# OPEN ENROLLMENT

## October 15th - November 9th

# Medical, Prescription, Dental, Voluntary Life, AD&D, FSA

To: All Full-time Employees

From: Leah Bradley, Director of Human Resources

Date: October 4, 2024

Re: Open Enrollment for Medical, Dental, Prescription, Voluntary Life, AD&D, and FSA

Open Enrollment will begin October 15, 2024 and will close on November 9th, 2024.

Changes made during open enrollment will be effective January 1, 2025.

- <u>If you do not need to make any changes</u> to medical, prescription, or dental, life and AD&D your current coverage will roll over to the next calendar year. <u>You will not need to do anything.</u>
- Employees needing to add, cancel or change coverage will need to complete an enrollment form. Please contact Leah Bradley at 443.245.3573 or <a href="mailto:lbradley@baysidenetwork.org">lbradley@baysidenetwork.org</a> to schedule an appointment if you want to make changes. Enrollment forms must be submitted to Human Resources (Attn: Leah Bradley) with supporting documentation for spouses and dependent children. Enrollment forms and FSA forms are located at the front desk.
- If you are adding dependents, you will need social security number(s), and birth certificates for dependents or certified marriage license for spouse (must be the marriage license on file with clerk of the court seal). Most people need to request this from the courthouse in which you are married. It is not the same as the marriage certificate you receive immediately after marriage. This must be provided with the enrollment form. Documents must be received by November 9th.
- Domestic partners are eligible for enrollment in certain circumstances. The eligibility criteria are: Lived together for at least twelve months. Not married to anyone else nor have another Domestic Partner. At least 18 years of age and mentally competent to consent to contract. Reside together in the same residence and intend to do so indefinitely. Have an exclusive mutual commitment similar to that of marriage. Are jointly responsible for each other's common welfare and share financial obligations. Please contact HR for eligibility details.
- Please refer to page 2 for insurance rates. The benefits guide is available on our website, www.thevalueofcommunity.org under the Staff tab. Please then click the documents tab. It is also available on the State Health benefits site at <a href="https://dbm.maryland.gov/benefits/Pages/default.aspx">https://dbm.maryland.gov/benefits/Pages/default.aspx</a>

• Flexible Spending Account (FSA) enrollments NEVER carryover from year to year. If you wish to enroll or continue in the FSA plan, you will need to complete an enrollment form to continue participation. The enrollment form is attached, however, please contact me if you need assistance completing it. Do not complete FSA on the medical enrollment form.

#### **MEDICAL PLANS 2025**

MEDICINET ELING 2023						
Carefirst Blue Cross/Blue Shield						
Carefirst EPO	80% of EPO rate Indv. + 25% EPO rate for dependen monthly			per pay		
Individual	\$576.44	\$461.15		\$115.29	\$57.64	
Individual + 1	\$1,209.74	\$461.15	\$302.44	\$446.15	\$223.08	
Individual + 2 or more	\$1,498.72	\$461.15	\$374.68	\$662.89	\$331.44	
Carefirst PPO	80% of EPO rate I	80% of EPO rate Indv. + 25% rate for dependents monthly			per pay	
Individual	\$647.80	\$461.15		\$186.65	\$93.32	
Individual + 1	\$1,165.96	\$461.15	\$302.44	\$402.37	\$201.19	
Individual + 2 or more	\$1,619.46	\$461.15	\$374.68	\$783.63	\$391.81	
	United Healthcare					
United Healthcare EPO	80% of EPO rate I	80% of EPO rate Indv. + 25% EPO rate for dependen monthly			per pay	
Individual	\$579.94	\$463.95		\$115.99	\$58.00	
Individual + 1	\$1,206.08	\$463.95	\$301.52	\$440.61	\$220.31	
Individual + 2 or more	\$1,438.10	\$463.95	\$359.53	\$614.62	\$307.31	
United Healthcare PPO	80% of EPO rate Indv. + 25% EPO rate for dependen monthly				per pay	
Individual	\$637.20	\$463.95		\$173.25	\$86.63	
Individual + 1	\$1,147.00	\$463.95	\$301.52	\$381.53	\$190.77	
Individual + 2 or more	\$1,593.12	\$463.95	\$359.53	\$769.64	\$384.82	

