

Challenging Students to Achieve Their Goals and Dreams

# MEMORANDUM

| Date:    | November 14, 2022  |  |
|----------|--|--|
| То:      | Employees Eligible for Health Insurance                              |  |
| From:    | Ben Irwin, Director of Business Services                             |  |
| Subject: | Health Insurance Information and Annual Open Enrollment Notification |  |

Your health insurance provider will be changing to UnitedHealthcare for the period of 01/01/2023 - 12/31/2023.

For the 2023 plan year, after revisions were made to the plan design and a switch was made to a new provider, the District was able to decrease total premium costs by 7.7%. In an effort to offset a higher deductible with the new plan design, the District took their portion of the premium savings and will be making contributions into a Health Savings Accounts (HSA) for all employees on the health plan in the amounts of \$1,500 per year for a single plan and \$3,000 per year for a family plan.

Open enrollment for 2023 health benefits will be held from 11/14/22 - 11/28/22. Health insurance elections made during Open Enrollment will become effective 01/01/2023 and will remain in effect for the entire 2023 year. You cannot change your benefit selection again until the next Open Enrollment unless you experience a "qualifying status change". Qualifying status changes are included at the end of this document. It is important that all employees remember they must notify the payroll department and complete enrollment forms within 30 days of the qualifying event.

# **NOTE:** If you are currently on our plan and do not report a change in status we will keep you enrolled at your current status.

Employees are eligible to receive insurance coverage effective with their hire date and are covered through the month they resign. Employee premium share deductions are taken from each check for the next month's coverage.

## **Premium Information 01/01/23 – 12/31/23**

- $\blacktriangleright$  The current employee premium share is 12.6%.
- > The premium share amounts are included in the chart below.

| Plan Type | Total Monthly Premium | <b>Employee Share per Pay Period</b> |
|-----------|-----------------------|--------------------------------------|
| Single    | \$827.97              | \$52.16                              |
| Family    | \$1,867.31            | \$117.64                             |

#### Summary of Benefits and Coverage (SBC)

The Affordable Care Act requires that we provide you with the attached Summary of Benefits and Coverage (SBC). The SBC is a standardized summary about your health plan's benefits and coverage. This is designed to help you better understand and evaluate your health insurance choices. Please note that this is only a summary. If you want more detail about your coverage, you can get the complete terms in the policy or plan by calling the customer service phone number located on the back of your ID card. This SBC covers the period of 01/01/2023 - 12/31/2023.

#### **Qualifying Status Changes**

Following IRS regulations, you can make changes consistent with your status change within 30 days of the date the status change occurred. In most circumstances, you cannot change the type of coverage (e.g. your plan) but you may modify the level of coverage (e.g. add a child following a birth or adoption).

### As Detailed in Cafeteria Plan Document:

(a) By Participant.

- (1) HIPAA Special Enrollment Rights.
- (2) Change in Status.
  - (A) Legal Marital Status.
  - (B) Number of Dependents.
  - (C) Employment Status.
  - (D) Dependent Satisfies or Ceases to Satisfy Eligibility Requirements.
  - (E) Residence.
  - (F) Adoption Assistance.
- (3) Judgment, Decree, or Order. A Participant may modify an election pursuant to a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order as defined in ERISA section 609) that requires accident or health coverage for a Participant's child or for a foster child who is a dependent of the Participant; provided that the modification:
  - (A) changes the Participant's election to provide coverage for the child if the order requires coverage for the child under the Plan; or

- (B) cancels coverage for the child if the order requires the spouse, former spouse, or other individual to provide coverage for the child; and that coverage is, in fact, provided.
- (4) Entitlement to Medicare or Medicaid.
- (5) Significant Cost or Coverage Changes.
- (6) FMLA.

If you have any questions regarding health insurance, please contact Lisa Bublitz, Payroll/Benefits Coordinator or me as follows:

Lisa Bublitz at <u>lbubltiz@cedarburg.k12.wi.us</u> or (262) 376-6113 Ben Irwin at <u>birwin@cedarburg.k12.wi.us</u> or (262) 376-6114