

**Employee Meetings**  
for  
**Benefit Plans**  
*effective*  
***January 1, 2015***

# Agenda

- Open Enrollment
- Qualifying Event
- Medical Plan with WCA/UMR
- Dental Plan with Delta Dental
- Vision Plan with VIPA
- BMO Flex Plan

## What is Open Enrollment?

- Open Enrollment is a period of time when employees may make changes to their elected benefit plan.
- The Open Enrollment period usually occurs once per year to allow employees to move from one plan to another
- This election is effective for the upcoming calendar year.
- This year's election will be effective January 1, 2015 through December 31, 2015.

## **Open Enrollment Period**

**November 11, 2014 – November 25, 2014**

# Proof of Eligibility

*You must apply during open enrollment or within 30 days of the qualifying event and provide proof of eligibility.*

## For spouse:

- A marriage certificate or
- A copy of the front page of your most recent filed federal tax return confirming this dependent as a spouse. (this option would be for a qualifying event because if the employee is newly married, the new spouse will not appear on the most recent tax return as “spouse”) Black out financial information.

## For Children:

- A child’s birth certificate naming you or your spouse as the child’s parent, or appropriate court order/adoption decree naming you or your spouse as the child’s legal guardian. If you have eligible foster children under the terms of legal guardianship, then provide a copy of the agreement.
- A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. Black out financial information.

# Proof of Eligibility continued...

*You must apply during open enrollment or within 30 days of the qualifying event and provide proof of eligibility.*

## For Stepchildren:

- A child's birth certificate naming you or your spouse as the child's parent **and** your marriage certificate as proof of the dependents relations to the employee.
- A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. Black out financial information.

## For Disabled Dependents:

- A child's birth certificate naming you or your spouse as the child's parent, or appropriate court order.
- A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. Black out financial information

*NOTE: if disabled dependent is a stepchild, the documentation listed for stepchildren will also be required.*

# Qualifying Event

*A Qualifying Event allows you to add dependents to your plan outside of Open Enrollment.*

- Change in marital status (Marriage or Divorce)
- Adding a newborn natural child, adoption
- Changing from Single to Family coverage or adding a dependent due to a court order
- Gain/Loss of other insurance (spouse)

# Medical Plan with WCA/UMR

<b>Deductible</b>	
In Network	\$1,500/3,000
Out of Network	\$3,000/6,000
<b>Coinsurance</b>	
In Network	100%
Out of Network	80%
<b>Deductible &amp; Coinsurance – Out of Pocket Maximum</b>	
In Network	\$1,500/3,000
Out of Network	\$4,250/\$8,500
<b>ACA Required Combined Ded/Cons./Copay/ Rx Copay - Out of Pocket Maximum</b>	\$6,350/\$12,700
<b>Office Visits</b>	
In Network	Deductible/100%
Out of Network	Deductible/ 80%
<b>Routine/Preventative Care</b>	
In Network	100%
Out of Network	Deductible/80%
(Incl. Routine Vision Exam)	
<b>Routine Vision Exam</b> (limited to one routine vision exam per Benefit Period)	Covered at 100% for in and out of network

# Medical Plan with WCA/UMR continued...

<p><b>Hospital Services</b></p> <p>In Network</p> <p>Out of Network</p>	<p>Deductible/100%</p> <p>Deductible/ 80%</p>
<p><b>Emergency Room</b></p> <p>In Network</p> <p>Out of Network</p>	<p>Deductible/100%</p> <p>In Network PPO Deductible/100%</p>
<p><b>Urgent Care</b></p> <p>In Network</p> <p>Out of Network</p>	<p>Deductible/100%</p> <p>Non PPO Deductible/ 100%</p>
<p><b>Chiropractic Care</b></p> <p>In Network</p> <p>Out of Network</p>	<p>Deductible/100%</p> <p>Deductible/ 80%</p>
<p><b>Retail &amp; Mail Order Pharmacy</b></p> <p>Generic, Formulary, &amp; Brand</p> <p>Valu Care Prescriptions are \$0</p>	<p><u>(34 Day Supply-Retail)</u></p> <p>\$0/10/25/50</p> <p><u>(90 Day Supply-Retail)</u></p> <p>\$0/20/50/100</p> <p><u>(90 Day Supply-Mail Order)</u></p> <p>\$0/20/50/100</p>