#### **Prescription**

Med Im pact					
CVS/Caremark	80% of Indiv + 25% for dependents			monthly	per pay
Individual	\$329.96	\$263.97		\$65.99	\$33.01
Individual + Child	\$438.50	\$263.97	\$109.63	\$64.91	\$32.46
Individual + Spouse	\$547.60	\$263.97	\$136.90	\$146.73	\$73.37
Family	\$659.92	\$263.97	\$164.98	\$230.97	\$115.50

#### **Dental**

	Un	ited Concordia	PPO		
United Concordia PPO	80% of Indiv + 25%	80% of Indiv + 25% for dependents			per pay
Individual	\$29.96	\$23.97		\$5.99	\$3.01
Individual + Child	\$57.24	\$23.97	\$14.31	\$18.96	\$9.48
Individual + Spouse	\$59.90	\$23.97	\$14.98	\$20.96	\$10.48
Family	\$112.20	\$23.97	\$28.05	\$60.18	\$30.09
	D	elta Dental H	MO		
Delta Dental HMO	80% of Indiv + 25%	80% of Indiv + 25% for dependents			per pay
Individual	\$18.24	\$14.59		\$3.65	\$1.83
Individual + Child	\$36.56	\$14.59	\$9.14	\$12.83	\$6.42
Individual + Spouse	\$31.84	\$14.59	\$7.96	\$9.29	\$4.65
Family	\$51.32	\$14.59	\$12.83	\$23.90	\$11.95
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## Voluntary Term Life Insurance from State of Maryland Benefits

TERM LIFE INSURANCE PREMIUM RATES				
Age of Employee/ Retiree	Employee Retiree Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)	
Under 30	\$0.03	Under 30	\$0.09	
30 to 34	\$0.04	30 to 34	\$0.10	
35 to 39	\$0.05	35 to 39	\$0.12	
40 to 44	\$0.08	40 to 44	\$0.18	
45 to 49	\$0.13	45 to 49	\$0.28	
50 to 54	\$0.20	50 to 54	\$0.42	
55 to 59	\$0.37	55 to 59	\$0.65	
60 to 64	\$0.52	60 to 64	\$1.00	
65 to 69	\$0.77	65 to 69	\$1.45	
70 to 74	\$1.38	70 to 74	\$2.28	
75 to 79	\$2.06	75 to 79	\$2.28	
80 and older	\$2.06	80 and older	\$2.28	
Dependent Child Coverage is \$0.14 per \$1,000 per month.				

### **Voluntary AD&D Insurance from State of Maryland Benefits**

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES				
Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates		
\$100,000	\$1.20	\$2.30		
\$200,000	\$2.40	\$4.60		
\$300,000	\$3.60	\$6.90		

#### Wellness

Wellness activities will reset for 2025, you will need to go to the insurance carrier's website (listed on the back of the card) to select a Primary Care Physician (PCP) and complete the wellness survery. By participating in the wellness program, your pcp copay will be reduced from \$15.00 to zero.

#### For CareFirst

#### To Create a New Account and Next Steps- CareFirst Enrollees

- To get started, visit https://www.carefirst.com/statemd and follow the instructions to set up MyAccount.
- Once your account is set up, click Explore Now in the wellness program pop-up message. You'll need to enter your CareFirst MyAccount user name and password and complete the one-time registration with CareFirst Wellbeing.
- Access your Wellness Program from the web or download the CareFirst Wellbeing app. If you require assistance with the wellness program or completing any activity, call CareFirst Wellbeing at 877-260-3253.

#### For United Healthcare

#### To Create a New Account and Next Steps- United Healthcare Enrollees

- 1. Go to myuhc.com. If not registered already, click "Register Now" and follow the prompts.
- 2. From the home screen, navigate to Rally. You may contact the number on the back of your ID card if you have questions.
- All members will need to register for the new Rally website using your Healthsafe ID. You will choose an avatar and username to participate in online communities and other activities. Your username should not be your real name.
- 4. Complete the Rally Health Survey.
- Go to the Rewards tab to confirm that you have a PCP and to find all the information you need to participate in the wellness program.

WDDO

## **Short Term and Long Term Disability**

You are able to enroll in short and long term disability, but it is subject to approval upon completing an Evidence of Insurability. Please contact Leah Bradley at 443.245.3573 or <a href="mailto:lbradley@baysidenetwork.org">lbradley@baysidenetwork.org</a> to enroll.