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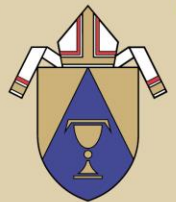
# ANNUAL ADMINISTRATIVE WORKSHOP

# AGENDA

- 2020 Employee Benefits Program
  - ✓ Important Open Enrollment Dates and Notifications
  - ✓ Benefit Offerings from Reta
  - ✓ What's changing for 2020
- Benefits Reminders
  - ✓ Reviewing RETA/BAS invoices with ADP Deductions
  - ✓ Mandatory Life Insurance for Eligible Employees
  - ✓ Insurance Waivers
  - ✓ Qualifying Life Event Process
- Personnel Reminders and Updates



# 2020 EMPLOYEE BENEFITS PROGRAM



# OPEN ENROLLMENT 05/04-05/26

- Benefit Plans offered through Reta effective July 1, 2020
  - Anthem Blue Cross – same as current
  - Kaiser Permanente – same as current
  - Sutter Health | Aetna – same as current
  - EnvisionRx – same as current
  - Delta Dental – same as current
  - VSP Vision – same as current
  - Sun Life Financial – same as current
- Enrollment is Passive (changes only)
- You will be mapped to the same plan/ tier if you take no action
- Even though it is a passive year, we still want employees to go online and review personal, dependent, benefits, and service information
- Training Tuesday's will begin featuring OE topics on April 28, 2020



# ENROLLMENT PROCESS

- The benefits open enrollment process is completely online through RetaEnroll.
- The enrollment site is available 24 hours a day, 7 days a week during the Open Enrollment period. When you are ready to make your elections, follow these six steps:
  1. Go to [www.retatrust.org](http://www.retatrust.org) and click the Log In button in the top right hand corner.
  2. Enter your User Name and Password.
  3. Add or confirm your mobile phone number.
  4. Follow the easy enrollment steps in the Open Enrollment Wizard.
  5. Review and confirm your elections, making changes as necessary.
  6. Print your benefits confirmation statement.



# ENROLLMENT PROCESS CONT.

- Paper enrollment will be available for employees with no internet access.
- Changes to an employee's elections are to be updated by the Location Administrator in the RetaEnroll site.
- Please follow these steps to complete paper enrollment:
  - Provide paper enrollment kit.
  - Once you receive completed enrollment worksheet, input member elections in the Reta Enroll site.
  - Prepare Benefits Payroll Deductions forms accordingly.
- Paper Enrollment Kit should include the following:
  - Paper Enrollment Memo ([available online at scd.org](https://scd.org))
  - Benefits Statement for Current Plan Year ([available online through Reta Enroll](https://scd.org))
  - Enrollment Worksheet ([available online at scd.org](https://scd.org))
  - 2020-2021 Diocese Lay Benefit Booklet & Rate Sheet ([available online at scd.org](https://scd.org))





# Anthem PPO-1119

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- You get access to a large number of doctors.
- You don't need a referral to see specialists.
- The plan covers services from almost any doctor or hospital, but you pay less when using a doctor from the **preferred provider organization (PPO)** plan.
- EnvisionRx provides the pharmacy benefits.



# Your PPO Plan

## PPO 750

		In-Network	Out-of-Network
		Anthem PPO Providers	Non-PPO Providers
<b>Deductible</b>			
	Individual / calendar year	\$750	\$1,500
<b>Office visits</b>	Doctor	\$20 copay (deductible waived)	70%*
	Specialist	\$35 copay (deductible waived)	70%*
<b>Other services</b>	Preventive Care	No cost (deductible waived)	70%
	Hospitalization	90%	70%*
	Emergency services (deductible waived)	90% plus \$100 copay waived if admitted	90% plus \$100 copay waived if admitted
	Lab/X-ray	90%	70%*
<b>Out of Pocket Amount</b>	Individual/ Per calendar year	\$3,000	\$6,000





# Anthem EPO-1139

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- EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans.
- You won't need to choose a primary care physician, and you don't need referrals to see a specialist.
- You'll have a limited network of doctors and hospitals to choose from. EPO plans don't cover care outside your network unless it's an emergency.
- It's important to know who participates in your EPO plan's network. If you go to a doctor or hospital that doesn't accept your plan, you'll pay all costs.
- EnvisionRx provides the pharmacy benefits.



# Your EPO Plan

## EPO 1000

		In-Network	Out-of-Network
		Anthem EPO Providers	Non-EPO Providers
<b>Deductible</b>			
	Individual / calendar year	\$1,000	Not covered
<b>Office visits</b>	Doctor	\$25 copay (deductible waived)	Not covered
	Specialist	\$40 copay (deductible waived)	Not covered
<b>Other services</b>	Preventive Care	No cost (deductible waived)	Not covered
	Hospitalization	80%	Not covered
	Emergency services (deductible waived)	80% plus \$200 copay	80% plus \$200 copay
	Lab/X-ray	80%	Not covered
<b>Out of Pocket Amount</b>	Individual/ Per calendar year	\$5,000	Not covered





# Anthem HSA-1129

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- You will pay for all covered services until you reach your deductible.
- All preventive services received from a network provider are covered at 100%. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.
- This plan gives you access to a personal account to help pay for eligible health care expenses.
- This money is yours to keep — even if you change plans or leave your employment.
- You can also use your HSA money for dental, vision and prescription drug expenses.
- Anthem provides the pharmacy benefits.



