



Annual Open Enrollment Information for Plan Year 2023

Group Insurance Benefits

2023



Open enrollment is the annual event when you can make changes to your group insurance benefits.

Changes are processed in [MyBenefits](#) between Oct 25-Nov 8, 2022

What's new for **Medical** for

2023?

Resources:

Contact your Group Insurance office for any assistance with your group insurance elections:

Risk Management

Tel: 561-233-5400

Fax: 561-242-7184

Email:

BCCMyBenefits@pbcgov.org

MyBenefits system access:

www.pbcgov.com/mybenefits

United Healthcare Contact:

Tel: 561-233-5423

Email: James_J_Moore@uhc.com

Medical Plan:

The County's medical program is changing from Cigna to **United Healthcare** (UHC) for Plan Year 2023.

- UHC is the largest health insurance company in the US by total members. UHC has been the health insurance carrier for the Palm Beach County School District for more than 25 years, and has well developed provider networks in our service areas; therefore, we anticipate very little provider disruption

You can search if your provider is in-network with UHC:

HMO/POS: Select "NHP HMO/POS" after clicking on this link [NHP HMO/POS](#)

If the network name is not highlighted, please scroll down and click on that link that looks like this:

[NHP HMO/POS](#)

CHOICE: (formerly OAPIN): Select "CHOICE" when clicking on this link [CHOICE](#)

If the network name is not highlighted, please scroll down and click on that link that looks like this:

[Choice](#)

- There will be no premium changes for plan year 2023
- The current three plan structure will remain intact (HMO, CHOICE and POS plans) and benefits, co-payments, etc. align with the current Cigna offerings
- Employees will be defaulted into the matching UHC plan (e.g. Cigna HMO will be defaulted to UHC HMO) as outlined below:

Current Plan	Default 2023 UHC Medical Plan
Cigna HMO	UHC HMO
Cigna OAPIN	UHC CHOICE
Cigna POS	UHC POS

- Members will only have to make a change to their medical plan during Open Enrollment in MyBenefits if the default is not their desired UHC medical plan
- **Employees will have to add their United Healthcare Primary Care Physician (PCP) number in MyBenefits during Open Enrollment**

- A dedicated United Healthcare phone number (561) 233-5423 is staffed now for any questions employees may have
- One on one meetings with a United Healthcare rep in Risk Management are available at this time, in case employees have additional questions about their specific needs they wish to ask before open enrollment begins on October 18th. The UHC representative is available at 561-233-5423 and for in-person meetings. **To accommodate employees without delays, we request employees email Priscilla Dicembrino PDicembrino@pbcgov.org to schedule an in-person appointment in advance**
- In the rare event we have members who are receiving care through a non-UHC provider (which is expected to be minimal), protocols for [Transition of Care](#) are in place. Please contact Jim Moore at 561-233-5423 or email: [James J Moore@uhc.com](mailto:James_J_Moore@uhc.com). United will work on recruiting the provider into the UHC network. Additionally, Transition of Care allows members to apply for continuing treatment with their treating physicians as in-network benefits for a period of time. Examples of conditions that typically qualify are 3rd trimester pregnancies, cancer care, transplant candidates, recent major surgeries in acute phases, and serious conditions such as heart attacks and strokes.

Specific to the United Healthcare medical plan for 2023, the following resources are available:

- Attend a one hour United Healthcare medical plan meeting that will be scheduled with your department by United Healthcare, beginning Wednesday, 10/12/2022.
- These United Healthcare department meetings will also be scheduled for Palm Tran locations and the Supervisor of Elections office
- These UHC meetings will be recorded and a recorded WebEx session will be posted on [MyBenefits](#)
- Call a United Healthcare representative at 561-233-5423
- Email your questions to United Healthcare at [James J Moore@uhc.com](mailto:James_J_Moore@uhc.com)
- Email Priscilla Dicembrino PDicembrino@pbcgov.org to schedule a one on one appointment with a United Healthcare representative in Risk Management
- [Frequently Asked Questions \(FAQs\)](#) and other related [UHC information](#) posted on MyBenefits