# Preventive Services

- Preventive care covered at 100% in-network
- First-dollar coverage including:
  - ✓ Routine Medical Exams and Labs
  - ✓ Well Baby Care
  - ✓ Blood lead tests to age 5
  - ✓ Mammograms and Pap Tests
  - ✓ Contraceptives (generic equivalent)
  - ✓ Immunizations (except for travel purposes)
  - ✓ Colonoscopy (one every year)
  - ✓ Routine vision and hearing exams
  - ✓ Additional preventive screenings

# Provider Network – United Healthcare Choice +

- **Provider Network Lookup:**
- PPO Network: **United Healthcare Choice+ Network**
- Phone: 1-800-651-8231, \*1 / Website: [www.umar.com](http://www.umar.com)
- Click on “Find A Provider Tab”, then “Medical”
- Then select, “U” for the United Healthcare Choice+ Network
- “Medical” click for Provider Search

# WCA Member Tools

- UMR.com – myMenu
  - Check your benefits to see what is covered
  - Look up what you owe and how much you have paid
  - Find a Doctor in your Network – Choice +
  - Learn about medical conditions and treatment options
  - Access tools and resources to live a healthier life.
  - Price services with Health cost estimator.
  - iPhone App
- Bill Review – if you find errors that reduce the City of Menasha plan costs, you could be eligible for a monetary incentive
  - Incorrect arithmetic
  - Drugs or supplies that were not received
  - Treatments or service that were not received

# Medical Plan Premiums effective January 1, 2015

Tier	Premium / Month
Single	\$ 490
Employee + Spouse	\$1,035
Employee + Children	\$ 910
Family	\$1,594

The City of Menasha is paying 100% of the premium for non represented employees for plan year January 1, 2015 – December 31, 2015.

# Delta Dental Plan

<b>Single Premium / month</b>	\$43.05
<b>Family Premium / month</b>	\$114.67
<b>Employer pays 90% of premium/ Employee pays 10% of premium</b>	
<b>Deductible</b>	\$0
<b>Annual Maximum / Person</b>	\$1500 for dental/ \$3,000 for surgical
<b>Diagnostic &amp; Preventive Services</b>	80%
<b>Basic Services</b>	80%
<b>Endodontics</b>	80%
<b>Periodontics</b>	80%
<b>Major Services</b>	50%
<b>Orthodontic Services</b> – includes adults and dependents to age 25	50% to annual maximum of \$1,500



## **BMO Benefit Services**

- Medical Flex - increases to \$2,550
- Dependent Care - \$5,000 per family per calendar year

# Carrier Contact Listing

Carrier	Phone Number	Website
WCA	1-800-236-6885	Call this number before Jan. 1, 2015
UHC Provider Lookup	1-800-651-8231	
UMR Customer Service	1-800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Delta Dental	1-800-236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
VIPA	1-800-883-5747	<a href="http://www.visionplans.com/VIPAandYou.aspx">www.visionplans.com/VIPAandYou.aspx</a>
BMO Flex	1-800-236-3539	<a href="http://www.bmo.com">www.bmo.com</a>

# Checklist

- ✓ Medical Benefit Election Form –
- ✓ Flex Form –
  - ✓ Medical
  - ✓ Dependent Care

All employees must turn in forms for both Medical and Flex - if you are waiving coverage, please sign and return.

If you are applying as a new member or adding/deleting members for any coverage's– Dental, or Vision- please pick up an enrollment form from Mike Brunn.

Submit forms to Mike Brunn by November 25, 2014