# Your HSA Plan

## HSA 2500

		In-Network	Out-of-Network
		Anthem HSA Providers	Non-HSA Providers
<b>Deductible</b>			
	Individual / calendar year	\$2,500	\$5,000
<b>Office visits</b>	Doctor	80%	60%
	Specialist	80%	60%
<b>Other services</b>	Preventive Care	No cost (deductible waived)	60%
	Hospitalization	80%	60%
	Emergency services (deductible waived)	80%	80%
	Lab/X-ray	80%	60%
<b>Out of Pocket Amount</b>	Individual/ Per calendar year	\$5,000	\$6,000







# Kaiser EPO-4063 Plan

# Preventive care at no cost

Because finding and treating problems before they get serious is an important part of staying healthy, you get most preventive care at no cost—even before you reach your deductible.

Preventive care includes:

- Cancer screenings
- Cholesterol and high blood pressure screenings
- Diabetes screenings
- Immunizations
- Routine prenatal care
- Well-child visits



**Understanding your costs during preventive care visits**

You get preventive care services at no cost or at a copay, depending on your plan. During a preventive care visit, you might find out that you need non-preventive services to treat a condition or test for a problem. If that happens, you might have extra costs. Understanding the difference between preventive and non-preventive care can help you know what's covered and when you might get a bill.

**Preventive care is covered at no cost or at a copay**

The purpose of preventive care is to help keep you healthy and find problems early. Examples include routine checkups, preventive screenings, and immunizations.

➡ Look on the back for a list of common preventive care services.

**Non-preventive care may come with an additional cost**

Tests and procedures to diagnose or treat health problems are considered non-preventive, so you may get a bill for them later.\* Here are some examples of non-preventive care you could receive during a preventive care visit:

**Discussing new symptoms**  
If you ask your doctor to look at a rash, they might **diagnose the problem**. You may get a bill for an office visit and any treatment you needed.

**Unplanned procedures**  
If your doctor finds a suspicious mole, they may remove it and have it tested. You'll be charged for the **procedure** to remove the mole, and for the test.

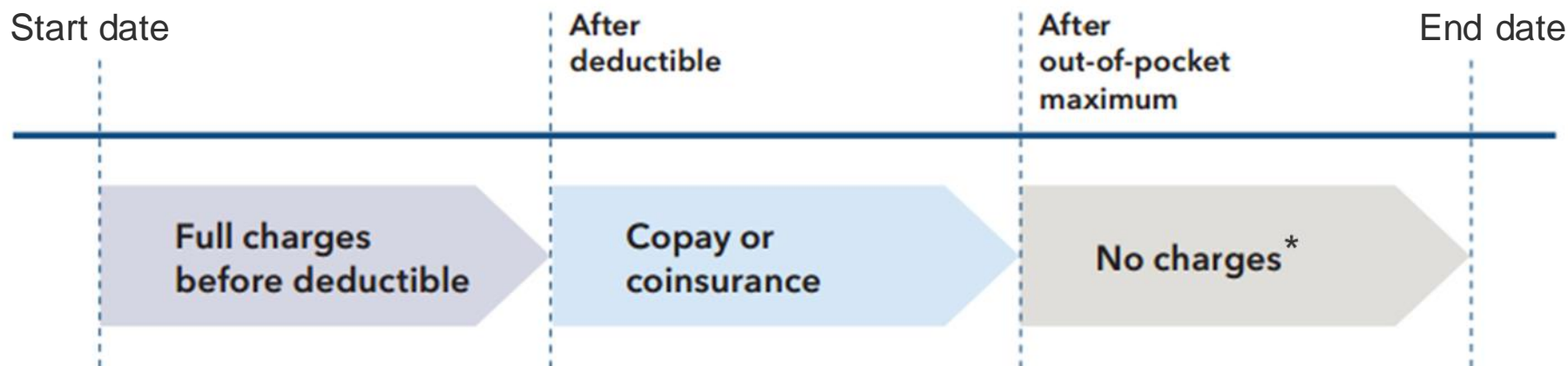
**Treatment or testing for existing conditions**  
If you're taking a new medication, your doctor might order a **lab test** to see if it's working and make sure you're on the right dose.

**Treatment or testing for new conditions**  
If you complain of knee pain, your doctor might order an **X-ray** to see if you have an injury that needs to be treated.

\*See your Evidence of Coverage, Summary Plan Description, or other plan documents for information on your benefit coverage.

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# How your deductible plan works

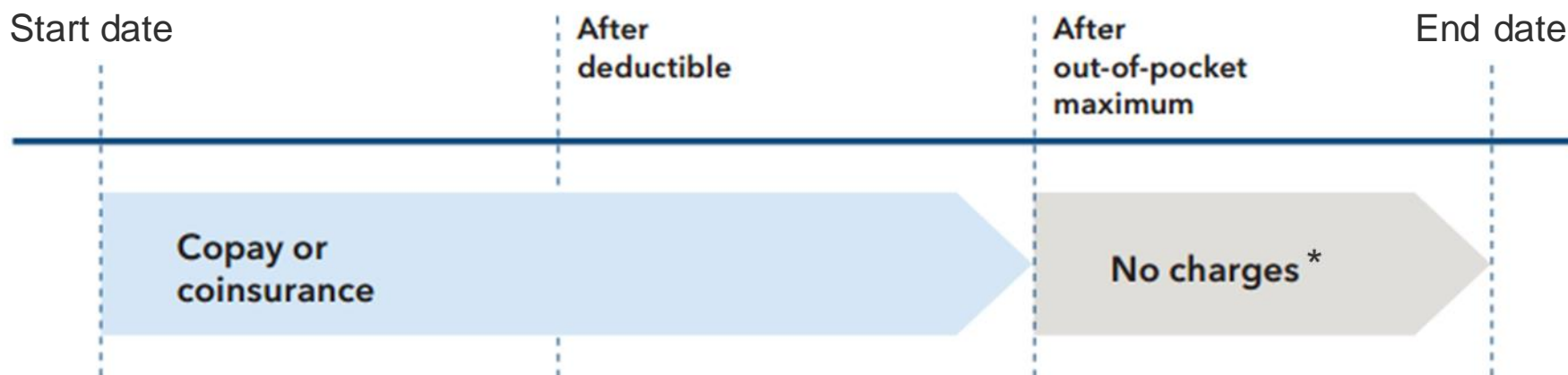


You'll pay full charges for covered services, including **hospital care, X-rays, and lab tests**, before meeting your plan deductible.

