

Its open enrollment time for employee health insurance.

The good news is we are not having any increases in the cost of insurance coverage, so your rates will stay the same if you do not make any changes to your coverage.

	<b>Savings Plan</b>	<b>Standard Plan</b>	<b>TRICARE Supplement</b>
Enrollee only	\$0	\$89.38	\$62.50
Enrollee/spouse	\$68.78	\$247.56	\$121.50
Enrollee/child	\$10.94	\$136.30	\$121.50
Full family	\$104.94	\$301.60	\$162.50

This is also the time to make any changes to your coverage such as:

- Enroll, cancel or change health plans

- You can change from the standard plan to the high deductible or from high deductible to the standard plan

- You may add or drop a spouse or children.

- Enroll or re-enroll in to MoneyPlus or Health Saving Account (HSA)

- Add or delete vision plan

- Enroll or increase Optional Life and Dependent Life-Spouse coverage with medical evidence of insurability

- Cancel or decrease Optional Life and Dependent Life-Spouse coverage

- You cannot make any changes to Basic Dental or Dental Plus

If you are going to add coverage for a spouse or a child you need to have the following information available and bring it to open enrollment.

To Add the Following please bring:

- Legal spouse:** photocopy of marriage license or page 1 of federal tax return

**Former spouse:** photocopy of divorce decree ordering the subscriber to cover the former spouse

**Common Law spouse:** Common law marriage affidavit

**Natural Child:** copy of long form 1 birth certificate that shows the subscriber as parent

**Step Child:** copy of birth certificate (long form 1) showing the name of the natural parent, plus proof that the natural parent and subscriber are married

**Adopted Child:** copy of long form 1 birth certificate that shows the subscriber as parent, or court documentation verifying completed adoption, or a letter of placement from an adoption agency, an attorney or the DSS verifying adoption is in progress

**Forster Child:** a court order or other legal document placing the child with the subscriber, who is a licensed foster parent

**Other Children:** for all other children for whom a subscriber has legal custody, a court order or other legal document granting custody of the child to the subscriber. Documentation must verify the subscriber has guardianship responsibility for child, not merely financial responsibility.

**Incapacitated Child:** Incapacitated Child Certification form (see HR for form) plus proof of relationship. See above listings for proper forms.

If you have My Benefits you can go online and make changes to your coverage, and submit directly to PEBA. You must bring a copy of your changes to the Personnel Office, with your signature and dated. If you are not making any changes to your coverage, you do not need to do anything, but you will need to come to Personnel Office to sign and date your coverage sheet. Personnel will have individual employee coverage sheets at the open enrollment meetings for you to sign if you are not making any changes.

#### **Other Information**

Tobacco surcharge \$40 per month for subscribers and \$60 per month if you cover at least one dependent. You are automatically charged unless subscriber certifies no one used tobacco or you complete a tobacco cessation program approved by PEBA. You may certify by completing a **Certification Regarding Tobacco** form. You must be tobacco free for 6 months.

#### **Vision Plan**

The vision plans covers eye exams, frames and