



# 2017 ANNUAL ENROLLMENT GUIDE

**For Jefferson County Active Employees**

Annual Enrollment is October 12 to October 28, 2016

Changes effective January 1, 2017



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## MAKE YOUR ELECTIONS OCT. 12 – 28, 2016

**Your choices take effect January 1, 2017**

It's time for you and your family to review your healthcare choices and make your Annual Enrollment decisions for 2017. This guide provides the information you need for Annual Enrollment. It covers what's changing, what you need to do, and provides the premiums for each benefit. If you want more detailed information, it can be found on the Risk Management page of the Jefferson County website located at <http://www.co.jefferson.tx.us/riskman/RMIndex.htm>.

### WHAT'S CHANGING?

We are pleased to share that all plans continue to be available with no significant changes. There is a 5% increase in premiums, which compares favorably to the 6% across U.S. employers. Changes are listed here for quick reference.

#### **Cigna Medical**

- Employee Only payroll deductions remain at \$0
- Spouse, Child & Family deductions increase 5%
- Deductibles & Out-of-Pocket Max remain the same

#### **Cigna Prescription Drug**

- Co-pays & co-insurance remain the same
- \$0 Copay Generic Drugs will include Crestor
- 90 Day supply no longer available at Walgreens

#### **Cigna Dental**

- Basic Employee Only payroll deductions remain at \$0
- High plan deductions increase 5%
- Spouse, Child & Family deductions increase 5%

#### **Voluntary Benefits**

- Premiums remain the same for Supplemental Life, AD&D, & Long Term Disability

# WHAT DO I NEED TO DO DURING ANNUAL ENROLLMENT?

Starting on October 12<sup>th</sup> through October 28<sup>th</sup>, you may:

- **Re-enroll in pre-tax savings flexible spending plans and choose contributions amounts for:** Healthcare Flexible Spending Account (FSA) and Dependent Care (Child Care) FSA.
- **Update your dependent Social Security Numbers(s)** in order to comply with reporting requirements under the Affordable Care Act (ACA) individual shared responsibility mandate.

In addition, you may:

- **Add or drop dependents from your coverage (be sure to submit the required documentation to certify your dependents eligibility status by October 28, 2016).**
- **Make changes to your dental, supplemental life, AD&D, and long term disability coverage (LTD).**
- **Update life insurance beneficiary information.**

## What if I don't make any changes during Annual Enrollment?

If you don't make any changes during the Annual Enrollment period, the following will occur:

- The medical and dental plan and dependents that are currently enrolled will remain the same for 2017.
- Your Healthcare FSA and Dependent Care FSA contributions will stop at the end of 2016 & you will not be enrolled for 2017.
- Your supplemental life & LTD benefits will remain the same for 2017.

## ANNUAL ENROLLMENT MEETING SCHEDULE

Tuesday October 18, 2016	7:30 a.m.	Jack Brooks Regional Airport (Jerry Ware Terminal Event Room – Mid County)
	9:30 a.m.	Sub Courthouse (Judge DeRouen's Courtroom - Pt. Arthur)
	10:30 a.m.	Sub Courthouse (Judge DeRouen's Courtroom - Pt. Arthur)
	2:30 p.m.	New Courthouse (Jury Impaneling Room – Beaumont)
Thursday October 20, 2016	10:00 a.m.	New Courthouse (Jury Impaneling Room – Beaumont)
	2:00 p.m.	Correctional Facility (Shift Room - Mid County)
	3:30 p.m.	Minnie Rogers Juvenile Justice Center (Conference Room, Hwy 69S – Mid County)

# HOW TO MAKE CHANGES AND ENROLL

All employees making changes to their benefit elections or enrolling in Flexible Spending Accounts must do so by **5:00 p.m. Friday, October 28, 2016**.

## 1. Sign On

Log on to Choicelinx – from the Risk Management page of the County website, find in Quick Links or go to <https://www.benefitsinsight.com/customer/Account/LogOn>

- Enter your User Name and Password (if you have previously registered) and Click on **LOG IN>**
- If you have not previously registered, click on **REGISTER NOW** and follow the prompts to set-up your registration

## 2. Annual Enrollment Changes

- Click on the button beside 2017 Annual Enrollment **START**
- Learn about each Benefit section as you Enroll/Make Changes to your current enrollment

**Enrollment Tip:** You must enter Social Security numbers for all dependents and submit documentation (birth certificate, marriage license, etc.) to certify your dependents eligibility status by **October 28, 2016**.