After meeting your plan deductible, you'll start paying less for these services — a copay or coinsurance — until you reach your out-of-pocket maximum.

\*For a small number of services, you may need to keep paying copays or coinsurance after you reach your out-of-pocket maximum.

## How your deductible plan works *(continued)*



You'll pay **copays** for doctor's office visits and prescription drugs — even before you reach your plan deductible.

You'll get preventive care services **at no cost** — even before you reach your plan deductible.

\*For a small number of services, you may need to keep paying copays or coinsurance after you reach your out-of-pocket maximum.



# Family deductibles and out-of-pocket maximums

If your family is covered under your plan:



- Each family member has an individual deductible, and the family as a whole has a deductible.
- Each family member has an individual out-of-pocket maximum, and the family as a whole has an out-of-pocket maximum.
- Your individual deductible is **\$1000**.  
Your family deductible is **\$2000**.
- Your individual out-of-pocket maximum is **\$4000**.  
Your family out-of-pocket maximum is **\$8000**.

# Highlights of the **Deductible Exclusive Provider Organization (EPO) Plan\***

**Deductible:** \$1,000 individual / \$2,000 family

**Out-of-pocket maximum:** \$4,000 individual / \$8,000 family

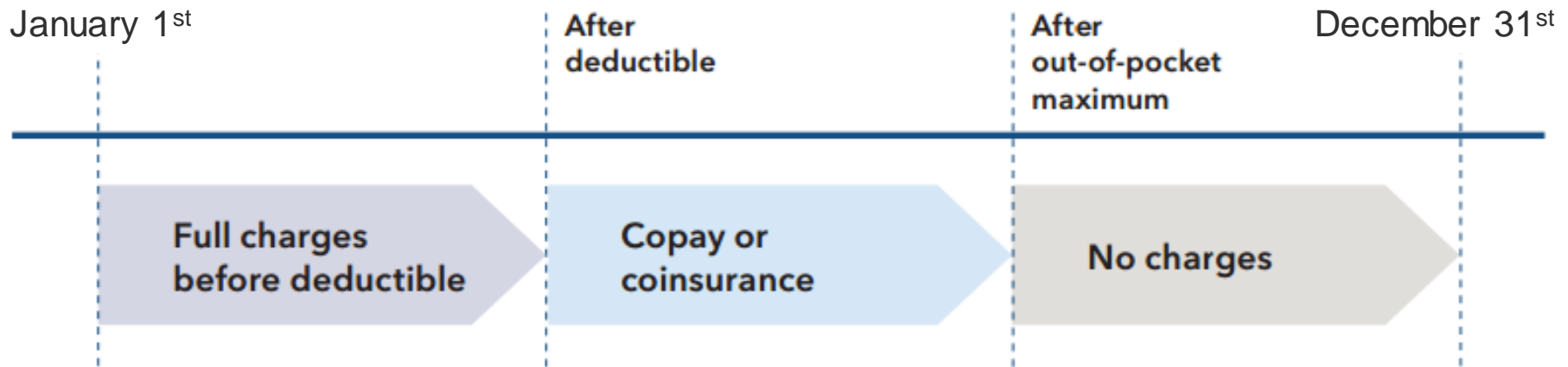
Covered service	You pay
Routine preventive exams & services	No charge
Primary care office visits	\$25 copay
Specialty care office visits	\$25 copay
Lab tests	\$10 copay after deductible
Outpatient surgery	10% coinsurance after deductible
Hospitalization	10% coinsurance after deductible
Urgent care visits	\$25 copay
Emergency Department visits	10% coinsurance after deductible
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order)
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order)
Specialty prescription drugs	Follows the generic/brand cost share

\*This is just a summary of some examples of covered services and their corresponding copay and coinsurance amounts. Please see your *Evidence of Coverage* for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.



# Kaiser HSA-4085 Plan

# How your deductible plan works



You'll pay full charges for covered services (other than preventive services) until you reach your deductible.

After meeting your deductible, you'll start paying less for these services — a copay or coinsurance — until you reach your out-of-pocket maximum.



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# Family deductibles and out-of-pocket maximums

If your family is covered under your plan:



- You have a single, shared family deductible for the entire family.
- Each family member has an individual out-of-pocket maximum, and the family as a whole has an out-of-pocket maximum.
- Your family deductible is **\$2,800**.
- Your individual out-of-pocket maximum is **\$3,000**.
- Your family out-of-pocket maximum is **\$6,000**.



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## Highlights of the HSA-qualified Exclusive Provider Organization (EPO) Plan\*

**Deductible:** \$1,400 self-only / \$2,800 family

**Out-of-pocket maximum:** \$3,000 self-only / \$3,000 family member / \$6,000 family

Covered service	You pay
Routine preventive exams & services	No charge, deductible does not apply
Primary care office visits	\$20 copay, after deductible
Specialty care office visits	\$20 copay, after deductible
Lab tests	\$10 copay, after deductible
Outpatient surgery	\$150 copay, after deductible
Hospitalization	\$250 per admission, after deductible
Urgent care visits	\$20 copay, after deductible
Emergency Department visits	\$100 copay, after deductible
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order), after deductible
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order), after deductible
Specialty prescription drugs	Follow the generic/brand cost share

\*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

Your health benefits will be self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company will provide certain administrative services for the Plan and will not be an insurer of the Plan or financially liable for health care benefits under the Plan.

