



2024 Benefit Plan Overview



What is Open Enrollment?

- ❖ Open Enrollment is the one-time that you can make changes to your benefits without a qualifying life event
- ❖ It's a great time to evaluate your options for 2024 and determine which are best for you and your family
- ❖ Changes During Open Enrollment
 - ✓ Effective 1/1/24 thru 12/31/24
 - ✓ Add or drop coverage
 - ✓ Add or drop dependents

Remember: If you experience a qualified life event during the year, you must **notify HR in writing, within 30 days of the event** and complete the necessary enrollment change process.

Examples of qualified life events:

- ✓ Birth or Adoption of a child
- ✓ Marriage or Divorce
- ✓ Entitlement to Medicare
- ✓ Gain of Other Coverage



Medical Plan(s)

In-network benefits shown

Out-of-network benefits available

Please see Benefit Summary & Plan
Document for details

No benefit changes for 2024

PPO Plan B2000

In-Network	
Annual Deductible	
Individual	\$2,000
Family	\$4,000
Out-of-Pocket Annual Maximum	
Individual	\$5,250, including deductible
Family	\$12,000, including deductible
Copayments, including RX, apply to the out-of-pocket maximum	
Lifetime Maximum	None
Medical Office Visit	\$35 per office visit copayment, 80/20% after deductible for all other eligible services (e.g., laboratory and X-ray services), \$200 co-pay for high tech lab and X-ray (e.g., MRI, PET, CT scans, etc.)
Preventive Care – (See SPD for specific covered services)	
Children & Adult Preventive Care Services (age/visit limitations apply)	100% covered, not subject to copay or coinsurance

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In-Network	
Chiropractic & Acupuncture Care	\$35 copayment per office visit, 80/20% after deductible for all other eligible expenses, limited to 30 visits each/calendar year in- and out-of network combined
Inpatient Hospital	80/20% after deductible
Outpatient /Ambulatory Surgery	80/20% after deductible
Laboratory & X-Ray	80/20% after deductible, \$200 copay for high tech lab and X-ray (e.g., MRI, PET, CT scans, etc.)
Emergency Care	80/20% after deductible
Urgent, After Hours Care	\$35 copayment per office visit, 80/20% after deductible for all other eligible expenses
Ambulance	
Ground	80/20% after deductible
Air	80/20% after deductible

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In-Network

Pharmacy

Prescriptions have a separate \$75 deductible,
combined for retail and mail order

Prescriptions copayments do apply to the out-of-pocket maximum

Retail – 30-Day Supply

Tier 1 generic formulary \$10 or 20% copay*
Tier 2 brand formulary \$25 or 30% copay
Tier 3 non-formulary \$35 or 50% copay
(\$ or % whichever is the higher amount)

Mail Order – 90-Day Supply

Tier 1 generic formulary \$25 copay
Tier 2 brand formulary \$60 copay
Tier 3 non-formulary \$115 copay

* Note: If the cost of the Tier 1 drug is less than \$10, you are only responsible for the cost of the drug

If you choose, or your provider prescribes, a brand-name or formulary drug, and a generic formulary drug is available, you pay the appropriate tier copayment plus the retail cost difference between the brand-name drug and generic substitute.

PPO Plan HDHP 2500

In-Network	
Annual Deductible	
Individual	\$2,500
Family	\$5,000 per individual or family. If you select family membership, no individual deductible applies and the family deductible must be met before CHP provides benefits.
Out-of-Pocket Annual Maximum	
Individual	\$5,000, including deductible
Family	\$6,850, per individual or family, including deductible. If you select family membership, no individual out-of-pocket annual maximum applies and the family out-of-pocket annual maximum must be met which includes family deductible.
Lifetime Maximum	None
Medical Office Visit	80/20% after deductible
Preventive Care – (See SPD for specific covered services)	
Children & Adult Care Services (age/visit limitations apply)	Preventive 100% covered, not subject to copay or coinsurance

