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 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)
  - Benefits Statement for Current Plan Year (available online through Reta Enroll)
  - Enrollment Worksheet (available online at scd.org)
  - 2020-2021 Diocese Lay Benefit Booklet & Rate Sheet (available online at scd.org)
Anthem PPO-1119

- 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

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem PPO Providers</td>
<td>Non-PPO Providers</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / calendar year</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>$20 copay (deductible waived)</td>
<td>70%*</td>
</tr>
<tr>
<td>Specialist</td>
<td>$35 copay (deductible waived)</td>
<td>70%*</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No cost (deductible waived)</td>
<td>70%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>90%</td>
<td>70%*</td>
</tr>
<tr>
<td>Emergency services</td>
<td>90% plus $100 copay waived if admitted</td>
<td>90% plus $100 copay waived if admitted</td>
</tr>
<tr>
<td>(deductible waived)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab/X-ray</td>
<td>90%</td>
<td>70%*</td>
</tr>
<tr>
<td><strong>Out of Pocket Amount</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/ Per calendar year</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
</tbody>
</table>
Anthem EPO-1139

• 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

<table>
<thead>
<tr>
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<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / calendar year</td>
<td>$1,000</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>$25 copay (deductible waived)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copay (deductible waived)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No cost (deductible waived)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>80%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Emergency services (deductible waived)</td>
<td>80% plus $200 copay</td>
<td>80% plus $200 copay</td>
</tr>
<tr>
<td>Lab/X-ray</td>
<td>80%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Out of Pocket Amount</strong></td>
<td>Individual/ Per calendar year</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Anthem HSA-1129

- 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

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem HSA Providers</td>
<td>Non-HSA Providers</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / calendar year</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Specialist</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No cost (deductible waived)</td>
<td>60%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>(deductible waived)</td>
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<tr>
<td><strong>Out of Pocket Amount</strong></td>
<td>Individual/ Per calendar year</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th>Covered service</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine preventive exams &amp; services</td>
<td>No charge</td>
</tr>
<tr>
<td>Primary care office visits</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialty care office visits</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Lab tests</td>
<td>$10 copay after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td>Hospitalization</td>
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</tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Generic prescription drugs</td>
<td>$10 copay (retail)/ $20 copay (mail order)</td>
</tr>
<tr>
<td>Brand-name prescription drugs</td>
<td>$30 copay (retail)/ $60 copay (mail order)</td>
</tr>
<tr>
<td>Specialty prescription drugs</td>
<td>Follows the generic/brand cost share</td>
</tr>
</tbody>
</table>

*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.
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.
## 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

<table>
<thead>
<tr>
<th>Covered service</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine preventive exams &amp; services</td>
<td>No charge, deductible does not apply</td>
</tr>
<tr>
<td>Primary care office visits</td>
<td>$20 copay, after deductible</td>
</tr>
<tr>
<td>Specialty care office visits</td>
<td>$20 copay, after deductible</td>
</tr>
<tr>
<td>Lab tests</td>
<td>$10 copay, after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$150 copay, after deductible</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>$250 per admission, after deductible</td>
</tr>
<tr>
<td>Urgent care visits</td>
<td>$20 copay, after deductible</td>
</tr>
<tr>
<td>Emergency Department visits</td>
<td>$100 copay, after deductible</td>
</tr>
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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.
**YOUR PLAN BENEFITS**

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

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## Comparison of your plan options

<table>
<thead>
<tr>
<th></th>
<th>Deductible EPO Plan</th>
<th>HSA-Qualified EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,000 individual</td>
<td>$1,400 self-only</td>
</tr>
<tr>
<td></td>
<td>$2,000 family</td>
<td>$2,800 family</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$4,000 individual</td>
<td>$3,000 self-only</td>
</tr>
<tr>
<td></td>
<td>$8,000 family</td>
<td>$3,000 family member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$6,000 family</td>
</tr>
<tr>
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## Comparison of your plan options

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<tr>
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<th>EPO</th>
<th>HSA-Qualified EPO</th>
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<tbody>
<tr>
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<td>Generic prescription drugs</td>
<td>$10 copay (retail)/ $20 copay (mail order)</td>
<td>$10 copay (retail)/ $20 copay (mail order), after deductible</td>
</tr>
<tr>
<td>Brand-name prescription drugs</td>
<td>$30 copay (retail)/ $60 copay (mail order)</td>
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GETTING CARE

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
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 |

**Physician Groups**

<table>
<thead>
<tr>
<th>Counties</th>
<th>Physician Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda &amp; Contra Costa</td>
<td>Sutter East Bay Medical Foundation</td>
</tr>
<tr>
<td>Alameda, Contra Costa, San Mateo &amp; Santa Clara</td>
<td>Palo Alto Medical Foundation</td>
</tr>
<tr>
<td>El Dorado, Placer, Sacramento, Solano, Sutter, Yuba &amp; Yolo</td>
<td>Sutter Medical Foundation</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Brown &amp; Toland Physicians</td>
</tr>
<tr>
<td>San Mateo &amp; Santa Clara</td>
<td>Stanford Health Care</td>
</tr>
<tr>
<td>San Francisco &amp; Sonoma</td>
<td>Sutter Pacific Medical Foundation</td>
</tr>
<tr>
<td>San Joaquin &amp; Stanislaus</td>
<td>Sutter Gould Medical Foundation</td>
</tr>
</tbody>
</table>

For illustrative purposes only.

- ✺ Sutter Walk-in Clinics
- ✺ Retail Walk-in Clinics
- ○ Urgent Care Centers
- + Hospitals
Member Portal – One place for information
www.sutterhealthaetna.com
How do I find a Sutter Health | Aetna doctor?

Visit www.sutterhealthaetna.com
How do I find a Sutter Health | Aetna doctor?
# Medical Benefits at a glance

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>What the plan pays for covered services</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Doctor Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>$25 Copay</td>
</tr>
<tr>
<td></td>
<td>$40 Copay</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$50 Copay</td>
</tr>
<tr>
<td></td>
<td>$200 Copay</td>
</tr>
<tr>
<td><strong>Hospital (inpatient and Outpatient)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%; after deductible</td>
</tr>
</tbody>
</table>
# Prescription Drug Benefits at a glance

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Generic Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Mail Order</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Preferred Brand-Name Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Mail Order</td>
<td>$60 copay</td>
</tr>
<tr>
<td><strong>Non-Preferred Generic and Brand-Name Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Mail Order</td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Specialty Drugs</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 copay</td>
</tr>
</tbody>
</table>
**GIThrive by Vivante Health**

- 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

• 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

- 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.
    - 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.
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**.
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 23rd 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.
• All life events for Reta are effective the 1st 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