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Comparison At A Glance	Deductible EPO Plan	HSA-Qualified EPO Plan
Has a deductible	<b>\$1,000 Individual</b> <b>\$2,000 Family</b> Some medical services are subject to the plan deductible	<b>\$1,400 Self-only</b> <b>\$2,800 Family</b> Medical and Rx are subject to the plan deductible
Preventive care covered at 100%	<b>Yes</b> Not subject to the deductible	<b>Yes</b> Not subject to the deductible
Telehealth services are covered at 100% (e.g. phone and video visits)	<b>Yes</b>	<b>Yes</b> After the deductible
Option to open a health savings account (HSA)	<b>No</b>	<b>Yes</b>
Care provided through the Kaiser Permanente network	<b>Yes</b>	<b>Yes</b>
Access to kp.org/mobile app	<b>Yes</b>	<b>Yes</b>

\*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

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# Comparison of your plan options

	Deductible EPO Plan	HSA-Qualified EPO
<b>Deductible</b>	<b>\$1,000 individual</b> <b>\$2,000 family</b>	<b>\$1,400 self-only</b> <b>\$2,800 family</b>
<b>Out-of-pocket maximum</b>	<b>\$4,000 individual</b> <b>\$8,000 family</b>	<b>\$3,000 self-only</b> <b>\$3,000 family member</b> <b>\$6,000 family</b>
<b>Covered service</b>	<b>You pay</b>	<b>You pay</b>
<b>Routine preventive exams &amp; services</b>	<b>No charge</b>	<b>No charge, deductible does not apply</b>
<b>Primary care office visits</b>	<b>\$25 copay</b>	<b>\$20 copay after deductible</b>
<b>Specialty care office visits</b>	<b>\$25 copay</b>	<b>\$20 copay after deductible</b>
<b>Lab tests</b>	<b>\$10 copay after deductible</b>	<b>\$10 copay after deductible</b>
<b>Outpatient surgery</b>	<b>10% coinsurance after deductible</b>	<b>\$150 copay after deductible</b>
<b>Hospitalization</b>	<b>10% coinsurance after deductible</b>	<b>\$250 per admission after deductible</b>

\*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

Your health benefits will be self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company will provide certain administrative services for the Plan and will not be an insurer of the Plan or financially liable for health care benefits under the Plan.



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# Comparison of your plan options

	EPO	HSA-Qualified EPO
Urgent care visits	\$25 copay	\$20 copay <b>after deductible</b>
Emergency Department visits	10% coinsurance <b>after deductible</b>	\$100 copay <b>after deductible</b>
Generic prescription drugs	\$10 copay (retail)/ \$20 copay (mail order)	\$10 copay (retail)/ \$20 copay (mail order), <b>after deductible</b>
Brand-name prescription drugs	\$30 copay (retail)/ \$60 copay (mail order)	\$30 copay (retail)/ \$60 copay (mail order), <b>after deductible</b>
Specialty prescription drugs	Follows the generic/brand cost share	Follow the generic/brand cost share

\*This is only a summary of some benefits and their copays and coinsurance. Please refer to your employer's *Summary Plan Description* or other Plan documents for more information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.

Your health benefits will be self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company will provide certain administrative services for the Plan and will not be an insurer of the Plan or financially liable for health care benefits under the Plan.



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# Before your visit — getting an estimate

As a member, you can use our online Estimates tool to:

- Get an estimate of how much a treatment, procedure, test, or other medical service will cost
- Track how close you are to reaching your deductible and out-of-pocket maximum

The image shows two overlapping screenshots of the Kaiser Permanente IDH Treatment Cost Calculator. The top screenshot is the main interface, and the bottom screenshot shows a detailed view for a specific procedure.

**Top Screenshot: Main Interface**

Kaiser Permanente IDH Treatment Cost Calculator

Welcome, NAME.

Find cost estimate by

① Your address, Your City, State, ZIP [Change](#)

②  [SEARCH](#)

Browse by

[Health Topics](#) [A-Z List of Everything](#)

[Diagnostic Tests & X-rays](#) [Inpatient Procedures](#)

**My Benefit Summary**

Health Plan: KP CA National Business Unit Mid Plan

	Deductible	Out-of-Pocket Max
Plan Coverage:		\$ 1,500
Year-to-Date Spend:		\$ 0
Remaining:		\$ 1,500

[VIEW MY ESTIMATES](#)

**Bottom Screenshot: Detailed View for Knee replacement, full, inpatient**

Kaiser Permanente IDH Treatment Cost Calculator

Prepared for: NAME  
Prepared on: July 18, 2018 01:57:12 EDT

**Knee replacement, full, inpatient**

**Description**

Knee joint replacement is surgery to replace a painful damaged or diseased knee joint with an artificial joint (prosthesis). [Learn more](#)

**Inpatient Procedures**

Average hospital stay: 1 - 2 days

**Estimated out-of-pocket costs: \$100**

This is only an estimate based on your current benefits. It is not the final cost. It is based on average costs for in-network healthcare providers in Greater Los Angeles CA.

