

Welcome to 2022 Open Enrollment



Open Enrollment 2022

- Implementation of a Health Reimbursement Account (HRA) as medical plan option (info on pg. 8-9 of the benefits guide).
- Unbundle Dental from Medical (info on pg. 12 of the benefits guide).
- Increase annual maximum on dental plan from \$1,250 to \$2,000.
- No changes to Rx.
- Add 4th coverage tier for payroll contribution purposes.
- **Employees MUST log into Turnkey (instructions on page 13) to make updates to coverage tier, if applicable, regardless of which medical plan you choose.**

If you are currently covering:	Change to:
Just yourself	No change – remain on EE Only Tier
Your spouse and 1 or more children	No change – remain on Family Tier
1 child only	EE + Child(ren) Tier
More than 1 child	EE + Child(ren) Tier
Just a spouse	EE + Spouse Tier

- **You and your dependents, if applicable, will automatically be enrolled in the dental plan based on your current elections.**
- You do NOT have to choose the same coverage tier for medical and dental.
- You may choose to decline dental and/or medical.
- You **MUST** log into Turnkey if you want to enroll in flexible spending.

Open Enrollment 2022

PPO Medical Option

Pg. 7 of benefits guide

Effective June 1, 2022:

- No benefit coverage or plan design changes
- In-Network Deductible - \$1,000 / \$1,500 (Ind./Family) – no change from current
- In-Network Out of pocket max - \$3,200 / \$5,500 (Ind./Family) – no change from current
- Add EE + Spouse Tier for payroll contribution purposes
- Dental NOT included in per pay period contributions
- Employee contributions (includes prescription coverage):

<u>Tier</u>	<u>EE Per Pay</u>	<u>Current</u>
EE Only	\$43	\$40
EE + 1		\$158
EE + Spouse	\$163	
EE + Child(ren)	\$145	
Family	\$235	\$226

Open Enrollment 2022

HRA Medical Option

Pg. 8-9 of benefits guide

Effective June 1, 2022:

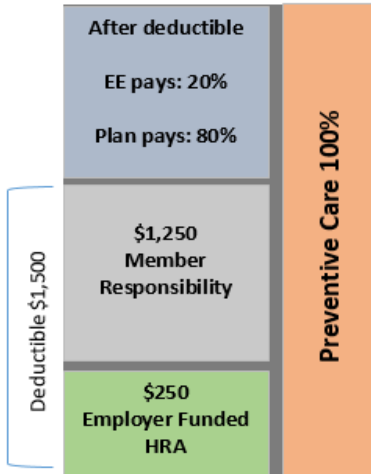
- No benefit coverage changes
- Deductible - \$1,500 / \$3,000 (Ind./Family)
- Out of pocket max - \$4,000 / \$7,000 (Ind./Family)
- Add EE + Spouse Tier for payroll contribution purposes
- HRA seed money \$250 / \$500 (Ind./Family)
- Dental NOT included in payroll contributions
- Employee contributions (includes prescription coverage):

<u>Tier</u>	<u>EE Per Pay</u>	<u>Current</u>
EE Only	\$31	\$40
EE + 1		\$158
EE + Spouse	\$116	
EE + Child(ren)	\$105	
Family	\$169	\$226

HRA Plan Design Details

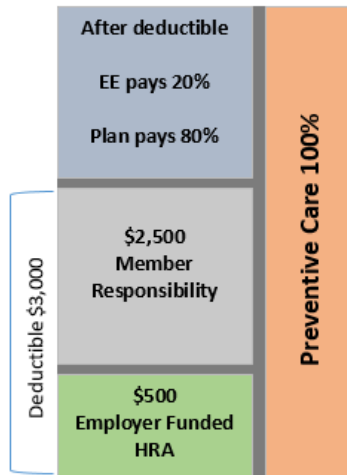
Individual Plan

Out of pocket max \$4,000



Family Plan

Out of pocket max \$7,000



- County funds \$250 to the HRA for an individual and \$500 for a family.
- Funds available for use on June 1st for medical claims only (cannot be used for Rx or Dental).
- HRA funds help offset a portion of the deductible.
- **Acute care office visits subject to deductible (no copayment)**
- Preventive (routine) paid at 100% by the plan (will not use HRA funds).
- Claims for non-preventive services paid for with funds out of the HRA until exhausted.
- Once HRA funds exhausted, member pays the costs of claims until deductible is met.
- After deductible, eligible in-network claims paid at 80% by the plan (employee pays 20%).
- Continue paying 20% of all in-network claims until the out of pocket maximum reached.
- **One family member can use all of the HRA funds in a family plan.**
- No one on a family plan will have to meet more than an individual deductible or out of pocket maximum.
- Unused HRA funds rolled over from year to year. Maximum rollover \$750 / \$1,500 (Ind./Family).

