

**Blanchester Local Schools**

**OPEN ENROLLMENT – January 1, 2024**

Monday, October 16 – Friday, October 27

Blanchester is moving to the EPC Medical/Pharmacy, Dental, Vision and Basic Life Plans as of January 1, 2024. This letter outlines procedures and changes to your coverage.

**Open Enrollment for January 1**

The Open Enrollment period allows you to make changes to your benefits that will take effect on **January 1, 2024**. Open enrollment is the only time each year you can change your benefit elections without a reason. Outside of open enrollment, you must have a Qualifying Event to make changes to your benefits. More information on qualifying events is included below.

Now is the time to review your plan options so you can make informed benefit decisions. Review the plan offerings and premium contributions, then 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.

Think about anything that changed in the past year and changes that you are anticipating for the next year. Did you get married or are you expecting a baby? Have you or anyone in your family developed a chronic health condition? If so, you might need to make some changes to your current plans.

Your plan information can be found [HERE](https://epcschools.org/health-benefits/districts/blanchester)

**Get Enrolled!**

**Medical-Dental-Vision-Life-Voluntary Life**

During open enrollment you will make your benefit elections in Benelogic, the EPC‘s online enrollment system. You can also review or update your life insurance beneficiaries.

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)

Once you have submitted your benefit elections and the enrollment deadline has passed, you will not be able to make changes until the next Open Enrollment period unless you have a Qualifying Event.

**My Life Changed!**

During the plan year, you may experience a Qualifying 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-Special Enrollment Rights. Some of the Qualifying Events are listed below:

Marriage Divorce Birth/Adoption Death Loss of coverage

**Who can I cover on my health plan?**

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

**Children** - Your or your spouse’s natural or adopted child and/or a child for whom you are the legal guardian up to age 26.

**Disabled Child Aged 26 or Older:** Children who are mentally or physically disabled and totally dependent on the Employee for support, regardless of age. Additional paperwork may be required.

**What documentation do I need for my dependents?**

Documentation is required to enroll **new** dependents on your benefit plans. These documents need to be submitted **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.*

**Spouse** – marriage certificate **AND** front page of most recent 1040 tax return (black out financial data)

**Children** – birth certificate and adoption decree or legal guardianship paperwork from the courts (if applicable)

**Disabled Children** – please see your HR/Treasurer’s office for required documentation

**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.

**HSA Limits & Eligibility**

If you are enrolled in an HSA plan you will need to update your HSA payroll deductions. If you are enrolling in an HSA for the first time you will need to open the HSA account.

**2024 Maximum HSA Contributions (including Board contributions)**

$4,150 single $8,300 family $1,000 over age 55 catch-up

*See the Treasurer for the Board contribution to the HSA account and premium withholding.*

If you are enrolled in an HSA plan and want to continue contributions to your HSA account (including any Board contribution), you cannot be covered by any other healthcare plan, including Medicare Part A, unless the other healthcare plan is another HSA plan. Contact your Treasurer’s Office if you have any questions.

More information about HSA accounts can be found [HERE](https://epcschools.org/hsa-information)

**What’s new this year?**

**Medical**

The medical Plan is moving to EPC. The plan will be administered through Anthem and uses the same network.

Plan Changes- To keep the HSA/HDHP plan compliant with IRS regulations, the deductibles and out-of-pocket (OOP) maximums are changing. The new plan is:

**Network Non-Network**

**Single Deductible/OOP** $3200/3200 $6400/6000

**Family Deductible/OOP** $6000/6000 $8000/12,000

ID Cards – you will get new ID cards from Anthem. We will strive to have them to you before January 1, but we cannot guarantee they will arrive by that date. If you do not have your ID card by January 1, you can access an electronic ID card at Anthem.com **after January 1**. If you are logging in to Anthem.com for the first time, use your SSN (no dashes or spaces) as your ID number. If you have logged on to Anthem.com in the past, you should be able to use the same username and password. Once logged in, you can print, download and order additional ID cards. If you log in prior to January 1 you may see your current ID card and not the 2024 ID card.

