



## City Open Enrollment 2022-2023

### Open Enrollment Runs April 25<sup>th</sup> – June 30<sup>th</sup>

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 of year that you can elect to participate in a Flexible Spending Account (FSA) or a Dependent Care Account (DCA), outside of life events. Please notify Human Resources if you wish to:

- Make any changes to your health or dental plans, enrollment forms are due by **June 1<sup>st</sup>, 2022**
- Sign up for FSA or DCA accounts, enrollment form is due by **June 1<sup>st</sup>, 2022** -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. Any unused funds under \$500 will rollover to the 2022-2023 plan year. Starting next open enrollment, the threshold will increase to a \$570 rollover.

Please visit <https://www.cityofportsmouth.com/hr/open-enrollment> to view the 2022-2023 Open Enrollment Page. The page includes: updated Summary of Benefits, new monthly rates by union, CHIPRA Notice, Health Care Exchange Notice, FSA Enrollment forms and online links to videos providing overviews of the plans.

### 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 <https://www.cityofportsmouth.com/hr/open-enrollment>**

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

### Important Open Enrollment Information

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*Changes to your rates and contributions will become effective July 1, 2022*

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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.***



*If you decide to join or make a change in your benefit option, it will be necessary for you to fill out the HealthTrust Enrollment/Change Form and submit the completed form to your Human Resources Office. If you do not make any changes, you will not have to fill out a new form.*

Please note: Changes become effective July 1, 2022 provided that all forms are received by HealthTrust during June 2022. Your employer may elect a July 1, 2022 or August 1, 2022 effective date for enrollment applications received during July 2022.

### Prescription Plan

#### RX 10/20/45 (Blue Choice, Access Blue New England)

##### RETAIL PHARMACY

For immediate or short-term medication needs\*

- You Will Pay:**
- \$10 for each generic medication
  - \$20 for each preferred brand-name medication\*\*
  - \$45 for each non-preferred brand-name medication \*\*

**Day Supply Limit:** 34-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.

**Prior Authorization Required:** Botox and Myobloc for Non-Cosmetic Purposes Only

##### MAIL SERVICE PHARMACY

For maintenance or long-term medication needs\*

- \$10 for each generic medication
- \$20 for each preferred brand-name medication\*\*
- \$45 for each non-preferred brand-name medication\*\*

**Day Supply:** 90-day supply

**Refill Limit:** None

\*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medicine. Please log on to [www.caremark.com](http://www.caremark.com) for the most up-to-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.



## Flexible Spending Accounts

Available under the Flexible Spending Account (FSA) are the Health Care Reimbursement Account (HICA) and Dependent Care Assistance Account (DCA). This program allows you to take money out of our 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.



### Medical Reimbursement Accounts

Employees may set aside up to **\$2,850 per year** with a minimum of \$5 per pay period and a maximum of \$118.75 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

*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. A maximum of \$500 of any unused balance of FSA plans will rollover to the 2022-2023 plan year. Starting for the 2023-2024 plan year, the rollover threshold will increase to \$570.*



## July 1<sup>st</sup> starts a new Quarter for your *SLICE OF LIFE* Wellness Account through HealthTrust



If you have not created an account or want more information on how to earn Wellness Incentives, visit your Secure Enrollee Portal. Employees and spouses on the medical coverage can earn a maximum of \$475 per calendar year, and an additional \$100 voucher for a fitness device.

Directions to accessing your account are below.

### ***Look At All You Can Do on HealthTrust’s Secure Enrollee Portal!***

HealthTrust’s Secure Enrollee Portal (SEP) is now enhanced – and mobile-friendly! If you are an Enrollee in HealthTrust coverage, you, your covered spouse and covered dependents age 18 and older can *each* create a secure account and enjoy many new features (depending on your coverage) including:

- **Digital ID cards** for quick access wherever you are
- **Quick Links** to your account information, provider directories, and coverage documents
- **An expanded Single Sign-On** to multiple vendor partner websites
- **A Secure Message Center**
- **HealthTrust Mobile** – **Save to your home screen on your smartphone and launch vendor partner apps** directly from the SEP

#### **Accessing the Enhanced SEP:**

1. Visit [www.healthtrustnh.org](http://www.healthtrustnh.org), click on the orange “Secure Login” button on our home page, and scroll to the “Covered Individual” section. If you already have an account, simply log in as usual. Don’t have a secure account? Click “New User” and follow the prompts to create one.
2. **Accept the Terms of Use.** You will receive an email containing the *HealthTrust Secure Enrollee Portal Terms of Use*. Click the “Accept” button at the bottom of the email to validate your email and activate your account.
3. **Log back in to your secure account** and update your communication preference (email or mail).

**Stay informed and connected to your benefits. Log in or create your secure account today!**

#### **Contact Information**

**Kelly Wood, Benefits Administrator** (603) 610-7270 [kpwood@cityofportsmouth.com](mailto:kpwood@cityofportsmouth.com)

*For questions regarding open enrollment process, change forms, rates, etc.*

**HealthTrust** (800) 527-5001 <https://www.healthtrustnh.org/>

*For questions regarding health, dental and Rx coverage and Wellness program details*