Open Enrollment 2022

Medical – Preventive Care

Covered at
100%

Using an in-network
provider.

- ▶ Annual physical (*includes annual blood work*)
- ▶ Flu shots / immunizations
- ▶ Colonoscopy
- ▶ Mammogram
- ▶ Annual well woman/pap smear
- ▶ Bone density screening
- ▶ Immunizations including flu vaccine
- ▶ Well child exams and immunizations

Understand Preventive vs. *Diagnostic*

Preventive: intended to prevent or *avoid* illness or other health issues

Diagnostic: includes *care* or *treatment* when you have symptoms or risk factors





TELEMEDICINE



- 24/7 phone and online access to US Based physicians
- Diagnosis and treatment provided conveniently via phone
- Prescriptions when appropriate
- Provided FREE to benefit-enrolled employees and their family members by Douglas County
- 1-888-691-7867 www.fshealth.com

Top Reasons to call First Stop Health

Sore Throat	Cough
Sinus Infection	Skin Rash
Eye Infection	Ear Ache
Upset Stomach	Muscle/Joint Pain
Medication Refill	Urinary Tract Infection

Open Enrollment 2022 Prescription

- No changes to Rx copays or out of pocket maximum
- Included in cost of medical plan

30 Day Fill		90 Day Fill	
Generic <\$100	\$25	Generic <\$300	\$75
Generic >\$100	\$50	Generic >\$300	\$150
Brand Preferred	\$60	Brand Preferred	\$180
Brand Non-preferred	\$80	Brand Non-preferred	\$240

- Specialty Medications
 - 20% copay
 - \$35 minimum/\$200 maximum per fill

Open Enrollment 2022

Tria Health

Who can enroll?

Any employee or family member covered by Douglas County healthcare plan who:

- Takes multiple medications
- Has at least one chronic condition

Active participants receive free generics and 50% off select brand name medications.

Enroll at triahealth.com/enroll or call Tria at 888-799-8742

Targeted Conditions:

- Asthma/COPD
- Chronic Pain
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis
- Specialty Medications



Open Enrollment 2022

Dental

No Changes to coverage

- Routine care (exams, x-rays) covered at 100%, twice per year
- Preventive (fluoride, simple extractions, fillings etc...) covered at 80%
- Major services (crowns, bridges etc...) covered at 50%
- \$50 / \$150 deductible (Ind. / Family) – no change from current
- \$2,000 plan year maximum (up from \$1,250)
- Separate paycheck deduction

<u>Tier</u>	<u>EE Per Pay</u>
EE Only	\$1.55
EE + Spouse	\$7.25
EE + Child(ren)	\$6.25
Family	\$9.25

Open Enrollment 2022

Section 125 Plans

	Medical Flexible Spending	Dependent Care Flexible Spending
Tax Savings Program	✓	✓
Qualifying Expense	Medical co-pays, deductibles, Rx, Vision, Orthodontics, Lasik, certain over the counter meds	Daycare expenses to age 13, care for disabled spouse or dependent over 13
Exclusions*	Cosmetic procedures, toothpaste, literature	Summer school, kindergarten tuition, food expenses
Debit Card	✓ (fax receipts)	Manual claim filing
Maximum Election	\$2,850 (per employee)	\$5,000 (per household)
Funds Available	June 1	As they are deposited
Roll over	✓ Up to \$500	Use it or lose it
	<ul style="list-style-type: none"> • Must incur expenses by May 31st • August 31st is deadline to request reimbursement for expenses incurred in prior year 	
<p>*For a complete list of allowable expenses and exclusions, visit www.flexmadeeasy.com MUST enroll on Turnkey. Instructions on page 12 of benefits guide.</p>		

Open Enrollment 2022

Vision



- Routine exams covered at 100%, once per year
- Contact lens exams are not considered preventive
- \$50 reimbursement for materials (send receipt to county HR)