For the comprehensive Open Enrollment meetings please see the following info:

- Attend one of the comprehensive Open Enrollment meetings scheduled the week of October 17th, virtual or in-person, that will address **all** group insurance offerings (topics include Group Insurance information, medical plan, dental program, life insurance, disability offerings, FLEX information, Opt-Out information and important steps to take during Open Enrollment). Please register in [TED](#) in advance to attend one of these meetings
- Watch a WebEx recording of the comprehensive Open Enrollment meetings available later next week on [MyBenefits](#)

Group Insurance coverage will be offered by the following providers with no change in [premium rates](#):

Medical – United Healthcare – **NEW!!!!**

Dental – Solstice Benefits, Inc.

Disability – The Standard

Life insurance – Securian Financial

Voluntary, supplemental benefits – Washington National

FLEX – P&A (employees must re-enroll to participate in the benefit for 2023)

Opt-Out (employees must re-submit proof of other coverage for 2023)

FLEX: The health care FSA annual limit for Plan Year 2023 is \$2,850.

Opt-Out credit will continue to be offered at \$1,000/annually or \$38.46 per pay.

Employees must submit their proof of other coverage (in their name) to their Group Insurance office by Nov 8.

Life insurance – Important Beneficiary Reminder:

Life insurance beneficiary management was transitioned to the carrier, Securian Financial. If you have not done so already, please visit LifeBenefits.com to designate your beneficiary now. For assistance, contact 877-494-1754.

If you have not designated your beneficiaries **directly with** Securian Financial, benefits will be paid according to the policy contract.

Voluntary, Supplemental Benefits - Supplemental **Accident, Cancer** and **Hospital** benefits are offered by Washington National. Available policies include benefits for hospital stays, emergency room or urgent care visits; doctor appointments, surgeries, lab tests, and more. Coverage for accidental injuries; cancer diagnosis and treatment, depending on the plan selected. Coverage can be extended to include a spouse and children. Additionally, coverage includes a Return of Premium benefit that returns up to 100% of premiums, less claims.

Reach out to Washington National representative for information about the coverage
Email: Michael.hogan@optavise.com or Phone: 561-889-0482.

Legal Plan: Employees will continue to use [MyBenefits](#) for ARAG legal plan open enrollment elections or changes. Questions about ARAG? Contact HR at 616-6884 or retirement@pbcgov.org.

**Employee
Open Enrollment
Responsibilities**

Employees are responsible for:

- Ensuring personal information such as addresses are up-to-date in HRIS.
- Fully participating in the Open Enrollment process and contacting group insurance during open enrollment with any questions, concerns, or for assistance with elections.
- **Starting Oct 25**, visit [MyBenefits](#); review your current benefits elections, confirm your covered dependents – ensuring that they are still eligible to be covered under your plans.

- If you are enrolled in the UHC HMO or POS plan, gather the UHC Primary Care Physician (PCP) number for yourself and your dependents and add the info in MyBenefits during Open Enrollment
- Thoroughly reviewing choices and elections during open enrollment and submitting them in MyBenefits by the stated deadline.
- Ensuring dependent and beneficiary information is complete and correct. Social Security numbers are required for all medical dependents. *Employees are reminded that individuals who are eligible for group insurance coverage as "Employees" may not be covered as "Dependents".*
- Providing required documentation to the group insurance office **by Nov 8**, including dependent verification documents for newly added dependents, and annual proof of other coverage (in employee's name) - if participating in the Opt-Out program.
- Actively re-electing the FLEX program for Plan Year 2023, as it will terminate otherwise.
- Finalize your elections in MyBenefits no later than Nov 8.
- Reviewing the confirmation statement that will be mailed to employees in late Nov/early Dec and notifying Risk Management of any errors by Dec 16.
- Closely reviewing the paycheck of Jan 6, 2023, to ensure Opt-Out credit is included and notify Risk Management immediately with any issues.

Processing Open Enrollment changes



Online Enrollment - MyBenefits

Use MyBenefits from work, home, or elsewhere starting **October 25 through November 8** to make your elections.