PPO Plan HDHP 2500

In-Network	
Chiropractic & Acupuncture Care	80/20% after deductible, limited to 30 visits each per calendar year in and out-of-network combined
Inpatient Hospital	80/20% after deductible
Outpatient /Ambulatory Surgery	80/20% after deductible
Laboratory & X-Ray	80/20% after deductible
Emergency Care	80/20% after deductible
Urgent, After Hours Care	80/20% after deductible
Ambulance	
Ground	80/20% after deductible
Air	80/20% after deductible

PPO Plan HDHP 2500

In-Network

Pharmacy

Retail – 30-Day Supply

80/20% after medical deductible

Mail Order – 90-Day Supply

80/20% after medical deductible

Dental Plan(s)



Benefit level is the same for both in-network and out-of-network dentists

In-network pays per Anthem & provider contract
Out-of-network services are covered at Anthem's usual and customary rates

Plan A & B Comparison

	Plan A	Plan B
Covered Benefits	Coverage Percentage	
Annual Calendar Year Deductible (Single/Family)	\$50 / Max of 3 x \$50	\$50 / Max of 3 x \$50
Annual Calendar Year Maximum	\$1,500	\$1,500
Diagnostic and Preventive (no deductible) <ul style="list-style-type: none"> ▪ Oral evaluations ▪ X-rays ▪ Cleanings ▪ Space maintainers 	100%	100%
<ul style="list-style-type: none"> ▪ General Services – Consultations, observations ▪ Restorative Services – Amalgam and composite restorations ▪ Endodontic Services – Root canal therapy ▪ Periodontal Services – Crown lengthening, soft tissue grafts 	80% (deductible applies)	80% (deductible applies)

Plan A & B Comparison

	Plan A	Plan B
Covered Benefits	Coverage Percentage	
<ul style="list-style-type: none"> Oral Surgery Services – Simple extractions, general anesthesia (for surgical procedures). <p>Note: Some surgical procedures will be eligible under the medical plan (surgical extraction of impacted wisdom teeth)</p>	80% (deductible applies)	80% (deductible applies)
Prosthodontics Services <ul style="list-style-type: none"> Crown/inlay/onlay Partial or full dentures 	50% (deductible applies)	Not covered
Orthodontic Services <i>Eligible dependent children only</i> <ul style="list-style-type: none"> Examination and records Tooth guidance Repositioning (straightening) of the teeth 	50% (deductible applies) <i>\$1,000 lifetime maximum per individual</i>	Not covered



VISION PLAN

VSP Vision

Covered Benefits	In-Network
Examination	<p>\$15 copay A complete exam, once every 12 months</p>
Eyeglass Lenses & Frames	<p>\$15 Co-pay Necessary lenses once every 12 months</p> <ul style="list-style-type: none">• Single vision, lined bifocal and trifocal lenses Standard Progressives covered in full• Polycarbonate lenses for dependent children <p>Frame allowance once every 24 months</p> <ul style="list-style-type: none">• \$150 allowance for wide selection of frames• \$170 allowance for featured frame brands• 20% savings on the amount over your allowance
Contact Lenses	<p>up to \$60 Co-Pay</p> <ul style="list-style-type: none">• Contact lens exam (fitting and evaluation) <p>Once every 12 months in lieu of eyeglasses</p> <ul style="list-style-type: none">• \$150 allowance for contacts

VSP Vision

Extra Discounts and Savings

Laser Vision Correction Discounts

15% off regular price or
5% off promotional price
Available only at contracted facilities

Prescription Eyeglasses, Sunglasses

Prescription Eyeglasses and Sunglasses

- 20% off additional prescription glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last Well Vision Exam

LightCare --No need for prescription eyewear can purchase ready-made non-prescription blue light filtering glasses. When you select to use this feature your frame and lens benefit will be used.

