



## **2020 Health/Dental Insurance Packet for New Hires**

Welcome home to Campbell County!

In the next few pages, we invite you to learn more about our Health and Dental Insurance programs, and our Employee Health Savings Account, which you will have an opportunity to voluntarily contribute to.

During this timeframe, you may ask questions, make decisions about your and your family's healthcare needs and select the coverage that best suits your individual needs.

As you review the programs, please choose from the following benefit programs:

- **Health and Dental Insurance**
- **Voluntary Employee Health Savings Account (HSA) contributions**
- **Dependent Care Coverage**

Please read this packet carefully. All full-time employees will need to respond by completing the Benefit Selection form, or the Waiver of Benefits form.

In addition, please remember that this orientation period (within three days of hire) is the only time to select/adapt your benefit coverage until our next annual Open Enrollment period (October), outside of a qualifying event. You will have an opportunity during the month of June to make changes to your Health Savings Account (HSA) election.



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**Campbell County Department of  
Management Services and  
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# HSA Eligibility past age 65

**Please note:** Enrollment in any type of Medicare makes you ineligible to contribute to an HSA, per IRS regulations.

Employees past age 65 who are actively working who receive employer HSA contributions and/or elected voluntary HSA contributions to be deducted from their pay; must notify the employer **seven months prior** to the date they expect to apply for social security benefits so that employer and if applicable, voluntary employee contributions can be stopped at the appropriate date. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing six months before you apply for Social Security, you may have a tax penalty.

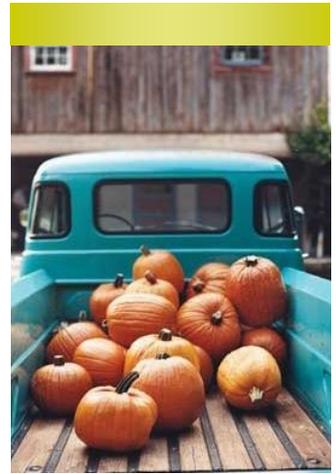
If an employee past age 65 continues to defer social security but applies for Medicare, they should notify the employer the month before the Medicare effective date.

If you are an active employee turning age 65 in 2020 and/or

become Medicare eligible in 2020, and are enrolled in Campbell County's HDHP with HSA, you should contact us during Open Enrollment to discuss the impact enrolling in Medicare will have on your HSA.

It is your responsibility to determine your eligibility for contributions to an HSA. If the County continues to fund an HSA on your behalf past the date you are eligible, you will be responsible for any IRS penalties and payment of back taxes.

You may contact Darlene Cowart, HR and Benefits Coordinator, at 434-332-9794 or email to schedule an appointment at [decowart@campbellcountyva.gov](mailto:decowart@campbellcountyva.gov).



**We recognize that you may have questions as you read through the packet. In case you do, please know we are here for you. Feel free to contact us, should you require any assistance in completing your forms.**

## Frequently Asked Questions



### **What is the benefit enrollment deadline for newly hired employees?**

Enrollment forms for all new employees are due by close of the business day on third day of hire.

### **What is a Health Savings Account (HSA)?**

An HSA is a tax-favored savings account that may be used to pay for qualified healthcare expenses for yourself, your spouse and your IRS tax-qualified dependents.

### **Am I eligible to participate in the HSA program?**

HSA's are governed by the Internal Revenue Code (IRC), and you must meet the following eligibility requirements to qualify for a HSA:

- *must be enrolled in a high deductible health plan (HDHP);*
- *cannot be covered by any other healthcare plan, flexible spending account (FSA) or enrolled in Medicare; and*
- *cannot be claimed as a tax dependent on someone else's tax return.*

### **How much may I contribute annually to my HSA?**

In 2020, the maximum IRS HSA contributions for Employee only coverage is \$3,550, and for Employee + 1, Family, and for couples who are both employed by the County is \$7,100. If you are age 55, or older, you may contribute an additional \$1,000 annually.

**Please note:** You must include the County's portion in your maximum annual contribution. For example, if you select Employee only coverage, this means your contribution could be no greater than \$2,549.92 per year (\$212.49 monthly), and for the remaining coverage plans offered, could be no greater than \$5,099.96 annually (\$424.99 monthly).

## Qualified Life Events

During this year's open enrollment period, it is your opportunity to review your benefits and make any changes for the year ahead. Take some time to learn about your options, evaluate you and your family's needs, and choose the benefits that will best serve you (and your eligible family members) for 2020.