Total estimated costs: \$33,999

Hospital: \$33,999 | Primary Physician: \$0 | Other: \$0

■ Your health plan pays: \$33,899

■ Estimated out-of-pocket costs: \$100

Deductible: \$0 | Copay: \$100 | Co-insurance: \$0

2 of 4

← This estimate considers your benefits and how much you've spent so far in reaching your deductible (if you have a deductible plan). It may not reflect any unprocessed claims. →

▶ HOW WE CALCULATED YOUR COST ESTIMATE

▶ HOW THIS TOOL WORKS



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# Sutter Health | Aetna

**Providing a simplified and holistic member experience designed to support member's health ambition**

- **Combined portal to view clinical and insurance information**
- **Personal welcome kits and 24/7 customer service support**
- **Online provider appointment scheduling**
- **Telemedicine and virtual visits**
- **Proactive, coordinated care**
- **interactive tools and resources**



# Our network includes:

Primary care, specialists, hospitals, walk-in clinics  
and urgent care centers



1,700+  
primary  
care  
doctors



9,400+  
specialists



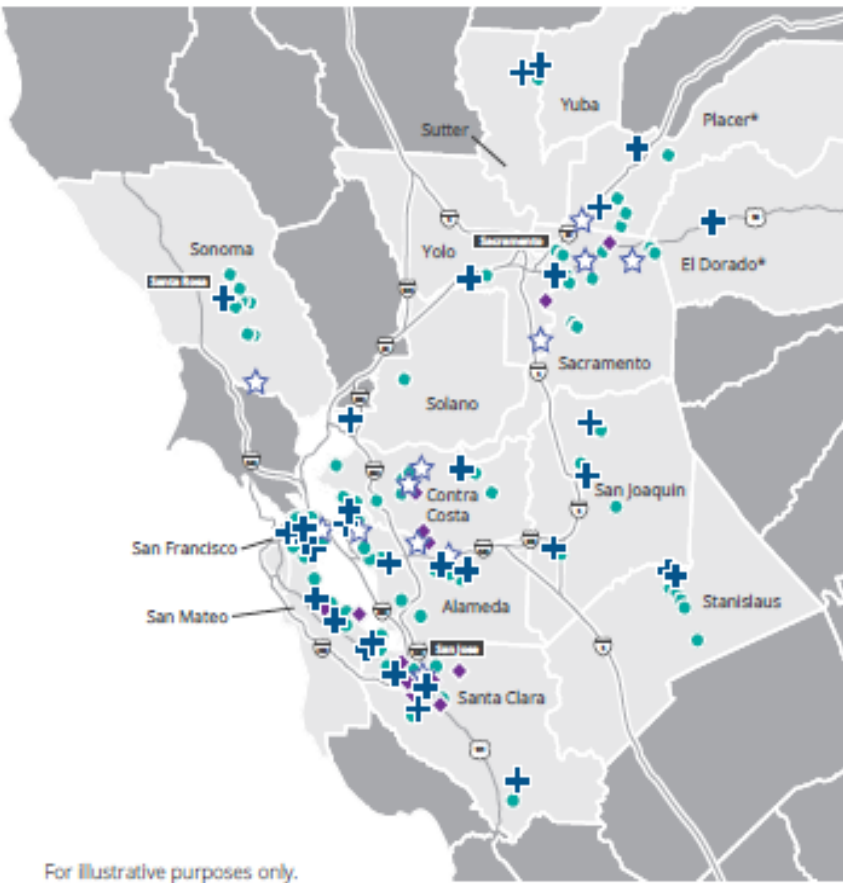
33  
hospitals






74  
urgent  
care  
centers



25  
walk-in  
clinics



For illustrative purposes only.

-  Sutter Walk-in Clinics
-  Retail Walk-in Clinics
-  Urgent Care Centers
-  Hospitals

