# City of Portsmouth 2021-2022 Annual Open Enrollment Newsletter

July is our open enrollment month. This is the only time of year in which you can make changes to your plan (i.e. add or drop dependents or enroll). It is also the only time a year that you can elect to participate in a Flexible Spending Account (FSA) or a Dependent Care Account (DCA), outside of a life events. Please notify Human Resources if you wish to:

-Make any changes to your health plan, enrollment form is due by <u>June 4th, 2021</u> -Sign up for FSA or DCA accounts, enrollment form is due by <u>June 4<sup>th</sup>, 2021</u>-please note that you must re-enroll in the FSA and DCA accounts every year. Your enrollment does not carry forward from year to year. Due new legislation, all remaining funds for your FSA and DCA from the current plan year will rollover to the 2021-2022 plan year. Please check your account balances before making an election. Click <u>here</u> for specific details.

Please visit <u>https://www.cityofportsmouth.com/hr/open-enrollment</u> to view the 2021-2022 Open Enrollment Page. The page includes, updated Summary of Benefits, New monthly rates by union, CHIPPRA Notice, Health Care Exchange Notice, FSA Enrollment forms and online links to videos providing overviews of the plans.

### Open Enrollment runs May 1<sup>st</sup>-June 30<sup>th</sup>.

### \*\*\*\*\*SUMMARY OF BENEFITS AND COVERAGE\*\*\*\*\*

Your health benefits provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. All SBC's are available at <u>https://www.cityofportsmouth.com/hr/open-enrollment</u>

A paper copy is also available, free of charge, by contacting Kelly Wood, Benefits Administrator.

# Important Open Enrollment Information

July is your employer's renewal date with HealthTrust. Open enrollment is the period during which changes may be made to your medical and/or dental coverage.

Changes to your rates and contributions will become effective July 1, 2021.

You are responsible for notifying your employer regarding the events indicated below. Please contact your Human Resources Department immediately if you:

- Wish to change benefit plans.
- Have changed your address or phone number.
- Have married, divorced or legally separated.
- Have begun receiving Medicare benefits for yourself or any family member due to a disability.
- Wish to enroll yourself and any eligible family members.
- Wish to enroll or remove a dependent child who is between 19 and 26 years of age.

Failure to notify the Human Resources Department of any status changes could require the employee to reimburse the City of Portsmouth for the full amount of any premiums paid on behalf of an ineligible dependent, and/or void his/her entitlement to extended benefits under COBRA.

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MAIL SERVICE PHARMACY

### PRESCRIPTION PLAN

#### RX 10/20/45 (Blue Choice, Access Blue New England) **RETAIL PHARMACY** For immediate or short-term medication For maintenance or long-term medication needs\*

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You Will Pay:	<ul> <li>\$10 for each generic medication</li> </ul>	<ul> <li>\$10 for each generic medication</li> </ul>
	<ul> <li>\$20 for each preferred brand-name medication**</li> </ul>	<ul> <li>\$20 for each preferred brand-name medication**</li> </ul>
	<ul> <li>\$45 for each non-preferred brand-name medication **</li> </ul>	<ul> <li>\$45 for each non-preferred brand-name medication**</li> </ul>
Day Supply Limit:	34-day supply	90-day supply
Refill Limit:	One initial fill plus two refills for maintenance or long-term medicines. For each additional fill a 100% copay will be applied.	None
Prior Authorization Required:	Botox and Myobloc for Non-Cosmetic Purposes Only	

\*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medicine. Please log on to www.caremark.com for the most upto-date plan information.

\*\*When a generic equivalent is available, but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and the generic.

### Notice Regarding Primary Care Provider (PCP) or Ob/Gyn Provider Selection

HealthTrust Access Blue New England (HMO), HMO Blue New England (HMO), and BlueChoice (POS) plans generally require the designation of a PCP. You have the right to designate any PCP who is available to accept you or your family members. For BlueChoice plans, you may select from any PCP who participates in the New Hampshire BlueChoice network. For Access Blue or HMO Blue New England plans, you may select from any PCP who participates in the Access Blue or HMO Blue New England network throughout the six New England states. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from HealthTrust or Anthem or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a healthcare professional in the Anthem network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For information on how to select a PCP, and for a list of the participating PCPs and/or healthcare professionals who specialize in obstetrics and/or gynecology, contact Anthem Member Services at the number on the back of your ID card.

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### FLEXIBLE SPENDING ACCOUNTS

Available under the Flexible Spending Account (FSA) are the Health Care Reimbursement Account (HCA) and Dependent Care Assistance Account (DCA). This program allows you to take money out of your paycheck on a pre-tax basis, which you can use for eligible out of pocket health care expenses or your eligible dependent care expenses. Since the money you choose to put into these accounts is not considered taxable income, *you save by paying less Federal, State (if applicable) and FICA taxes.* 

<u>Medical Reimbursement Accounts</u> Employees may set aside up to <u>\$2,700 per year</u> with a minimum of \$5 per pay period and a maximum of \$112.50 per pay period. Can be used to pay for:

\*Medical Insurance Deductibles or Coinsurance \*Uninsured Dental Expenses (including orthodontia) \*Hearing Aids and batteries \*Vision Care Expenses including exams, glasses, contact lenses, supplies and solutions, and Lasik surgery \*Support or corrective devices (such as orthopedic shoes) \*and much more!

**Dependent Care Reimbursement Accounts** Employees may set aside up to \$5,000 per family per year, or a maximum of \$208.33 per pay period. Can be used to pay for:

\*Day Care Expenses\*Before/After School Care\*Preschool Costs\*Elderly Care\*Day Camps

Due new legislation, all remaining funds for your FSA and DCA from the current plan year will rollover to the 2021-2022 plan year. Please check your account balances before making an election. Click <u>here</u> for specific details.

<u>Please note: Changes become effective July 1, 2021 provided that all forms are received by</u> <u>HealthTrust during June 2021. Your employer may elect a July 1, 2021 or August 1, 2021 effective</u> <u>date for enrollment applications received during July 2021.</u>

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•Email: info@healthtrustnh.org • Website: <u>https://www.healthtrustnh.org/</u> • Phone: 800-527-5001