2025 BENEFITS
OPEN ENROLLMENT FAQ

WHAT IS OPEN ENROLLMENT?

Open enrollment is the time of year, determined by your employer, when fully benefits-eligible employees and retirees can enroll, opt out, or make changes to their health/vision and dental benefits without experiencing a Qualifying Life Event (QLE). Open enrollment is also the time for employees to establish or re-establish a Flexible Spending Account (FSA) used for medical and day care expenses for you and your eligible dependents. This is the only opportunity for eligible employees to enroll, opt out, or make changes to their 2025 benefits.

WHEN IS OPEN ENROLLMENT?

Enrollment for the 2025 plan year begins on October 21 and ends on November 8, 2024 at 4:30 p.m.

CAN I MAKE CHANGES TO MY BENEFITS AFTER OPEN ENROLLMENT?

No changes are allowed after the open enrollment deadline (11/8/2024 @ 4:30 pm) unless you experience a Qualifying Life Event.

WHAT'S NEW FOR PLAN YEAR 2024?

You now have plan options for both health and dental insurance.

Health Insurance: Option 1: Health Reimbursement Account (HRA Plan) / Option 2: Performance Blue

Dental Insurance: Option 1: Dental Base Plan / Option 2: Dental Buy-Up Plan

WHAT IS AN HRA?

An HRA is a Health Reimbursement Arrangement. The county pays a lower premium by having a higher deductible for the employee. However, the County automatically pays a portion of this deductible for you.

WHAT IS MY RESPONISIBILITY UNDER THE HRA?

Your deductible responsibility is $750 for individual / $1,500 for family**. No individual should pay more than $750 per year for their deductible. (Example: A family of 4 has one member who reaches the $750 deductible, the remaining $750 is split between the remaining family members for the plan year.)

**However, non-tobacco users will receive an incentive if they and their spouse, if applicable, self-certify they are tobacco free. This incentive will enable you to receive a discount on your deductible responsibility. You will have a $500 individual / $1,000 family deductible responsibility. If you and your spouse are tobacco free and do not certify as such, you will pay the higher deductible responsibility.

WHAT DOCUMENTS ARE REQUIRED TO ADD DEPENDENTS TO MY INSURANCE?

REQUIRED SUPPORTING DOCUMENTS		
Legal Spouse	**Biological/Step Children**	**Adopted/Court Ordered Dependents**
Social Security Card Marriage License Birth Certificate	Social Security Card Birth Certificate	SSN Card Adoption/Guardianship Documents Custody/Court Order Documents

WHAT IS PERFORMANCE BLUE?

Performance Blue is a $0 Deductible plan but **most** UPMC providers are **not included** in the plan. Non-tobacco users will still receive an incentive. You must self-certify each year.

IS THERE A DIFFERENCE IN COVERAGE BETWEEN THE HRA AND PERFORMANCE BLUE PLANS?

Both plans have the same plan design. The key differences are the deductible and provider base.

WHAT IS A QUALIFYING LIFE EVENT (QLE)?

A Qualifying Life Event (QLE) is a change in status of your life situation. (i.e. marriage, divorce, death of spouse, cancellation/enrollment of spouse insurance, employment change (own or spouse), birth of child, etc.). This change must be submitted along with all required documentation to the Human Resources department within 30 days of QLE. No changes will be accepted after 30 days of the QLE. The change will then need to be made at open enrollment sessions.

WHAT IS THE AGE LIMIT FOR DEPENDENT CHILDREN ON MY HEALTH AND DENTAL INSURANCE?

The age of 26. Your child will automatically be cancelled from the insurance the first of the month after turning the age of 26.

CAN I ADD MY CHILD TO MY HEALTH/VISION AND DENTAL BENEFITS AT ANY TIME?

No. You must enroll your dependent during a qualifying life event or during an open enrollment period. If you do not enroll him/her during the QLE, you must enroll him/her during the open enrollment period. **It is your responsibility to make sure your dependents are enrolled on all of your insurance.** Note there are separate enrollment and change forms for health/vision and dental insurance.

I CURRENTLY OPT OUT. DO I NEED TO ENROLL FOR 2025?

Yes. You must enroll in the Opt Out Incentive Program each year to be eligible to receive the incentive. If your completed form is not received in Human Resources by the deadline date (11/8/24 @ 4:30 pm), you will not receive the incentive for the new plan year.

WHEN ARE BENEFITS FOR THE NEW PLAN YEAR EFFECTIVE AND FOR HOW LONG?

The benefits are effective January 1, 2025 and last through December 31, 2025.

WHO IS MY HEALTH INSURANCE AND VISION PROVIDER?

Highmark Blue Cross/Blue Shield – Your health, vision, and prescription drug coverage are provided through Highmark. You will use your medical card for each of these services. These services are covered under a PPO Plan.

WHO IS MY DENTAL INSURANCE PROVIDER?

Your dental insurance is provided through United Concordia.

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA) AND WHAT ARE THE MAXIMUM CONTRIBUTIONS?

A Flexible Spending Account (FSA) is used for medical and day care expenses for you and your eligible dependents. You will need to enroll in the FSA each year. The maximum contribution for medical expenses is $3,200/year. The maximum contribution for day care expenses is $5,000/year. This is an annual enrollment. The amount elected is divided over 26 pays.

WHAT CAN I USE AN FSA FOR?

You can use an FSA for a variety of services and over-the-counter items. Examples include doctor copays, deductibles, dental services, braces, prescription copays, glasses/contact lenses, etc. A complete list is provided on the IRS website. You may also look on the FSAStore.com website for addition items.

IF I HAVE FUNDS LEFT IN MY FSA, DO I NEED TO ENROLL FOR THE FOLLOWING PLAN YEAR?

Only if you are adding additional funds. Anyone who has or wants funds to use for the next plan year must enroll every year. You may rollover up to $640 for the next plan year. If you are rolling over funds and do not want additional funds, you do not need to re-enroll. Your existing funds will be available to you until you leave employment.

WHAT IS THE AFFORDABLE CARE ACT?

The Affordable Care Act (ACA) is a United States federal statute, signed into law by President Barack Obama in March 2010, enacted with the goals of increasing the quality and affordability of health insurance for individuals and the government. The law required a number of mandates, subsidies and insurance exchanges, all meant to expand coverage, guarantee more choice, reduce costs, and enhance the quality of care of all Americans. This is sometimes referred to as "healthcare reform or "Obamacare."

WHAT SECTION OF THE ACA REQUIRES THAT I PROVIDE INFORMATION ON MY DEPENDENT?

All entities providing coverage are required to report to the federal government those who are enrolled in their qualifying healthcare coverage so that the government knows who should be paying the individual responsibility payment.

IF I AM A NEW EMPLOYEE AND I OPT OUT OF THE INSURANCE, DO I NEED TO RE-ENROLL IN OPT OUT DURING OPEN ENROLLMENT?

Yes. When in doubt, contact Human Resources at (724) 228-6746.