## Physician Groups

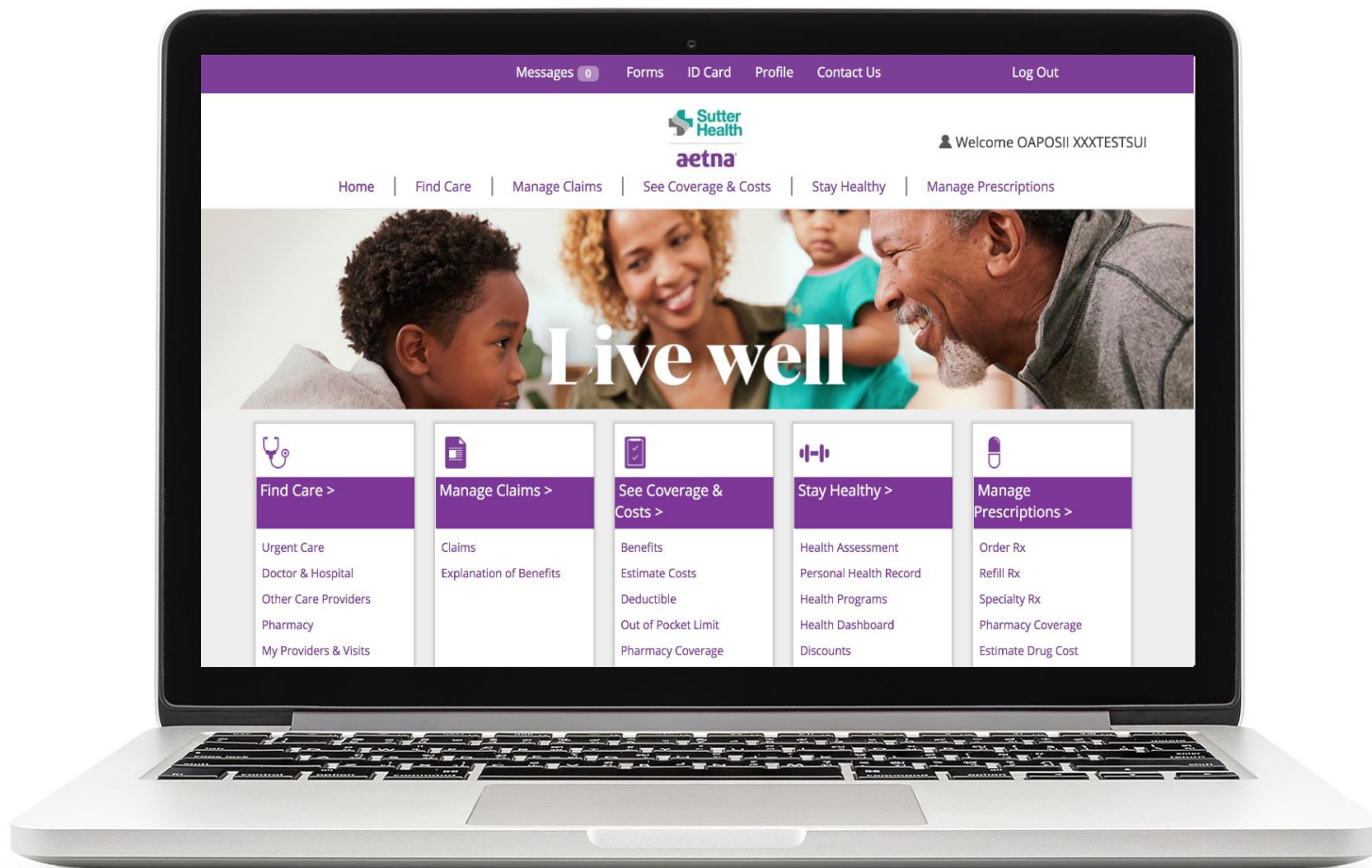
Counties	Physician Group
Alameda & Contra Costa	Sutter East Bay Medical Foundation
Alameda, Contra Costa, San Mateo & Santa Clara	Palo Alto Medical Foundation
El Dorado, Placer, Sacramento, Solano, Sutter, Yuba & Yolo	Sutter Medical Foundation
San Francisco	Brown & Toland Physicians
San Mateo & Santa Clara	Stanford Health Care
San Francisco & Sonoma	Sutter Pacific Medical Foundation
San Joaquin & Stanislaus	Sutter Gould Medical Foundation





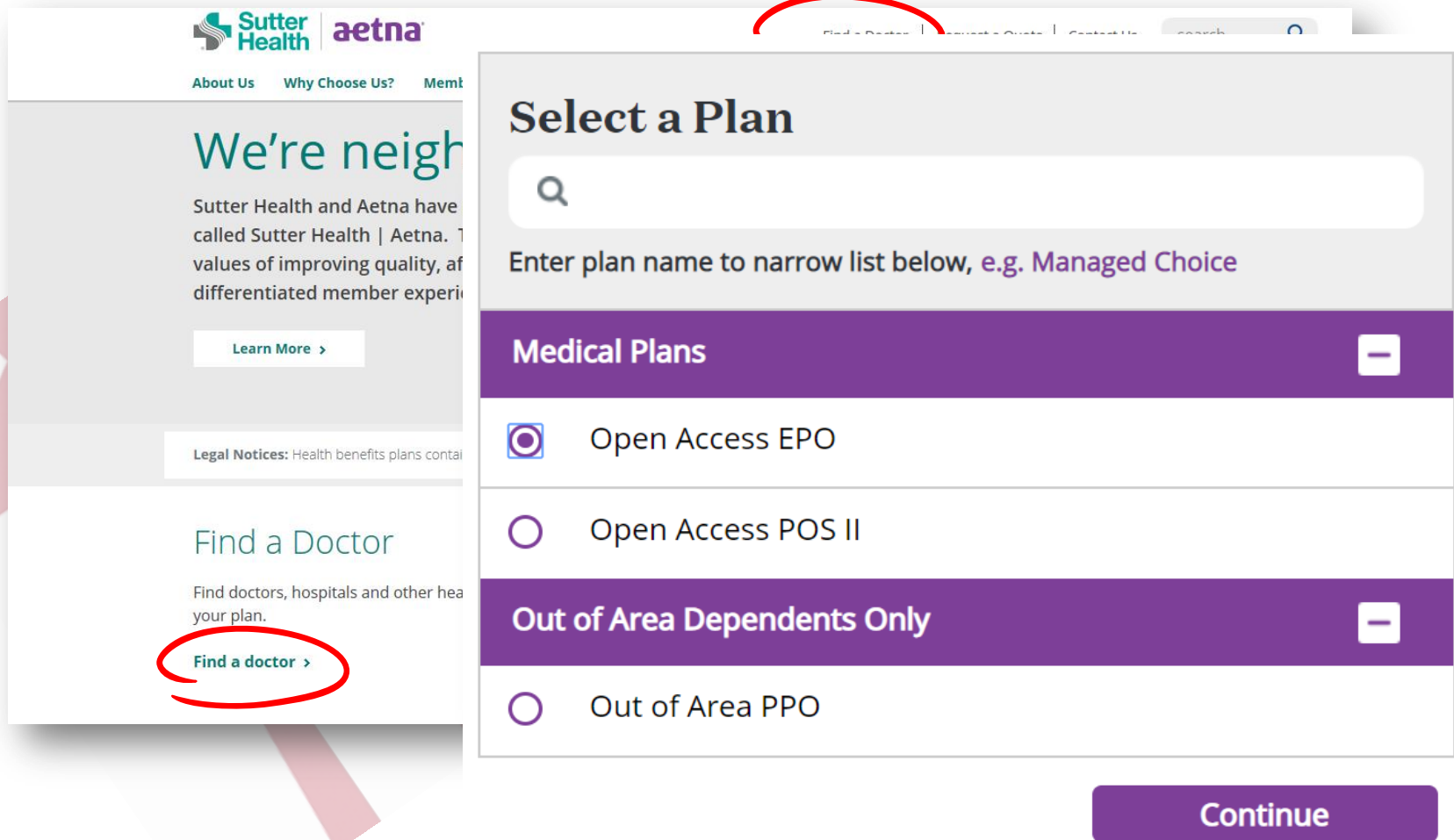
# Member Portal – One place for information

