ded waived)	0% (ded waived)	0% (ded waived)	0%		
Diagnostic Lab/X-Ray	\$30/50% after ded	\$30/\$75 after ded	\$30/\$75 (ded waived)	\$35/\$55 (ded waived)	\$30/\$40		
Chiropractic Care	\$15 (ded waived; 20 visits per year)	\$15 (ded waived; 20 visits per year)	\$15 (ded waived; 20 visits per year)	Not Covered	\$15 (20 visits per year)		
PRESCRIPTION DRUGS							
Pharmacy Deductible	Combined w/Medical (Subject Tiers 2-Combined	w/Medical (Subject Tiers 2-	\$350/\$700 (Subject Tiers 2-4)	None	None		
Tier 1 (Generic Formulary)	\$20 (up to 30-day supply)	\$20 (up to 30-day supply)	\$20 (up to 30-day supply)	\$15 (up to 30-day supply)	\$15 (up to 30-day supply)		
Tier 2 (Preferred Brand)	50% (up to 30-day supply)	\$75 (up to 30-day supply)	\$75 (up to 30-day supply)	\$40 (up to 30-day supply)	\$40 (up to 30-day supply)		
Tier 3 (Non-Preferred Brand)	Same as preferred brand drugs when approved through exception process	Same as preferred brand drugs when approved through exception process	Same as preferred brand drugs when approved through exception process	Same as preferred brand drugs when approved through exception process	Same as preferred brand drugs when approved through exception		
Tier 4 (Specialty Drugs)	50% up to \$500 (up to 30-day	45% up to \$250 (up to 30-day	20% up to \$250 (up to 30-day	20% up to \$250 (up to 30-day	20% up to \$250 (up to 30-day		
HOSPITAL FACILITY					supply)		
Inpatient Hospital Services	50% after ded	45% after ded	40% after ded	\$600/day after ded, 5 days max	\$600/day, 5 days max		
Outpatient Surgery in a Hospital	50% after ded	45% after ded	40% after ded	\$335 after ded	\$320		
EMERGENCY SERVICES							
Emergency Room	50% after ded (waived if admitted)	45% after ded (waived if admitted)	40% after ded (waived if admitted)	\$250 after ded (waived if admitted)	\$250 (waived if admitted)		
Ambulance	50% after ded	45% after ded	40% after ded	\$250 after ded	\$250		
Urgent Care	\$60 (ded waived first 3 visits; combined office limit)	\$55 (ded waived)	\$55 (ded waived)	\$35 (ded waived)	\$30		

Carrier Website- sign up ASAP!

Create your personal account at <u>www.kp.org</u>

Here you can:

- Get personal claim info
- View your plan benefits
- Find Providers who participate in your plan
- Get wellness tips, resources, discounts





Visiting your carrier website could lower your health costs by 20%

Study by Kaiser Permanente 2013

Kaiser Extras

Save time by utilizing TELEMEDICINE

See flyer on **BenefitHUB** for a list of numbers to call!

Get Connected with the Kaiser Mobile App!

Have your health/medical record # handy and register online at <u>KP.ORG/Register</u>, then download the Kaiser app!

Register at <u>KP.ORG/Register</u> so you can:

- Email your doctor
- View lab results
- Refill RXs
- Request routine appointments
- View immunizations

Use URGENT CARE whenever possible! Save time and money!

Call 1-888-KPONCALL (1-888-576-6225) for urgent care advice



DENTAL HIGHLIGHTS

Dental Benefits	Beam Dental SmartPremium Select 100/90/60/50-2000-1500 PPO				
PPO	PPO In-Network	Out-Of-Network			
Network	Beam Dental PPO				
Deductible (Individual Family)	\$50 \$150	\$50 \$150			
Benefit Maximum (per Individual)	\$2,000 per enrolled				
Preventive Services	100%	100%			
Basic Services	90%	80%			
Major Services	60%	50%			
Orthodontia (Children Only)	50%, \$1,500 max				



VISION HIGHLIGHTS

Vision	Beam (VSP) Vision		E	200 /1 4: MT
Benefits	In-Network	<u>n</u> 18	ΓP	10 r. 11 c.
Network	Beam (VSP) Vision	- <u>10</u> N	тог	<u>1941</u> 11.1 M
Exam (once every 12 months)	\$10	8 9 9	L P E D PECFD	1011 1011 1011
Lenses (once every 12 months instead of contact lenses) Single/Bifocal/Trifocal	Covered 100% after \$25 eyewear copay	8 8 8	E D F C Z P FELOPZD	1041 8.1410 2.4210
Frames (once every 24 months)	\$150 allowance after \$25 eyewear copay	<u>n</u> n	DEFPOTEC LEFODPCT	3017 533 W 535 W
Contact Lenses (once every 12 months; instead of prescription glasses)	Medically necessary: 100% after \$25 eyewear copay Elective: \$150 allowance	* * <	F D P L T C E O ENOSNEEUQ	an an an
Discounts	20% on amounts after \$150 allowance	C	X	

WHAT DO YOU NEED TO DO?

OPEN ENROLLMENT: Medical, Dental, Vision

- 1. Review benefit materials on BenefitHub
- 2. Log on to Paycom <u>after</u> you receive the announcement that the enrollment system is "live"
- 3. Review and add dependents, confirm your personal information
- 4. All full-time employees <u>MUST</u> enroll or waive benefits.
- 5. Review and submit your elections/waivers online & review confirmation

Deadline is December 19th

NEW HIRE: Medical, Dental, Vision

- 1. Review benefit materials on BenefitHub
- 2. Once you receive a "welcome" email from Paycom, log on and start your enrollment process
- 3. Review and add dependents, input any missing personal information
- 4. Review then submit your elections/waivers online & review confirmation

New hires are <u>eligible first of the month</u> <u>following 60 days employment</u>. Please complete enrollment 30 days prior to eligibility

QUESTIONS?



YOUR BENEFITS CHAMPION IS HERE TO HELP

YOUR BENEFITS CHAMPION is the only person you need to call with employee benefit and wellness questions.

HOW CAN WE HELP?

- Benefits Questions
- Insurance Claims
- Finding a Provider
- Insurance ID Cards
- Eligibility

- Dependent Benefits
- Pre-authorizations
- Enrollment Questions
- Wellness Program Questions
- Healthcare Reform

855.0UR.CHAMP (855.687.2426)

champion@hubinternational.com

Fax: 866.214.2211

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