## 3. Follow the Prompts to Make Your Benefit Selections

- Medical
- Dental
- Flexible Spending Accounts
- Supplemental Life/AD&D
- Long Term Disability Insurance

## 4. Complete Your Enrollment

- Submit your benefit choices

## 5. Print Your Confirmation

- Under **FOLLOW-UP TASKS**
- Click on



**Your Benefits**

- Save and/or print the PDF version of your benefit selections for your records

## 6. Submit your Required Documentation

- If adding a dependent, submit your documentation to certify your dependents eligibility status to Risk Management by October 28, 2016.
- If enrolling in Supplemental Life or LTD, submit your completed Medical History Statement.

**Enrollment Tip:** You can change your selections until 5:00 p.m. October 28<sup>th</sup>; however, please remember that once you have submitted your selections, logging back in to Choicelinx may cancel your previous enrollment/change and you must “Submit Your Selections” again.

## 7. Don't have Internet access?

- A computer may be provided at your work location or you may utilize the Risk Management Department's computer kiosk.

# Cigna Medical

As a reminder, as of January 1<sup>st</sup> of this year, there is no longer any Out-of-Network Medical coverage. In order for a claim to be paid, you must ensure that your provider and facility are in Cigna's Open Access Plus network. Visit [www.mycigna.com](http://www.mycigna.com) or call 1-800-CIGNA24 for a list of network providers or questions about the medical plan. You may also call our **Compass Health Pro** for help at **1-800-513-1667**.

	Total Monthly Premium	Monthly County Pays	Monthly Employee Pays	Employee Payroll Deduction
Employee Only	\$610.56	\$610.56	\$0.00	\$0.00
Employee & Spouse	\$1,404.66	\$1,114.50	\$290.16	\$133.92
Employee & Children	\$1,236.71	\$1,007.93	\$228.78	\$105.59
Employee & Family	\$1,610.38	\$1,245.08	\$365.30	\$168.60

# Cigna Vision

If you are enrolled in the Cigna Medical Plan, you also have Vision coverage through a separate Cigna network. In-network coverage at 100% benefit includes one vision and eye health evaluation including, but not limited to, eye health examination, dilation, refraction and prescription for glasses. Visit [www.myCIGNA.com](http://www.myCIGNA.com) or call 1-800-CIGNA24 to learn more about the Vision plan or to ask questions.

# Cigna Prescription Drug

Effective January 1, 2017, a 90 Day Supply will no longer be available at **Walgreens** stores (this includes prescription drugs and \$2 OTC drugs). Visit [www.mycigna.com](http://www.mycigna.com) or call 1-800-CIGNA24 to learn more about the plan or to ask questions.

	Retail 30 Day Supply	Cigna Mail Order
\$0 Copay Generic Drugs*	\$0	\$20
Over-the-Counter Drugs**	\$2	N/A
Generic	The greater of: \$10 or 20%	\$20
Preferred Brand	The greater of: \$25 or 30%	\$85
Non-Preferred Brand	The greater of: \$50 or 40%	\$160
Specialty	\$60 Copay with a 30-day supply limit Must be filled through Cigna Specialty Pharmacy	

\*Generic statins for high cholesterol and generic oral anti-diabetic medication.

\*\*Prilosec 20 mg, Prevacid 24hr, Zegerid, Nexium 20 mg, Claritin, Allegra, Zyrtec, Nasacort 24hr, Rhinocort, and Flonase are covered by the Plan for a \$2 co-pay for a 28-30 day supply with a written prescription from your doctor indicating OTC on the prescription. You must present the OTC prescription to the pharmacist for filling through the Cigna System.

# Cigna Dental

Dental options are administered by Cigna and there is no required network. Visit [www.mycigna.com](http://www.mycigna.com) or call 1-800-CIGNA24 to learn more about the plan or ask questions. There are two dental plan choices available.

Benefit Highlights	Basic Dental Plan	High Dental Plan
Calendar Year Maximum	\$1,500	\$1,500
Calendar Year Deductible		
Individual	\$50 per person	\$50 per person
Family	\$150 per family	\$150 per family
Class I Preventive	100%	100%
Class II Basic Restorative	80% after deductible	80% after deductible
Class III Major Restorative	Not covered	50% after deductible
Class IV Orthodontia - \$1,500 lifetime maximum	Not covered	50% after deductible

Basic Dental Plan	Total Monthly Premium	Monthly County Pays	Monthly Employee Pays	Employee Payroll Deduction
Employee Only	\$17.85	\$17.85	\$0.00	\$0.00
Employee & Child	\$37.33	\$17.85	\$19.48	\$8.99
Employee & Spouse	\$37.33	\$17.85	\$19.48	\$8.99
Employee & Family	\$57.61	\$17.85	\$39.76	\$18.36