[www.sutterhealthaetna.com](http://www.sutterhealthaetna.com)



# How do I find a Sutter Health | Aetna doctor?

## Visit [www.sutterhealthaetna.com](http://www.sutterhealthaetna.com)



The screenshot displays the Sutter Health | Aetna website. The top navigation bar includes the Sutter Health and Aetna logos, and links for 'About Us', 'Why Choose Us?', and 'Members'. The main content area features a 'We're neighbors' section with a 'Learn More >' button. Below this is a 'Find a Doctor' section with the text 'Find doctors, hospitals and other health care providers in your plan.' and a red circle around the 'Find a doctor >' link. To the right, a 'Select a Plan' modal is open, showing a search bar and a list of plan options: 'Medical Plans' (with a minus sign), 'Open Access EPO' (selected with a radio button), 'Open Access POS II' (unselected with a radio button), 'Out of Area Dependents Only' (with a minus sign), and 'Out of Area PPO' (unselected with a radio button). A 'Continue' button is at the bottom right of the modal.

**Sutter Health | aetna**

About Us Why Choose Us? Members

### We're neighbors

Sutter Health and Aetna have joined forces to create a new organization called Sutter Health | Aetna. Together, we share the same values of improving quality, affordability and differentiated member experience.

[Learn More >](#)

**Legal Notices:** Health benefits plans contain important information.

### Find a Doctor

Find doctors, hospitals and other health care providers in your plan.

[Find a doctor >](#)

### Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

#### Medical Plans

☒ Open Access EPO

☐ Open Access POS II

#### Out of Area Dependents Only

☐ Out of Area PPO

[Continue](#)

# How do I find a Sutter Health | Aetna doctor?

What do you want to search

Q PCP

Choose a result below to finish your search

Specialists & Specialty Types

Primary Care Physician (PCP)

Can't find what you're looking for?

- Check your spelling
- Increase your search radius, or change your location
- We only show providers who participate with your plan
- Search term isn't available. Change your term or specialty

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

★★★★★  
542 rating(s) »

Padilla, David A., MD »

✓ In Network

Provider ID #: 4503634

568 North Sunrise Avenue  
Suite 250  
Roseville, CA 95661

(916) 865-1140

Specialties: Internal Medicine; Pediatrics

☐ Add to compare

[Report Incorrect Information »](#)

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

☆☆☆☆☆  
0 rating(s) »

Wood, Stephanie A., MD »

✓ In Network

Provider ID #: 9317439

568 North Sunrise Avenue  
Suite 250  
Roseville, CA 95661

(916) 865-1140

Specialties: Family Practice

☐ Add to compare

[Report Incorrect Information »](#)

Maximum Savings

1.48 miles

Maximum Savings - This provider provides maximum savings for you

★★★★★  
478 rating(s) »

Doolittle, John K., MD »

✓ In Network

Provider ID #: 7419236

568 North Sunrise Avenue  
Suite 250  
Roseville, CA 95661

(916) 865-1140

Specialties: Family Practice

☐ Add to compare

[Report Incorrect Information »](#)



# Medical Benefits at a glance

	In-Network	
<b>Annual Deductible</b> Employee Only Family	\$1,000 \$2,000	
<b>Annual Out-of-Pocket Maximum</b> Employee Only Family	\$5,000 \$10,000	
<b>What the plan pays for covered services</b> <b>Preventive Care</b>	100%	
<b>Doctor Visits</b> <b>Specialist Visits</b>	\$25 Copay \$40 Copay	
<b>Urgent Care</b> <b>Emergency Care</b>	\$50 Copay \$200 Copay	
<b>Hospital (inpatient and Outpatient)</b>	20%; after deductible	







# Prescription Drug Benefits at a glance

		In-Network	
<b>Preferred Generic Drugs</b>	Retail	\$10 copay	
	Mail Order	\$20 copay	
<b>Preferred Brand-Name Drugs</b>	Retail	\$30 copay	
	Mail Order	\$60 copay	
<b>Non-Preferred Generic and Brand -Name Drugs</b>	Retail	\$50 copay	
	Mail Order	\$100 copay	
<b>Specialty Drugs</b>		\$50 copay	





# *GI Thrive* by Vivante Health

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- All-in-one program for chronic digestive disorders, to help members manage their gastrointestinal diseases
- Includes: nutrition management, medication optimization and 24/7 expert support
- Available for enrolled Anthem, Aetna and Kaiser members
- It's covered at 100%, no cost to you





# Surgical Benefits by BridgeHealth

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- Supplemental surgery benefit for planned, non-emergent procedures
- Expand your provider options to top-rated hospitals, surgery centers and surgeons nationwide
- Available for enrolled Anthem and Aetna members
- No additional cost





# Livongo Diabetes Program

*Effective July 1, 2020*

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- A simple, advanced blood glucose meter, unlimited strips and lancets, and personalized coaching at no cost
- All members enrolled in Aetna and Anthem and their covered dependents living with type 1 or type 2 diabetes are eligible