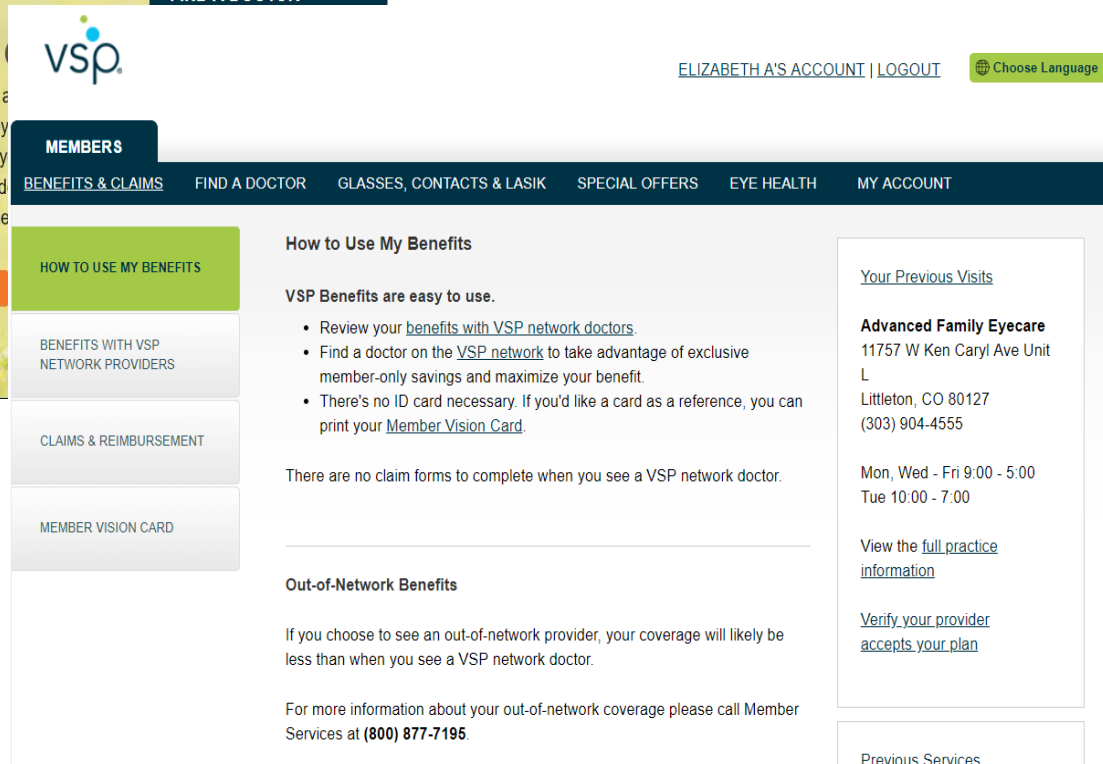
VSP - Need an ID Card?

https://www.vsp.com



Login in to VSP.com

Once you are logged in on the main page there is a link to print your “Member Vision Card”. Click on the print icon to get a copy.



Quiz Time










How Well Do You Know Your Benefits?

Question	Answer
Do I need to have a primary care physician? Example: Internal Medicine Doctor	No, to get the most out of your benefits you need to use an in-network Anthem PPO provider.
Do I need to have a referral to see a specialist? Example: Orthopedic Surgeon	No, to get the most out of your benefits you need to use an in-network Anthem PPO provider.
Is my in-network deductible and out-of-network deductible the same?	No. The in-network deductible and out-of-network deductible are two separate amounts and do not combine.
What is VSP?	Vision Service Plan (Provides our vision coverage)
Do I get a vision ID card?	No, but you can download and print one off VSP's system for you or any of your covered dependents.

How Well Do You Know Your Pharmacy Benefits?

Question	Answer
What is CarelonRx?	Pharmacy Benefit Manager through Anthem
How many days of a prescription can I get through an in-network retail pharmacy?	30 day supply
How many days of a prescription can I get through mail order?	90 day supply sent to your home address
Can I use an out-of-network pharmacy?	No, if you want the prescription to go through your insurance.

How Many Services are Covered?