- Supplemental Vision Insurance
 - Provides some coverage for frames, lenses, contacts
 - Rate Increase effective June 1st, 2022 (pg. 15 of guide)
 - Online Self-Enroll on Benefits Direct enrollment platform



Open Enrollment 2022

ID Cards



- New cards
- For duplicate ID Cards
 - Medical/Rx
 - Call Trustmark at 800-990-9058
 - www.mytrustmarkbenefits.com and print a card.
 - Delta Dental
 - Call 800-234-3375 or log onto www.deltadentalks.com and print a card

Employee Assistance Program

New Directions Behavioral Health

Your Employee Assistance Program

You and your immediate family (spouse or domestic partner, dependent children, parents and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues

Provided to you at no cost.

If you need help or guidance, call a New Directions Behavioral Health counselor at **800-624-5544** or visit eap.ndbh.com

Enter company login code:

douglas-county



Voluntary Benefits



Vision

Flexible Spending

Group Term Life Insurance

Critical Illness

Short Term Disability

Accident Insurance

Hospital Indemnity

Lifetime Benefit Term and Long Term Care

Identity Protection

Cancer Policy

Legal

All Benefits except Vision above are renewing at the same rates and same benefits

How to complete Self-Enrollment



Do:



- Review product options ahead of enrolling
- Ensure internet connection
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

Don't:



- Hesitate to call **833-890-4057** with any questions!

TURN★KEYSM
BENEFITS ADVANTAGE

Welcome to Your Benefits Enrollment!

EMPLOYEE LOGIN
To get started, please log in:

USER ID

Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use](#) and [Privacy Notice](#).

Forgot PIN? **LOG IN**

NEED HELP?
You must have your USER ID and confidential personal identification number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.
For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

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Log In

To make elections, go to:

<http://amerilife.benselect.com/douglas>

Welcome to Your Benefits Enrollment!

EMPLOYEE LOGIN

To get started, please log in:

USER ID

Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use and Privacy Notice](#).

[Forgot PIN?](#) [LOG IN](#)

NEED HELP?

You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

USER ID = first initial + last name + last 4 digits of SSN (case sensitive)

PIN = last four of SSN + last 2 digits of birth year (no dashes)

For example: John Smith with SSN of 123-45-6789 and DOB of 01/01/1980

would use the following credentials:

USER ID = jsmith6789 **PIN** = 678980

Once you have entered this information, click the “Log In” button to continue. Now you will arrive at the “Welcome” Page! This screen provides a listing of benefits offerings. Click the “Next” button to begin your enrollment.

TURN + KEY
BENEFIT ADVANTAGE

Status (10% Complete)

Home You & Your Family My Benefits Sign & Submit [Next](#)

Welcome to Your Benefit Enrollment for Plan Year 2021-2022

At AML, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click Next to begin.

✓ Your Benefit Options

- [Health](#)
- [Dental](#)
- [Vision](#)
- [Guardian Life Accident](#)
- [Guardian Life Hospital Indemnity](#)
- [Voluntary Life - Employee](#)
- [Voluntary Life - Spouse](#)
- [Voluntary Life - Child](#)
- [TEA Dues](#)
- [403b Inquiry](#)

Press Next to review personal information and begin enrollment. [Next](#)

Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please contact Human Resources.

Click “Next”.

The screenshot shows a web form titled "TURN KEY BENEFITS ADVANTAGE" with a progress indicator showing "Status (12% Complete)". The form is divided into two main sections: "Personal Info" and "Contact Info".

Personal Info Section:

- Name:** First name: KRYSTAL; Last name: BALL.
- Date of Birth:** 10/10/1985.
- SSN:** --- -- 8819.
- Gender:** Radio buttons for Male, Female (selected), and Other.

Contact Info Section:

- Mailing Address:** Same as home address.
- Country:** USA (dropdown).
- Street:** Two input fields for Street and Street (cont.).
- City, State, Zip:** Input fields for City, State (dropdown), and Zip.
- Home Phone:** (913) 800-5287.
- Work Phone:** Input field for Work Phone and Ext.
- Mobile Phone:** Input field for Mobile Phone.
- Email:** you@gmail.com.

Navigation buttons: "Back" (top right and bottom left) and "Next" (top right and bottom right).