# WHAT'S CHANGING FOR 2020?

- Actwise is the new Anthem HSA banking vendor replacing HealthEquity
  - Anthem members enrolled in a High Deductible Health Plan will be automatically sent to Actwise for an H.S.A bank account
  - Members will receive the following:
    - *Welcome Kit*
    - *New Actwise debit card*
    - *New Anthem ID card*
- Further information will follow soon



# WHAT'S CHANGING FOR 2020?

## (CONT.)

- Health Equity is the new Kaiser HSA banking vendor replacing Wex (*administered through Kaiser*)
  - Kaiser members enrolled in a High Deductible Health Plan will be automatically sent to Health Equity for an H.S.A bank account
  - Members will receive the following:
    - *Welcome Kit*
    - *New Health Equity debit card*
- Members may keep HSA funds with Kaiser, but there are some changes to be aware of (*review next slide*)
- Kaiser members wishing to transfer their HSA funds to HealthEquity must complete a Distribution Request/Account Closure Form



# Keeping your Account

- If you choose to keep your HSA, there's no action you need to take, but there are some changes to be aware of.
- What's staying the same?
  - **Health Payment Card** — Use it like you do today to pay for care
  - **KP Balance Tracker app** — Same on-the-go access
  - **Health Payment Services** — Same great customer service
- What's changing?
  - **Health Payment Online Portal** — You'll still have 24/7 access to your HSA online, but you'll need to log in through a new location: **[kp.org/healthexpense](https://kp.org/healthexpense)**.
    - Log in using the same username and password you use for the KP Balance Tracker app. If you haven't used the Balance Tracker app:
    - Your first time username and password will both be: the first initial of your first name, plus your first name, plus the last 4 of your Social Security number.
  - **Monthly administrative fee** — \$3.25, paid directly from your HSA - waived for any months where your average daily balance is \$2,000 or more.



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# Closing your Account

- If you choose to close your HSA and want to transfer your money to a new HSA:
  1. Complete the **Distribution Request/Account Closure Form** and return it to **Location Administrator** by **June 1, 2020**.
  2. In **Step 2** of the form:
    - Select **Transfer** as the type of distribution
    - Make the **Transfer Check Payable to: Health Equity**
    - In the **Mail Check to:** fields, enter:

Health equity  
Attn: Account Transfers  
15 W. Scenic Pointe Drive  
Draper, UT 84020
  3. Your form will be submitted to Kaiser Permanente on your behalf.
  4. Beginning **July 15, 2020** you'll no longer have access to your HSA, and your HSA will be closed by **July 29, 2020**.
  5. Your money should be available in your HealthEquity HSA by **July 30, 2020**.



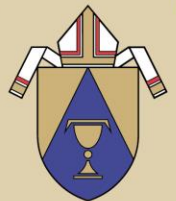
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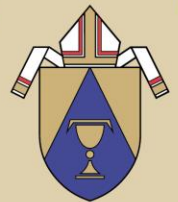


# ADMINISTRATOR NOTES

- Collect completed Distribution Request/ Account Closure Form forms by June 1, 2020.
  - Review that all fields have been completed
  - Ensure accountholder signature included
- Submit forms electronically to Julianna Aguilera by June 5, 2020.
  - In submission, include total number of forms received.
- Julianna Aguilera to submit closure forms in one batch directly to Kaiser Permanente by June 15, 2020
- *Employees who wish to terminate after this date, must send the form directly to Kaiser Permanente Health Payment Services. Please note monthly administrative fee will be applied.*



# BENEFITS REMINDERS



# RETA/BAS INVOICES

- Monthly invoices are generated and emailed on the 23<sup>rd</sup> of the month.
- Invoices must be reviewed on a monthly basis.
- ADP / Reta Enroll
- 2020-2021 Benefits calculation worksheet (PT 10 & Pt1001)



# CORE BENEFITS

- Regular employees (full time and part time) are eligible for group benefits – medical, dental, vision, life, AD&D and long term disability insurance.
- Core benefits (*mandatory for eligible employees*)
  - Life Insurance \$25,000
  - Accidental & Dismemberment (AD&D) \$25,000
  - Long Term Disability



# WAIVER OF GROUP HEALTH BENEFITS

- If an employee waives medical coverage, please provide them a waiver of group health benefits form.
- Waiver form must be completed annually.
- Waiver form:

<https://www.scd.org/sites/default/files/2019-06/Waiver%20of%20Group%20Health%20Benefits.pdf>



# QUALIFYING LIFE EVENT PROCESS

- Employees must complete qualifying life events electronically in RetaEnroll.
- Employees will be prompted to upload proof documents specific to their Qualifying Life Event during the submission process.
- Location Administrators must submit all Benefits Class changes to Reta Trust Customer Service at: [service@retaenroll.org](mailto:service@retaenroll.org).
- All life events for Reta are effective the 1<sup>st</sup> of the month following the date the Qualifying Life Event occurs. However, newborns are effective on the date of birth.





# PERSONNEL REMINDERS & UPDATES

Information available at: <https://www.scd.org/lay-personnel/administrative-workshop>

- ADP Rollout
- Minimum Wage/PT200
- Overtime/Lunch Premiums
- Vacation/Sick hours
- Final Pay
- AB5-Independent Contractors
- Leave of Absence (LOA) and Workers Compensation Cases
- HR Retention Guidelines
- Sexual Harassment Training
- Livescan/Safe Haven Training
- Weekly News on Website



# WRAP –UP AND QUESTIONS?



- Please submit questions through the following survey monkey link:  
<https://www.surveymonkey.com/r/ZFJJ6CC>
- The link will be open for questions through Friday, April 24, 2020