**All forms are due by the close of business day on Friday, November 8, 2019.** Any forms received after this timeframe cannot be processed without a qualifying event.

**If you experience a qualifying event, please notify the Department of Management Services/HR within 31 calendar days.**

Some examples of such events include:

- **Marriage;**
- **Birth or adoption of a child;**
- **Divorce and/or Legal separation;**
- **Death or loss of a dependent;**
- **Change in spouse's employment status causing a loss and/or a gain of coverage;**
- **Change in your own employment status;**
- **Change in residence;**
- **Eligibility for Medicare.**

Changes in health and/or dental coverage due to a qualifying event are effective the date of the qualifying event. Additional premium may need to be collected depending on timing of the event with payroll run dates.

# Health Insurance Coverage

The HDHP Summary of Benefits Coverage (SBC) is available to provide thorough benefit information; however, for specific questions, please feel free to ask a member of our staff, or call Anthem directly.

Prescription drug costs contribute to the overall annual deductible. Once you meet your annual deductible, you will be responsible for 20% of the cost until you meet your out-of-pocket maximum. (Based on using an In-Network provider)

**DID YOU KNOW... Blue View Vision benefits are included in your health insurance coverage? After a \$15 co-pay (In-Network provider), a routine eye exam is covered once per calendar year. Additional savings can be found by visiting a participating provider. Enjoy up to 35% off the retail price of frames, and 15% off the retail price of non-disposable contacts. To locate a provider, login to your Anthem account, or call Member Services at 1-866-723-0515.**



# Dental Insurance Coverage

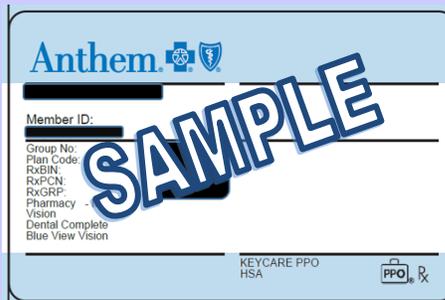
As with most dental plans, our coverage provides two exams/cleanings per year.

For more detailed information, please review the Dental Insurance Summary of Benefits Coverage (SBC), or feel free to ask a member of our staff, or call Anthem directly.



## NEW FOR 2020: Anthem to Issue One Card for Health and Dental

In an effort to streamline services, Anthem is merging their health and dental platforms, so as a result, one card will contain health, vision, and dental information. Although health and dental remain separate plans, you will now have one less card to carry in your wallet.



## Health Savings Account (HSA) Contributions

Campbell County will continue to make employer contributions into your HSA for each month you have the Anthem HDHP **and** remain eligible for the contribution.

### 2020 Monthly Employer HSA Contribution for Employees enrolled in Anthem HDHP

Employee Only	\$83.34
Employee +1	\$166.67
Employee +Family	\$166.67

If you elect to have employee voluntary contributions to your HSA, remember the voluntary contribution in addition to the employer contribution cannot exceed the IRS maximum limits.

### The 2020 IRS Maximum Limits are as follows:

Employee Only	\$3,550
Employee +1	\$7,100
Employee +Family	\$7,100
Family (Both spouses Employed)	\$7,100

*\*If you are over age 55, an additional \$1,000 may be contributed until your effective Medicare date.*



# Insurance Premiums

Each year, with the aid of a consultant, Campbell County forecasts the upcoming year's total benefit costs. As part of this study, we review our benefit programs and make revisions and updates to ensure we continue to offer a competitive, cost-effective, benefit program to you and your family. Below is the premium chart outlining the monthly premiums for the 2020 plan year. (Effective January 1—December 31, 2020)

Monthly Anthem HDHP Health Insurance Premium			
Premium	Employee Only	Employee +1	Employee +Family
County Pays	\$620.71	\$1,126.40	\$1,640.41
Employee Pays	\$545.71	\$895.40	\$993.41
	\$75.00	\$231.00	\$647.00

Monthly Health Savings Account (HSA) Employer Contribution			
Employer Contribution	Employee Only	Employee +1	Employee +Family
Employee Contribution	\$83.34	\$166.67	\$166.67
	You determine the amount appropriate, up to the IRS maximum		

Monthly Anthem Dental Insurance Premium			
Premium	Employee Only	Employee +1	Employee +Family
County Pays	\$28.57	\$52.82	\$82.32
Employee Pays	\$15.82	\$15.82	\$15.82
	\$12.75	\$37.00	\$66.50

Monthly Insurance Premiums for Health & Dental Both Spouses Employed by Campbell County		
Premium	Health	Dental
County Pays	\$1,640.41	\$82.32
Employee Pays	\$1,360.41	\$29.32
	\$280.00	\$53.00

## Dependent Care

Campbell County will continue to offer dependent care reimbursement accounts. The dependent care assistance account allows you to pay for out-of-pocket, work-related dependent day-care costs with pre-tax dollars.

