

OPEN ENROLLMENT
MAY 15 – JUNE 15, 2020

MEDICAL INSURANCE

- No changes for 2020-2021
 - NO increase in premiums*
 - NO plan changes
- Two plan options available
 - Direct Primary Care
 - Traditional

*All premium rates are contingent upon the adoption of the 2020-2021 County Commission budget. Unless you are notified otherwise, the proposed rates and coverage will become effective July 1, 2020.

COVERAGE LEVELS AND RATES

Coverage Type	Cost per Month	Cost per Pay Period
Employee Only	\$20.00	\$10.00
Employee Plus Spouse	\$278.00	\$139.00
Employee Plus Child(ren)	\$184.00	\$92.00
Employee Plus Family	\$364.00	\$182.00

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DIRECT PRIMARY CARE

- Direct Primary Care services are provided by Paladina Health
- Unique benefit to get the care you need in a convenient, no or low cost approach
- Have expanded access to your physician
 - Fewer patients means more personal care
 - Same or next day urgent appointments
 - 30+ minute visits
 - Available at clinic or by phone, email or text
 - Limited or no waiting
 - 24/7 doctor phone access

DENTAL INSURANCE

- No changes for 2020-2021
 - NO increase in premiums*
 - NO plan changes
- Certain limitations will apply to dependents added to dental during open enrollment.
 - Please refer to the “Penalty for Late Enrollees” provision in the Dental Benefits section of the Summary Plan Document.

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COVERAGE LEVELS AND RATES

Coverage Type	Cost per Month	Cost per Pay Period
Employee Only	\$0.00	\$0.00
Employee Plus Spouse	\$20.00	\$10.00
Employee Plus Child(ren)	\$20.00	\$10.00
Employee Plus Family	\$40.00	\$20.00

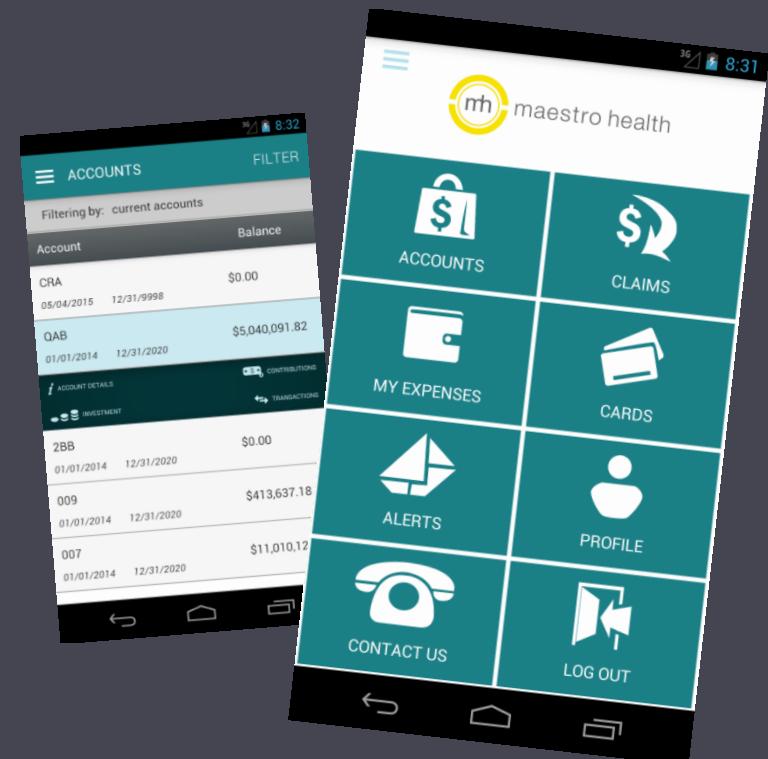
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FLEXIBLE SPENDING

- **You must re-enroll each year.**
- Medical Spending Account
 - You may be reimbursed up to \$2,750 for eligible expenses.
- Dependent Care Spending Account
 - You may be reimbursed up to \$5,000 for daycare or dependent care expenses each plan year.
- Minimum contribution is \$100.00
- Only a qualifying event allows for the termination of this benefit.

FLEXIBLE SPENDING PLATFORM

- Updated website: www.mywealthcareonline.com/maestrohealth
- Access your account and file claims using mSAVE mobile app
- Daily reimbursement processing



COMMUNITY EYE CARE

Voluntary vision insurance plan with two options:

	<u>150 Plan</u>	<u>200 Plan</u>
Employee Only	\$ 3.65	\$ 5.31
Employee + One	\$7.07	\$10.25
Employee + Family	\$10.72	\$15.48

Visit cecvision.com

HOW TO ENROLL OR MAKE CHANGES

- **Health Plan**
 - Complete the Union County Enrollment Form
 - Direct Primary Care election requires Paladina Health Membership Agreement for each individual age 18 or older.
 - Turn in a paper form to Human Resources
- **Flexible Spending Accounts**
 - **You must complete an enrollment form to participate each plan year.**
- **Community Eye Care**
 - Complete the enrollment/change form

IMPORTANT!

ALL FORMS MUST BE RECEIVED IN
THE HUMAN RESOURCES OFFICE BY
5:00PM ON MONDAY, JUNE 15, 2020.

No late forms will be accepted. No exceptions.