High Dental Plan	Total Monthly Premium	Monthly County Pays	Monthly Employee Pays	Employee Payroll Deduction
Employee Only	\$26.60	\$17.85	\$8.75	\$4.04
Employee & Child	\$57.35	\$17.85	\$39.50	\$18.23
Employee & Spouse	\$57.35	\$17.85	\$39.50	\$18.23
Employee & Family	\$97.48	\$17.85	\$79.63	\$36.75



## Compass HealthPro Adviser

SETGEBP offers The Compass HealthPro to Cigna medical plan participants. This is a free service to help you make informed, cost-effective health care choices. You are enrolled automatically, if you are enrolled in the Cigna medical plan.

**Think of Compass as your personal healthcare concierge service. Here's how they can support you:**

- Unbiased in-network doctor recommendations based on your specifications and a review of doctor credentials
- Compare cost for the treatment/procedure your doctor is recommending and provide you with other lower cost choices for the same care
- Unlimited access to a healthcare expert who will talk with your physician to get complete information for you
- Hospitals and quality information
- Bill reconciliation support
- Money-saving information and cost comparisons
- General health care guidance

When you need support and information to help you make smart healthcare decisions, call the Compass HealthPro, Bryanna, at 1-800-513-1667, ext. 460.

## Standard Insurance Life and AD&D

All full-time employees receive basic life and accidental death & dismemberment (AD&D) insurance equal to one times their salary (up to a maximum of \$100,000) at no cost. You may purchase additional coverage for yourself and you may purchase coverage for your dependents. Life and AD&D coverage is provided through The Standard and there is no change in premiums for 2017.

Optional Coverage:	Choose:
Supplemental employee life and AD&D	\$10,000 increments up to \$400,000
Supplemental spouse life	\$5,000 increments from \$10,000 up to \$250,000 but cannot exceed 100% of employee basic and supplemental coverage
Supplemental Spouse AD&D	50% of employee's AD&D coverage in effect 40% of employee's AD&D coverage in effect if Spouse & Child are covered
Child life	\$2,500 increments up to \$10,000
Child AD&D	10% of employee's AD&D coverage in effect 5% of employee's AD&D coverage in effect if Spouse & Child are covered

During Annual Enrollment only, you may increase your Supplemental Life amount by \$10,000 (\$5,000 for your spouse) up to the guarantee issue amount of \$150,000 (\$25,000 for your spouse) without providing Evidence of Insurability (EOI).

## Reliance Standard Long Term Disability

Long Term Disability (LTD) Insurance pays you a benefit up to 60% of your earnings if you are off from work due to an injury or sickness for more than 90 days. Limits apply; see the Reliance Standard Disability Insurance flier on the Risk Management website for rates and further information. There is no change in premiums for 2017.

	Long Term Disability
Benefits begin....	After 90 days of disability
The plan pays.....	Up to 60% of your monthly earnings Limit: \$6,000/monthly
Benefits generally continue.....	Until your disability ends or you reach age 65 or Social Security Normal Retirement Age

If you are increasing your LTD amount or enrolling for the first time, you must complete an Evidence of Insurability form when enrolling.

# Cigna Flexible Spending Accounts

There are two flexible spending accounts (FSAs) that let you set aside tax-free money from your pay to reimburse yourself for many common health and dependent care/daycare expenses. Visit [www.mycigna.com](http://www.mycigna.com) or call Cigna at 1-800-CIGNA24 for details. If you wish to participate in either of the FSAs for 2017, you must enroll.

	Healthcare Flexible Spending Account	Dependent Care (Daycare) Flexible Spending Account
You can contribute...	Up to \$2,500/year – tax free	Up to \$5,000/year – tax free
To reimburse yourself for...	Eligible medical, dental and vision expenses not covered by insurance	Daycare expenses for your eligible dependents

**Note: Your payroll deductions for FSA must be an even dollar amount.** FSA deductions are withheld out of the first two paychecks each month for a total of 24 payroll deductions.

### Enrollment Tip:

Be sure to estimate your expenses carefully. Any money left in your account(s) at year-end will be forfeited (you have from January 1, 2017– March 15, 2018 to incur eligible expenses for the Healthcare FSA only).