Dependent Information

Dependents screen:

- To add dependent information, click the “plus” sign.
- Click “Save” (this will bring you back to the main dependent screen).
- To delete a dependent, click the ‘X’ next to the pencil of the dependent you wish to delete.
- If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.

Click “Next” to move forward.

XcelBenefits Status (12% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Name	SSN	DOB	Sex	Relation	Uploads	
CAM BALL	***-7014	10/10/1975	M	Spouse	0	+ ✎ ✕
BABY BALL	***-7037	1/1/1999	F	Child	0	+ ✎ ✕

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

Employment Information

The next screen is a review of your Employment Information.

Click “Next” to continue and move forward to the actual enrollment screens for your benefits.

Home You & Your Family - My Benefits - Sign & Submit

Employment

Please review and correct your employment information shown here. Optional items are shown in *#i/ics*.
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.
Press Next to continue.

Employment Info

Date of Hire:	<input type="text" value="2/8/2010"/>
Eligibility Date:	<input type="text" value="2/8/2010"/>
Location:	<input type="text" value="DEFAULT"/>
Department:	<input type="text" value="DEFAULT"/>
Job Class:	<input type="text" value="Administrative"/>
Title:	<input type="text" value="Supervisor"/>
Salary:	<input type="text" value="\$60,000.00"/>
Pay group:	<input type="text" value="Default"/>
Payroll Frequency:	<input type="text" value="BiWeekly"/>
Hours per Week:	<input type="text" value="35.00"/>

[Back](#)

Enrolling in Benefits

You will now see all of your options for benefit elections. Any coverages that you are currently enrolled in will show under each benefit!

Review each benefit by clicking “Review” to learn more and make elections or you can select the “Quick Enroll” options if you wish to keep the same coverage that you currently have.

Once you are satisfied with your elections, click “Next”.

Xcel TURN KEY BENEFITS ADVANTAGE (12% Complete)

Home You & Your Family My Benefits Sign & Submit [Back](#) [Next](#)

Benefit Summary

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Medical** [Review](#)
You were previously enrolled in at a cost per pay period of \$825.00
You have to complete enrollment in this plan.
- Dental** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$51.73
[Based on your group's rules, choosing "Quick Enroll" will waive this benefit.](#)
- Vision** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$8.36
[Based on your group's rules, choosing "Quick Enroll" will waive this benefit.](#)
- Basic Group Life** [Review](#)
You were previously enrolled in at a cost per pay period of \$0.00
You have to complete enrollment in this plan.
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$8.00
[Based on your group's rules, choosing "Quick Enroll" will waive this benefit.](#)

My Benefits

- Medical \$0.00
- Dental \$0.00
- Vision \$0.00
- Basic Group Life \$0.00
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D \$0.00
- DEPENDENT VOLUNTARY TERM LIFE and AD&D \$0.00
- MEDICAL REIMBURSEMENT \$0.00
- FLEXIBLE SPENDING ACCOUNT \$0.00
- DEPENDENT CARE REIMBURSEMENT ACCOUNT \$0.00
- SHORT TERM DISABILITY \$0.00
- LONG TERM DISABILITY \$0.00
- Guardian Life Cancer \$0.00
- MetLife Group Critical Illness - Attained Age \$0.00
- MetLife Group Accident \$0.00
- Chubb LifeTime Benefit Term \$0.00
- Compliance Notice \$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0.00

Sample Product Pages

Election Page

1. Link to benefit portal page showing plan details, SBCs, brochures
2. Previous coverage

Health

[Disclaimer](#) [Start Over](#)

Health Insurance Helper

To view your **Benefits Page** [Click Here](#)

If you need enrollment assistance or have product questions, please call 1-855-615-3880 8 AM to 5 PM CST to speak with a Benefits Representative or [send us an email](#)

You were previously enrolled in tier Employee Only with a cost of \$0.00

Please select desired amount of coverage:

Recommended

Plan	Cost	Projected Annual
HDHP	Employee Only: \$0.00 Employee + Spouse: \$672.49 Employee + Children: \$333.46 Employee+Family: \$889.24 Family (dual): \$333.46	\$1,215.60
BASE PLAN PPO	Employee Only: \$71.04 Employee + Spouse: \$670.46 Employee + Children: \$467.44 Employee+Family: \$1,128.12 Family (dual): \$538.48	\$1,860.14

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

[Back](#) [Compare Plans](#)

Sample Product Pages

Built in education

Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

Overview

Why Accident

How it Works

Disclosure

FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help you pay for expenses, like traveling to the hospital, childcare and lost income from missed work.
- Child Organized Sport benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport*.

