

Cornwall-Lebanon School District Open Enrollment October 33, 2022 November 10, 2022

October 23, 2023 – November 10, 2023

You MUST participate in Open Enrollment if any of the following applies to you:

- Current participant in healthcare coverage who wants to change plans.
- Add or drop medical, dental or vision coverage.
- Add, drop or change dependent medical, dental or vision coverage.

Medical Plans for the 2024 Plan Year

- PPO 1000/2000
 - \$1,000 / \$2,000 deductible
- Choice Blue PPO 1000/2000
 - o \$1,000 / \$2,000 deductible when utilizing Enhanced Level Service Providers.
- Qualified High Deductible Health Plan (QHDHP)
 - o \$2,000 / \$4,000 deductible
 - o Includes an employer contribution to a Health Savings Account; See Page 2 for details.
- Choice Blue Qualified High Deductible Health Plan (QHDHP)
 - o \$2,000 / \$4,000 deductible when utilizing Enhanced Level Service Providers.
 - o Includes an employer contribution to a Health Savings Account; See Page 2 for details.

Spousal Rule

Spousal Rule for those hired after July 1, 2019:

- If an employee's spouse has coverage available from his/her own employer at a cost that is equal to or less than thirty percent (30%) of the spouse's employer's premium cost, he/she is not eligible to enroll in the Cornwall-Lebanon School District's healthcare plan.
- Spouses that are added to the healthcare plan due to paying more than thirty percent (30%) or not having coverage will be required to verify their status annually during open enrollment.
- Those staff who have submitted a form for this past calendar year will be required to renew the benefit eligibility of his/her spouse by November 10, 2023, for the 2024 Plan Year.

Flexible Spending Account (Health and/or Dependent Care)

If you have participated in a flexible spending account (health and/or dependent care), a new enrollment is required every year. Keep in mind that you can only elect to have a health flex spending account if you elect to have either the PPO 1000/2000 or Choice Blue PPO 1000/2000 as your medical plan.

Any changes made to your healthcare plan during open enrollment will be effective for the plan year January 1, 2024 – December 31, 2024.

Cornwall-Lebanon School District Staff Resources website: https://tinyurl.com/ysd5vkr2

Employee Premium Share Percentages and Monthly Rates for January 1, 2024 – June 30, 2024

Medical Plans:	Premium Share %	Individual	Two Person**	Family**
PPO \$1,000/\$2,000	13%	\$129.74	\$267.76	\$366.32
Choice Blue PPO \$1000/\$2000	12%	\$107.90	\$222.66	\$304.58
QHDHP	13%	\$95.72	\$196.70	\$268.80
Choice Blue QHDHP	12%	\$81.52	\$167.52	\$228.92

^{**}Part-time professional staff should contact Human Resources for Two Person and Family Rates.

Employee Premium Cost Share Information for Upcoming Fiscal Years

Below are the employee premium cost sharing percentages established for the next three fiscal years. The premium costs (rates) per plan are determined annually and are effective July 1. The employee's share is updated on the <u>CLSD Employee Resources website</u> every June based on the new monthly rates per plan.

Medical Plans:	Premium Share % 2024-2025	Premium Share % 2025-2026	Premium Share % 2026-2027
PPO \$1,000/\$2,000	14%	15%	15%
Choice Blue PPO \$1000/\$2000	12%	12%	12%
QHDHP	14%	15%	15%
Choice Blue QHDHP	12%	12%	12%

Health Savings Account (HSA)

Individual contributions can be made to an HSA using a payroll deduction. A <u>Health Savings Account</u> (<u>HSA</u>) Form needs to be completed <u>annually</u> for this to occur. That said, if you wish to continue to contribute to your HSA in 2024, you will need to complete a new <u>Health Savings Account</u> (HSA) Form.

If you enroll in a Qualified High Deductible Health Plan, an HSA will be established on your behalf.

1. Employer contributions:

Year:	Choice Blue	Choice Blue	Non-Choice Blue	Non-Choice Blue
	Individual	Two Person/Family	Individual	Two Person/Family
2024	\$1,300	\$2,600	\$1,000	\$2,000
2025	\$1,300	\$2,600	\$1,000	\$2,000
2026	\$1,300	\$2,600	\$1,000	\$2,000
2027	\$1,300	\$2,600	\$1,000	\$2,000

For the 2024 calendar year, the maximum amount to contribute (employer + employee) to an HSA is \$4,150 for individual and \$8,300 for two person or family. Employees age 55 and older can contribute an extra \$1,000.

2. Employer contributions will be deposited into the HSA account on the first business day of January. The amount will be pro-rated for those that will be retiring or resigning during the calendar year. If the employee receives the full contribution amount in January and resigns or retires after receipt of the employer contribution, he/she will be required to reimburse the District the equivalent of 1/12 for each month he/she will not be an employee during the calendar year.

For more information concerning HSA accounts, including IRS rules, visit the HealthEquity website: http://healthequity.com/learn/hsa/

PriceMD Participation (Applicable for Eligible Employees Only)

Effective January 1, 2024, all eligible employees and eligible members of their families, as identified by PriceMD, will be required to participate in the PriceMD specialty medicine program. A notification via U.S. mail will be sent to those who are eligible. Annual incentive structure for participation is as follows:

Prescription Fills:	Incentive:
1 st Fill	\$1,000
2 nd Fill	\$500
3 rd Fill	\$500
4 th Fill	\$500

The District may withdraw from this program at any time at its discretion if the program is no longer feasible. If the District withdraws from the program, written notice will be given to the employee at least sixty (60) days prior.

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