## Reminders

- Enrollment and Benefit Changes are due by 5:00 p.m. on October 28, 2016.
- Be sure that all benefit changes made during Annual Enrollment are completed through the “Annual Enrollment” option found on the homepage of Choicelinx.
- If you are adding dependents to your Medical or Dental plan, you must provide the required supporting documentation (marriage license, birth certificate, etc.) to Risk Management by October 28, 2016 or the dependent cannot be added to the plan.
- Be sure to print your confirmation of benefits from Choicelinx.
- If you want to participate in either of the FSAs in 2017, you must enroll.
- Enrollment and Benefit Changes made during Annual Enrollment will become effective January 1, 2017.
- You have 30 days from a Special Enrollment Event (birth of child, marriage, divorce, spouse gains/loses coverage through their employer, etc.) to add/drop dependents from your health coverage.
- Access the Jefferson County Risk Management Website for detailed benefits information.
- Be sure to attend an Annual Enrollment Meeting.

# Special Enrollment Rights

**After declining health coverage** – If you are declining enrollment for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependent's coverage ends (or after the employer stops contributing to the other coverage).

**New Dependents** – If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Government Programs – You may be able to enroll yourself or your dependents in this plan if:

- You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.
- You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined.

**If you have a special enrollment event and want to enroll in health coverage, contact Risk Management.**

Jefferson County Risk Management  
215 Franklin Street, Suite 202  
Beaumont, TX 77701  
[www.co.jefferson.tx.us/riskman/RMIndex.htm](http://www.co.jefferson.tx.us/riskman/RMIndex.htm)  
409/835-8672 Phone  
409/835-8634 Fax

# Medicare Part D Notice of Credible Coverage

## Important Notice from Southeast Texas Government Employee Benefits Pool About Your Prescription Drug Coverage and Medicare

This notice applies to members who are eligible for Medicare benefits and who are participating in the Southeast Texas Government Employee Benefits Pool (SETGEBP) Health Plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SETGEBP and prescription drug coverage available for people who are eligible for Medicare. An individual generally becomes eligible for Medicare at age 65, so if you are covered by a SETGEBP Health Plan for individuals over age 65, this notice applies to you. Individuals also can become eligible for Medicare due to disability or end-stage renal disease. So, if you are covered under a SETGEBP Health Plan for active employees or for retirees under age 65, it is possible that you or a dependent may become eligible for Medicare for one of these reasons, in which case, this notice will also apply to you.

This notice explains the options available to Medicare-eligible individuals under Medicare prescription drug coverage. If you or a dependent is eligible for Medicare, this notice can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help making decisions about your prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

SETGEBP has determined that the prescription drug coverage offered by the SETGEBP Health Plan for all plan participants, on average, is expected to pay out as much as the standard Medicare prescription drug coverage will pay. This means that the coverage is considered "Creditable Coverage".

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. Beneficiaries leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you are currently eligible for Medicare, you should compare your current SETGEBP Health Plan coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. You should also note what happens to your SETGEBP Health Plan coverage if you choose to enroll in a Medicare prescription drug plan:

- **If you are an active employee** and you decide to enroll in a Medicare prescription drug plan and drop your SETGEBP Health Plan prescription drug coverage, you and your dependents may not be able to re-enroll in the SETGEBP Health Plan coverage until the next annual enrollment period.
- **If you are a retiree** and you decide to enroll in a Medicare prescription drug plan and drop your SETGEBP Health Plan prescription drug coverage, you and your dependents will not be able to re-enroll in the SETGEBP Health Plan coverage in the future..

Also, note that under the SETGEBP Health Plan you are automatically enrolled for prescription drug coverage if you are enrolled for medical coverage. You cannot drop the prescription drug coverage unless you also drop medical coverage. Please contact SETGEBP for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with your SETGEBP Health Plan and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage.

In addition, you may have to wait until the following November to enroll. For more information about this notice or your current prescription drug coverage, call the person listed below.

You will receive this notice annually and at other times in the future, for example if your SETEGBP Plan prescription drug coverage changes. You also may request a copy of the notice. More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Eligible individuals usually receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You* handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) at [www.socialsecurity.gov](http://www.socialsecurity.gov) or 1-800-772-1213 (TTY 1-800-325-0778).

**REMEMBER:** Keep this Credible Coverage Notice. If you enroll in a Medicare-approved plan that offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount (penalty).

Date: October 3, 2016  
Name of Entity/Sender: Southeast Texas Government Employee Benefits Pool  
Contact/Office: Kim Isaacs/Jefferson County Risk Management  
Address: 215 Franklin Street, Suite 202, Beaumont, TX 77701  
Phone: (409) 835-8672