The annual plan limit which may be allocated to the dependent care reimbursement is \$5,000. Your contributions are subject to the IRS "use-it-or-lose-it" rule, meaning that any unused funds which remain in your dependent care account **will be forfeited at the end of the plan year.**

If you are interested in participating, please select this option on your enclosed Open Enrollment form and indicate the amount to be deducted from your paycheck.

For additional information, please contact Darlene Cowart at (434)332-9794, or [hr@campbellcountyva.gov](mailto:hr@campbellcountyva.gov).

### NOTE:

**Those who are Medicare eligible and have existing KeyCare 500 coverage may continue with this coverage and pay the same premium as listed above; however, they will not receive the monthly HSA contribution.**



# Enrollment Guide

Please carefully review each section of the Open Enrollment Election/Change Form. **You must make an election for each benefit section on the form, or waive coverage.** If you are unsure what to complete, please use this quick question and answer guide to help you with your enrollment preferences.

## **EMPLOYEE INFORMATION SECTION**

Please complete the top section of the form with your employee information.

### **SECTION 1: ANTHEM HEALTH INSURANCE HDHP**

Choose the box that indicates your choice of health insurance coverage for 2020. If you are **not making a change** to your insurance coverage, select "No Change." If you are **enrolling** or **changing** coverage, Section 3 must also be completed.

If you are currently enrolled in the Health Plan and wish to **cancel** existing coverage for 2020, please check the "Cancel Existing Coverage" box. Those who are not currently enrolled who wish to **waive** coverage, must select the "Waive" coverage box.

### **SECTION 2: ANTHEM DENTAL INSURANCE**

Choose the box that indicates your choice of dental insurance coverage for 2020. If you are **not making a change** to your insurance coverage, select "No Change." If you are **enrolling** or **changing** coverage, Section 3 must also be completed.

If you are currently enrolled in the Dental Plan and wish to **cancel** existing coverage for 2020, please check the "Cancel Existing Coverage" box. Those who are not currently enrolled who wish to **waive** coverage, must select the "Waive" coverage box.

### **SECTION 3: COVERED INDIVIDUALS**

This section only needs to be completed if **adding** or **changing** health and/or dental insurance coverage for you and/or any family member.

### **SECTION 4: AUTHORIZE OR WAIVE PRE-TAX SALARY REDUCTION**

This section only needs to be completed if you have or are enrolling in health/dental insurance. In compliance with Section 125 of the Internal Revenue Code for cafeteria plans, participants are provided an opportunity to receive certain benefits on a pre-tax basis. Section 4 is where you would indicate your selection of pre-tax or after-tax deductions.

### **SECTION 5: HEALTH SAVINGS ACCOUNT (HSA)**

The Health Savings Account contribution section should be completed by any employee currently enrolled or enrolling in the County's High Deductible Health Plan. Please carefully review the IRS HSA Eligibility Requirements and check the box to acknowledge your understanding that it is your responsibility to ensure all IRS guidelines and regulations are adhered to as it relates to your HSA account. If you are not making a change to your current HSA election, select the box beside "No Change." If you are making a change to your monthly contribution amount, please insert the new amount on the provided line. If you do not wish to make a voluntary contribution to your account, please select "waive." You will remain eligible to receive the County's contribution to your account, as long as you meet the eligibility requirements established by the IRS.

### **SECTION 6: DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

Be sure to indicate the dependent care contribution amount you want deducted from your paycheck each month. If enrolling in the dependent care flex spending account for the first time, additional enrollment information on the program will be forwarded to you.

### **SECTION 7: AUTHORIZATION AND SIGNATURE**

Please sign and date to authorize deduction of the necessary premiums from your paycheck or to confirm declination of coverage.



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## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**As a resident of Virginia, you may be eligible for assistance paying your employer health plan premiums. Please contact the State for more information on Medicaid eligibility at 1-800-432-5924 or CHIP at 1-855-242-8282.**

This information is provided as of **July 31, 2019**. For more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
**Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, Ext. 61565**

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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