Examples of open enrollment actions are changing your medical or dental plan election, deleting or adding eligible dependents, electing or terminating coverage, enrolling or re-enrolling in FLEX program, confirming your Opt-Out benefit program participation; and using MyBenefits to elect/change legal plan enrollment by Nov 8.

Even if you do not wish to make **any** changes to your current medical, dental, life and disability elections and you are not re-electing FLEX or Opt-Out for 2023, take a few minutes to enter MyBenefits and review your Group Insurance records to make sure everything is in order.

Action Items

- ➡ **FLEX** does not automatically continue from year to year. To *continue* your participation in the FLEX program (health care, dependent care Flexible Spending Accounts) for 2023 you **MUST** actively re-enroll in MyBenefits by Nov 8.
- ➡ **Opt-Out Program** To enroll or continue in the medical plan Opt-Out program, 1) confirm your medical coverage is "waived" in MyBenefits **AND** 2) forward proof of your other coverage (in your name) to your Group Insurance office by Nov 8 **AND** 3) check the Jan 6, 2023 paycheck for Opt-Out credit. It is imperative that employees notify Risk Management of any issues immediately.

If you participate in the UHC HMO or POS, remember to gather your primary care physician's UHC number and add it in MyBenefits between Oct 25 and Nov 8.

In the event of a conflict between this summary and the applicable Group Insurance policy and/or certificate, the policy and/or certificate shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage. In accordance with the provisions of the ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office/representative.

	<p>Dependent Verification Submit your required dependent verification documents for dependents you are adding to coverage to your Group Insurance office <u>no later than</u> Nov 8. Social Security numbers must be entered by you in MyBenefits, for any newly added dependents to your medical coverage. To avoid delays in your dependent coverage for newly added family members, please review dependent verification requirements in PPM CW-P-023 and submit the required documents to group insurance by Nov 8. Your dependent coverage will not go into effect unless the required documentation is received. If the documentation is not received by Dec 31, 2022, your dependents will not be enrolled in the group insurance plans. You will not be able to enroll such dependents for coverage until the next applicable Open Enrollment period, except in the case of a mid-year qualified family status change; and only if the required dependent verification is submitted at that time.</p> <p>➔Email Opt-Out proof and dependent documents to BCCMyBenefits@pbcgov.org or fax to 561-242-7184.</p>
<p>Confirmation Statements</p>	<p>Printed confirmation statements will be mailed to employees in late Nov/early Dec. Please notify your Group Insurance office IMMEDIATELY and no later than Dec 16, 2022 of any errors or discrepancies that you notice on your confirmation statement. Contact your Group Insurance office before Dec 16, if you are a benefits eligible employee and did not receive a confirmation statement so that you can review your statement and process any corrections by the deadline.</p>
<p>Evidence of Insurability (Life coverage)</p>	<p>Employees who elect group term life coverage in excess of the guaranteed issue amounts will be required to successfully complete the Evidence of Insurability (EOI) process:</p> <ul style="list-style-type: none"> • Securian Financial will mail the EOI form and materials directly to individuals subject to EOI. Contact Securian Financial at 800-843-7979 for questions about life EOI process. <p>Please complete and return the required forms to Securian Financial as soon as possible. If the required documentation is not received by Securian Financial, the carrier will be unable to proceed with the medical underwriting process and coverage subject to EOI or in excess of guaranteed issue amounts will not be considered for approval.</p>
<p>Key Dates to Remember</p>	<ul style="list-style-type: none"> • 10/25/2022 – Access MyBenefits to make your Open Enrollment elections • 11/08/2022 – Finalize and submit your Open Enrollment elections in MyBenefits • 12/16/2022 – Submit any Open Enrollment corrections to your group insurance office by following the steps outlined in your Open Enrollment confirmation statement • 12/31/2022 – last day to use your Cigna member ID information and ID card at your providers, including pharmacy • 01/01/2023 – For any benefits received under the health plan, ensure you and your covered dependents provide your UHC member information to all of your providers • 01/06/2023 – Premium changes resulting from your open enrollment elections are reflected in this paycheck, as well as the Opt-Out credit

10/11/2022

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