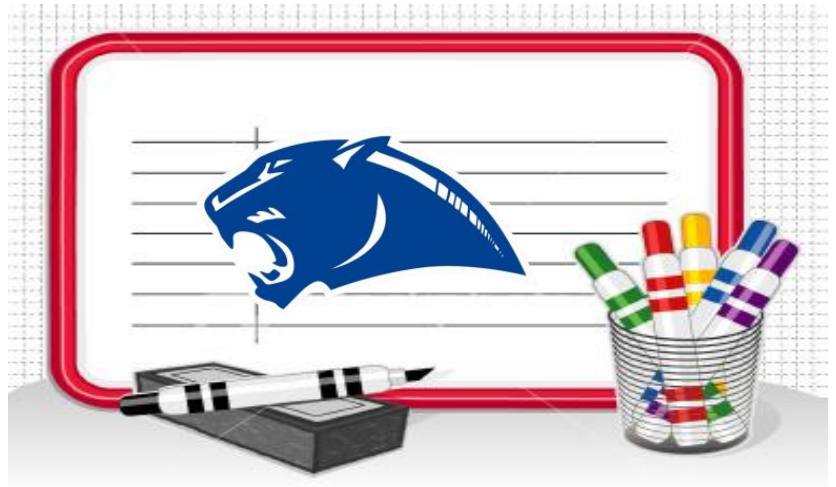


# OPEN ENROLLMENT - Springboro

October 12, 2020 – October 30, 2020

The Springboro Community City School District is committed to offering a high-quality benefit package to support you and your families. Take time to educate yourself about all the benefit information, compare the plan offerings, contributions, deductibles, copays, and select the options that are right for you and your family. Decisions regarding healthcare are among the most important choices you will make to maintain your quality of life.

The 2020-2021 Open Enrollment will take place October 12, 2020 – October 30, 2020 for changes effective **January 1, 2021**. Open enrollment is an opportunity to review your benefits coverage and make choices for the upcoming plan year. It is important that you understand your plan options prior to making your election. You will not be able to make a change until next plan year, unless you experience a qualified life event.



## Benefits Enrollment Instructions

Benelogic is the EPC's electronic enrollment system. During open enrollment you will make your medical/dental/vision elections **online**. **ALL SPRINGBORO EMPLOYEES MUST log onto Benelogic and update their elections for the 2021 benefit year** (even if you are not making changes to your coverage and or continuing to waive benefits.) You can also review and update your life insurance beneficiaries within Benelogic.

[How to use Benelogic for Open Enrollment](#)

Once you have submitted your benefit elections and the enrollment deadline has passed, you will not be able to change health, dental or vision plans until the next Open Enrollment period, unless you experience a qualified life event that impacts eligibility for your family.

# Benefit Plan Overview

## Anthem Plan

### [Plan Documents](#)

Review the health plan that offers the most advantages to you and your family. Consider all the costs involved (including both premiums and out-of-pocket expenses like deductibles, coinsurance and copays) and your anticipated health and financial needs over the next year. Please note that there is no out-of-pocket cost to you for preventive care when utilizing a network provider.

If you haven't registered with Anthem to get online access to your benefits, you should register now at [www.Anthem.com](http://www.Anthem.com).

## Prescription Drug Plan

When you enroll in a medical plan through the district, you are also enrolled in the prescription drug plan through [CVS/caremark](#).

**Click below to use the CVS Drug Pricing Tool:**

[https://www.caremark.com/wps/PA\\_FAST/CheckDrugCostProxy//#/?apiKey=mm56884e-d777-4f52-b9e5-38e49c0b3e72&apiSecret=b2569eca-zeaa-ef92-89ff-291a297adf79&tokenID=4A5CD84AB91D339A96B3F423870762D8&fenv=prod&faststyle=OE](https://www.caremark.com/wps/PA_FAST/CheckDrugCostProxy//#/?apiKey=mm56884e-d777-4f52-b9e5-38e49c0b3e72&apiSecret=b2569eca-zeaa-ef92-89ff-291a297adf79&tokenID=4A5CD84AB91D339A96B3F423870762D8&fenv=prod&faststyle=OE)

## Delta Dental Plan

### [Plan Summary](#)

If you elect to enroll into the dental plan, you may have an additional premium cost. Coverage is available for dependents who meet age and eligibility guidelines. Stay current on your dental benefits using the Delta Dental [Consumer Toolkit Link](#).

## VSP Vision Plan

### [Plan Summary](#)

If you elect to enroll into the vision plan, you may have an additional premium cost. Coverage is available for dependents who meet age and eligibility guidelines. Have you registered on [VSP](#) to access your personalized eligibility and plan coverage details and print a Member Vision Card?

## Who qualifies as an eligible dependent?

**Spouse** - Your legally married (including same sex) spouse, not legally separated or divorced.

**Children** - Your or your spouse's natural child or adopted child and/or a child for whom you are the legal guardian. All EPC coverages terminate on the last day of the month they turn age 26.

**Disabled Child Age 26 or Older:** Children who are mentally or physically disabled and totally dependent on the Employee for support, regardless of age.

## Dependent Documentation

You must provide the required documentation when enrolling **new** dependents or adding a new medical, dental or vision coverage plan. These documents should be submitted to the HR department **within 31 days** of the enrollment event. All dependents must be enrolled with their legal name and have an SSN and date of birth. *Coverage for new dependents will be terminated if the required documents are not submitted during the eligibility period (31 days from the date of eligibility and/or qualifying event).*

**Spouse** – marriage certificate **AND** front page of most recent tax return.

**Children** – birth certificate, adoption decree or legal guardianship

**Disabled Children** – please see your HR/Treasurer's office for required document

## Qualified Life Events

During the plan year, you may experience a qualified life event that allows you to make changes to your current elections. The change must be made **within 31 days of the event**. Information regarding your special enrollment rights is contained in the General Health Notices. Some of the qualified life events are listed below:

Marriage

Divorce

Birth/Adoption

Death

Loss of coverage

## Health Plan Definitions

**Premium** - the amount that must be paid for your health plan. You pay a portion of the monthly health plan premium through automatic payroll deductions.

**Deductible** - the amount you owe for health care services before your health plan begins to pay. For example, if your deductible is \$500, your plan won't pay anything until you have paid \$500 towards covered health care services subject to the deductible. The deductible may not apply to all services.

**Copay** - a fixed dollar amount (for example, \$25) you pay for a covered health care service, such as an office visit, at the time you receive the service. The amount can vary by the type of service.

**Coinsurance** - your share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service (for example, 20%). You pay coinsurance in addition to any deductible you owe for your plan. The health plan pays the rest of the allowed amount.

**Out-of-Pocket Maximum** - The most you pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your plan may have a separate out-of-pocket maximum amount for prescription drugs.

## Required Notifications

General Health Notices

Includes GINA, Special Enrollment Rights, WHCRA

EPC Privacy Notice

Medicare Part D Notice

CHIPS Model Notice

