**ANNUAL BENEFITS OPEN ENROLLMENT**

**OCTOBER 10 – NOVEMBER 11, 2022**

**Action Required by All Employees**

**(substitute and seasonal/coaching employees exempt)**

* Are you new to the District and recently completed your new hire enrollment process? YOU MUST COMPLETE THE ANNUAL OPEN ENROLLMENT PROCESS.
* If you don’t want to make any changes to your medical, dental or HSA, YOU MUST COMPLETE THE ANNUAL OPEN ENROLLMENT PROCESS.
* Are you a benefit eligible employee working for Trotwood-Madison? YOU MUST COMPLETE THE ANNUAL OPEN ENROLLMENT PROCESS.

Open Enrollment will take place October 10th thru November 11th for changes effective **January 1, 2023**. 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.

**Let’s Get Enrolled! EASY ENROLLMENT INSTRUCTIONS**

During open enrollment you will make your benefit elections in Benelogic, the EPC‘s online enrollment system.

The Benelogic site is <https://epc-online.benelogic.com/>

For help with Benelogic go to [How to use Benelogic for Open Enrollment](https://epcschools.org/health-benefits/benelogic)

1. Go to (or copy and paste in new browser) epc-online.benelogic.com or click on Benelogic under the staff tab on the district website.
2. Logon with your user ID and password:
	1. User ID is your first initial, last name, and the last 4 digits of your social security number (jsmith1234).
	2. Your password is the same one you used during the last open enrollment period. If you don’t remember your password, contact Kim at ext. 1128 or kimberletidd@trotwood.k12.oh.us.
3. When you are on your home page, Click on the big button that says “**GO**”.
4. There are two options to complete enrollment.
	1. **QUICK ENROLL** is the one most of us will use. This will take you to a summary of your coverage. If it is correct, choose SUBMIT (you will have to SUBMIT twice).
	2. **STEP BY STEP** is what you will choose if you need to make changes to your coverage.
5. ***IMPORTANT:*** *AFTER YOU HAVE COMPLETED YOUR ENROLLMENT,* ***DO NOT ACCESS THE SYSTEM AGAIN*** *UNLESS YOU WANT TO MAKE CHANGES. ACCESSING JUST TO SEE IF IT STILL SAYS COMPLETE WILL REOPEN YOUR ENROLLMENT AND YOU WILL HAVE TO COMPLETE THE PROCESS AGAIN*.
6. **ATTENTION:** Employee name and address changes are not accepted on this site. Please contact Human Resources to make these changes.

**DETAILED INFORMATION**

**Benefit Plan Overview**

**United Healthcare Plan**

[Plan Documents](https://epcschools.org/health-benefits/districts/trotwood)

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 UHC to get online access to your benefits, you should register now at [www.myuhc.com](http://www.myuhc.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](http://www.caremark.com).

**Delta Dental Plan**

[Plan Summary](https://epcschools.org/health-benefits/districts/trotwood)

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](http://www.deltadentaloh.com).

*New this year for the Delta Dental Plan:*There are additional cleanings for certain diseases when that disease does not allow the patient to complete the full cleaning at one sitting. Ask your dentist for more details.

**HEALTH SAVINGS ACCOUNT (HSA)**

If you are a participant in the HDHP (high deductible health plan) through the District, you may be eligible for participation in the health savings account program. This plan allows you to make pretax contributions from your paycheck to your HSA. Your HSA funds can be used to pay for qualified medical, dental and vision expenses. TMCS will contribute funds to assist you with your deductible and expenses through this account. You must meet IRS regulations to qualify. If you or your spouse is retired through OPERS and has a health reimbursement account (HRA), you may not be eligible for an HSA. You cannot be covered by any other healthcare plan, including Medicare Part A, unless the other healthcare plan is another HSA plan.

For more information regarding the HSA program or to change your current payroll deducted contribution, contact Deneen in the Treasurer’s Office.

**VOLUNTARY BENEFITS**

These are separate from district-initiated benefits (medical, dental, HSA). A representative from Midwest Employee Benefits will be present in your buildings between October 11th-October 18th to discuss benefits such as vision, disability, cancer, accident, and voluntary life insurance, as well as flexible spending accounts. These products are available to all permanent employees working 20 or more hours per week. ALL employees working 20 or more hours per week MUST meet with the representative to acknowledge they are offered this opportunity as required by the Section 125 laws.

**TAX INFORMATION**

Medical, dental, vision and HSA contributions are pre-taxed.

**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 or dental coverage. These documents should be submitted to your 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

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**Health Plan Definitions**

**Premium –** the cost of the insurance plan.

**Deductible -** the amount you owe for health care services before your health plan begins to pay. For example, if your deductible is $4,000, your plan won’t pay anything until you have paid $4,000 towards covered health care services subject to the deductible. The deductible may not apply to all services.

**Out-of-Pocket Maximum** - The most you pay for covered services in a plan year.

**Copays and Coinsurance** do not apply to the high deductible health plan offered by the District.

**What if I’m getting close to retirement?**

It’s never too early to start planning for a happy and healthy retirement. Please register for a free retirement planning webinar with [RetireMed](https://www.retiremed.com/b5). They will inform you about retirement health plan options, including STRS and SERS. Medicare eligibility should be researched at least six months *prior* to turning age 65, regardless of when you plan to retire.

**[Required Notifications](http://www.epcschools.org/Districts.html)**

General Health Notices

Includes GINA, Special Enrollment Rights, WHCRA

EPC Privacy Notice

Medicare Part D Notice

CHIPS Model Notice

If you have questions about open enrollment, please ask. Start reviewing your benefit plan materials today and make your elections before the enrollment period ends!

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