*The child must be insured by the plan on the date the accident occurred and must be age 18 years or younger. Proof of registration required at time of claim.

For more detailed plan information, please see the [Accident Benefit Summary](#) document

Suggestions based on elections

Other Suggestions

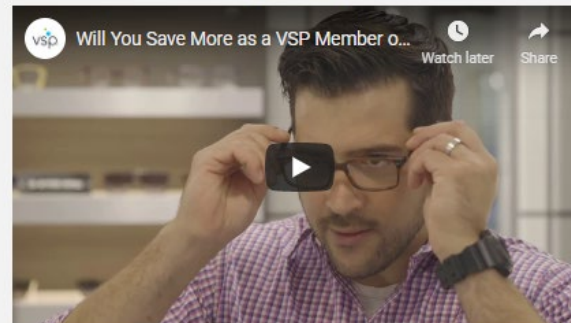
Your employer is also offering these coverages, which other people have found useful. Click each recommendation to learn more.



Want help deciding on a plan? Try:

ALEX

Embedded videos



Sign & Submit

Once you have either enrolled in or waived each of the benefits you will need to **Sign and Submit**. Enrollment will not be complete until it's Signed and Submitted.

Please take time to review your elections to ensure accuracy and click "Next".

If you need to make a product change, select the applicable product by clicking on the product link in blue.

XcelBenefits Status (93% Complete)

Home You & Your Family - My Benefits - Sign & Submit [Next](#)

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Waived			
Dental	Waived			
Vision	Waived			
Basic Group Life	\$10,000	\$0.00	\$0.00	\$2.25
EMPLOYEE VOLUNTARY TERM LIFE and AD&D	Waived			
DEPENDENT VOLUNTARY TERM LIFE and AD&D	N/A			
MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	Waived			
DEPENDENT CARE REIMBURSEMENT ACCOUNT	Waived			
SHORT TERM DISABILITY	Waived			
LONG TERM DISABILITY	Waived			
Guardian Life Cancer	Waived			
MetLife Group Critical Illness - Attained Age	Waived			
MetLife Group Accident	Waived			
Chubb LifeTime Benefit Term	Waived			
Compliance Notice	Compliance Notice; EO	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$2.25

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Enrollment Confirmation	Unsigned	

[Next](#)

Review & Sign Forms

Enter your PIN in order to electronically sign any necessary documents.

Your PIN is the last four of your social security number + the last 2 digits of your birth year.

Click on the green 'Sign Form' box.

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Address	
TURN KEY		1/6/1953	(913) 800-5265		123 Test Rd Test City, MS 39204	
Employee ID	Hire/Elig Date	Gender	Location			
0	1/20/2020	M	District Administration			

Benefit Plan	Option	Cvg	Def Cycle	Effective Date	Benefit Amount	Requested Benefit Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Health	Waived								
Dental	Dental Buy-Up Plan	EC	12	4/1/2021			0.00	0.00	56.46
Vision	Waived								
Guardian Life Accident	Guardian Life Accident - Value	ED	12	4/1/2021			9.80	12.53	0.00
Guardian Life Hospital Indemnity	Waived								
Voluntary Life - Employee	Waived								
Voluntary Life - Child	Waived								
TEA Dues	Waived								
403b Inquiry	403b Retirement Plan	EO	12	4/1/2021			0.00	0.00	0.01
Total:							0.00	12.53	56.47


rev. 11-08-2016

1 of 2

Page 1 [Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN: Sign Form



CONGRATULATIONS! YOU DID IT!

You have completed your enrollment once you see the following screen and you can now “Logout” of the system.

XcelBenefits Status (100% Complete)

Home You & Your Family My Benefits Sign & Submit Logout Back

Sign/Submit Complete

Congratulations **AMERILIFE** BENEFITS
Your enrollment is now complete. You can log out of the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

- Medical**
You have elected to WAIVE coverage under this plan.
- Dental**
You have elected to WAIVE coverage under this plan.
- Vision**
You have elected to WAIVE coverage under this plan.
- Basic Group Life**
Enrollment Details



Kristi Fouraker 832-5327
Michelle Spreer 832-5149
personnel@douglascountyks.org