

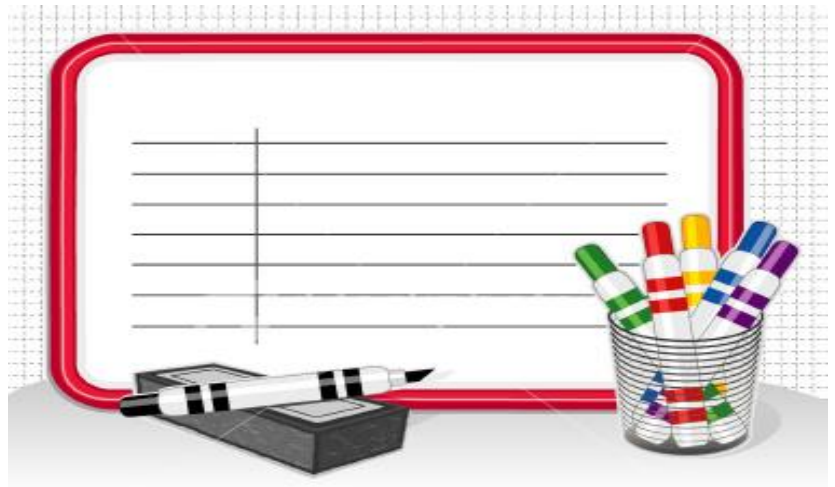
COLDWATER SCHOOLS

OPEN ENROLLMENT

October 11, 2021 thru November 05, 2021

Coldwater Schools is committed to offering a high-quality benefit package to support you and your families. Take time to educate yourself about all the benefit information, compare the plan offerings, contributions, deductibles, copays, and select the options that are right for you and your family. Decisions regarding healthcare are among the most important choices you will make to maintain your quality of life.

The 2021-2022 Open Enrollment will take place October 11, 2021 – November 05, 2021 for changes effective **January 1, 2022**. Open enrollment is an opportunity to review your benefits coverage and make choices for the upcoming plan year. It is important that you understand your plan options prior to making your election. You will not be able to make a change until next plan year, unless you experience a qualified life event.



Benefits Enrollment Instructions

Benelogic is the EPC's electronic enrollment system. During open enrollment you will be able to make your medical/dental/vision elections online. You can also review and update your life insurance beneficiaries.

How to use Benelogic for Open Enrollment

Once you have submitted your benefit elections and the enrollment deadline has passed, you will not be able to change health, dental or vision plans until the next Open Enrollment period, unless you experience a qualified life event that impacts eligibility for your family.

Benefit Plan Overview

Anthem Plan

[Plan Documents](#)

Review the health plan that offers the most advantages to you and your family. Consider all the costs involved (including both premiums and out-of-pocket expenses like deductibles, coinsurance and copays) and your anticipated health and financial needs over the next year. Please note that there is no out-of-pocket cost to you for preventive care when utilizing a network provider.

If you haven't registered with Anthem to get online access to your benefits, you should register now at www.Anthem.com.

Prescription Drug Plan

When you enroll in a medical plan through the district, you are also enrolled in the prescription drug plan through [CVS/caremark](#).

Delta Dental Plan

[Plan Summary](#)

If you elect to enroll into the dental plan, you may have an additional premium cost. Coverage is available for dependents who meet age and eligibility guidelines. Stay current on your dental benefits using the Delta Dental [Consumer Toolkit Link](#).

Who Qualifies as an eligible Dependent?

Spouse - Your legally married (including same sex) spouse, not legally separated or divorced.

Children - Your or your spouse's natural child or adopted child and/or a child for whom you are the legal guardian. All EPC coverages terminate on the last day of the month they turn age 26.

Disabled Child Age 26 or Older: Children who are mentally or physically disabled and totally dependent on the Employee for support, regardless of age.

Dependent Documentation

You must provide the required documentation in order to enroll **new** dependents on your medical, dental or vision coverage. These documents should be submitted to your HR/Treasurer's department **within 31 days** of the enrollment event. All dependents must be enrolled with their legal name and have an SSN and date of birth. *Coverage for new dependents will be terminated if the required documents are not submitted during the eligibility period (31 days from the date of eligibility and/or qualifying event).*

Spouse – marriage certificate **AND** front page of most recent tax return.

Children – birth certificate, adoption decree or legal guardianship

Disabled Children – please see your HR/Treasurer's office for required document

Qualified Life Events

During the plan year, you may experience a qualified life event that allows you to make changes to your current elections. The change must be made **within 31 days of the event**. Information regarding your special enrollment rights is contained in the General Health Notices. Some of the qualified life events are listed below:

Marriage

Divorce

Birth/Adoption

Death

Loss of coverage

Health Plan Definitions

Premium - the amount that must be paid for your health plan. You pay a portion of the monthly health plan premium through automatic payroll deductions.

Deductible - the amount you owe for health care services before your health plan begins to pay. For example, if your deductible is \$500, your plan won't pay anything until you have paid \$500 towards covered health care services subject to the deductible. The deductible may not apply to all services.

Copay - a fixed dollar amount (for example, \$25) you pay for a covered health care service, such as an office visit, at the time you receive the service. The amount can vary by the type of service.

Coinsurance - your share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service (for example, 20%). You pay coinsurance in addition to any deductible you owe for your plan. The health plan pays the rest of the allowed amount.

Out-of-Pocket Maximum - The most you pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your plan may have a separate out-of-pocket maximum amount for prescription drugs.

Required Notifications

General Health Notices

Includes GINA, Special Enrollment Rights, WHCRA

EPC Privacy Notice

Medicare Part D Notice

CHIPS Model Notice