Dialysis Treatment	 Massage Therapy	Chiropractic	Speech Therapy
 Hair Implants	 Hypnosis	Allergy Testing and Injections	 Home Exercise Equipment
 Health Club Fees	Physical Therapy	 Dental Implants	Chemotherapy
Acupuncture	Organ Transplants	 Missed Appointments	Second Surgical Opinion

Savings Options

PPO B2000

Flexible Spending Account (FSA) – Rocky Mountain Reserve

- Pre-tax, payroll contributions
- Up to the IRS Maximum
- **Medical, dental, vision expenses**
- USE IT OR LOSE IT!
 - Rollover up to \$610
- Expenses must be incurred during the Plan year
- When can I change my election?
 - Open Enrollment
 - Change of Status (you then have 30 days to adjust your FSA)

HDHP 2500

Limited Purpose FSA

- Pre-tax, payroll contributions
- Up to the IRS Maximum
- **Dental & Vision Expenses Only**
- Compatible if you are contributing to a Health Savings Account
- Another way to maximize tax-free benefits

Health Savings Account (HSA)

- Individually owned account to pay current and future medical expenses
- Must be enrolled in a HDHP medical plan to contribute
- Pre-tax contributions
- Investments grow tax-free
- Balances roll over year to year
- Annual contribution maximum set by the IRS

2024 HSA Contribution Limits

Type of Coverage	Employee Only	Employee +1	Family
IRS Contribution Limit	\$4,150	\$8,300	\$8,300
Age 55+ annual catch-up contribution	\$1,000	\$1,000	\$1,000

HSA Considerations

- Verify you are eligible
 - Are you covered by a HDHP medical plan; or
 - NOT covered by other health insurance (including a spouse's FSA, Tricare and Medicare); or
 - NOT **enrolled** in Medicare Parts A-D; or
 - Can't be eligible or claimed as a dependent on someone else's tax return; or
 - Have not received benefits from VA or an Indian Health Services facility within the last three months; and
 - Not covered by your own or your spouse's Healthcare FSA (limited purpose is ok)
- If a distribution is **not** used for qualified expenses, there are two consequences:
 - Considered taxable income
 - Subject to a 20% penalty, unless
 - Individual dies or becomes disabled
 - Individual is age 65 or above

Life & Disability Insurance

Life and AD&D Insurance

- \$50,000 through Lincoln Financial
- No cost to you!
 - In addition to the \$10,000 through Anthem
- You may purchase additional life insurance
 - Limited Open Enrollment: You may increase your coverage by two increments. No questions asked.

Employee	5x your annual salary to a maximum of \$500,000, in increments of \$10,000 Guarantee Issue: \$110,000
Spouse	Up to \$250,000 in increments of \$5,000. Not to exceed 50% of employee coverage Guarantee Issue: \$30,000
Child(ren) Age 14 days to 26 years	\$10,000 Guarantee issue: \$10,000

Disability Insurance

- Insured through Lincoln Financial
- No cost to you!
- **Short-Term Disability (STD)**
 - 60% of weekly earnings
 - Maximum varies by employee class
 - After 14 week elimination period
- **Long-Term Disability (LTD)**
 - 60% of monthly salary
 - Maximum varies by employee class
 - Benefit duration varies by employee class

Employee Assistance Program

Personal issues, planning for life events or simply managing daily life can affect employees' work, health, and family. The suite of services offered by an EAP provides support, resources, and information for personal and work-life issues.

- The Employee Assistance Program provides you and your family members with the assistance you need in your everyday life.
- You receive up to 5 face-to-face counseling sessions per incident, per year. They are available 24/7 to assess your needs and find an appropriate solution for a range of concerns, including:
 - Family Services, Nutrition, Stress Management, Financial Services, Legal Services, etc.
- **The program's user-friendly, confidential services are available by calling, toll-free at: 800-865-1044 or visit AnthemEAP.com and enter County Health Pool for company name.**
- EAP services are available to you and members of your household for free.

Questions?