Prior Authorization – If you are scheduled for a procedure and already have a prior authorization on file, your physician will need an updated authorization from Anthem. It is recommended you check with Anthem after January 1 to make sure everything is in order prior to the procedure.

**Pharmacy**

The pharmacy coverage under the EPC Plan is provided through CVS/Caremark (CVS).

Network Providers – You do NOT have to use a CVS retail pharmacy to use your CVS benefits. All major retailers and most smaller pharmacies are in network. You can check the provider network at [www.caremark.com](http://www.caremark.com). Do NOT use CVS.com as that is the website for the retail stores.

Disruptions – There may be some drugs covered under Anthem that are not covered under CVS. If this happens, please contact your physician and discuss options. You can also check for covered drugs through Benelogic at any time. Log in to Benelogic, click on the Resource tab, then click on CVS Drug Pricing Tool. This will link you to CVS (no login required) and you can search for your prescriptions. **NOTE**: This will show you the HSA cost of the prescription as of that day. However, if it shows $0 cost, that is the actual cost under the EPC plan.

Mail Order – 90-day prescription fills are available through CVS Mail Order. If you want to use mail order you will need to get a new 90-day prescription from your physician and set this up with CVS Mail Order. Make sure you are not running low as it can take two weeks to set up a new prescription, and you cannot start the process until January 1.

90-Day Fill at local CVS store – As an alternative to mail order, you can fill a 90-day prescription at a local CVS retail pharmacy. You will need a 90-day script from your physician.

Specialty Drugs – If you are on a specialty drug you will need to set this up with CVS Specialty Pharmacy as of January 1. Please discuss this with your physician as you do not want a break in your medication. If your normal refill is very early in the month, you may want to use a vacation override to request an early refill in December.

Enhanced Preventive Drugs – The EPC covers Enhanced Preventive drugs at a $0 cost. There are many medical conditions that are covered by Preventive drugs: diabetes (including Dexcom and Omnipods), high blood pressure, coronary artery disease, mental health, anticoagulants, cholesterol, and respiratory disorders. To see which drugs are covered at $0, use the CVS Drug Pricing Tool as discussed under Disruptions above.

ID Cards – you will get new ID cards from CVS. We will strive to have them to you before January 1, but we cannot guarantee they will arrive by that date. If you do not have your ID card by January 1, you can access an electronic ID card at caremark.com. If you are logging in to caremark.com for the first time, use your SSN (no dashes or spaces) as your ID number. If you have logged on to caremark.com in the past, you should be able to use the same username and password. Once logged in, you can print, download and order additional ID cards.

Prior Authorization – If you already have a prior authorization on file with Anthem, the authorization should follow you from Anthem to CVS. Anthem will send that data to CVS, as well as any open refills and mail order refills available.

NOTE: You must present your new CVS ID card at the pharmacy. There is no outpatient pharmacy coverage available through Anthem after January 1. If you are having an issue at the pharmacy, please call CVS customer service (phone number on your ID card) immediately. That is the fastest way to resolve issues. If CVS cannot help, contact the EPC.

As of January 2024, CVS/Caremark will collaborate with GoodRx for a GENERIC drug. When you fill a generic prescription, CVS will automatically check the cost under GoodRx, and if the Good Rx price is less than the CVS price, the GoodRx price will apply. You will not have to choose, and you will not have to file any additional claim form for the Good Rx pricing. This does not apply to brand name drugs. If you want to use GoodRx pricing on brand name drugs you will have to file a paper claim with CVS/Caremark for that drug to be covered under the plan.

**Dental**

The Dental coverage is moving to Delta Dental Ohio as of January 1. The coverage matches the current plan. We offer two networks: Delta Premier and Delta PPO. You have the same benefits with either network. You can find network providers and estimate costs for dental care by accessing the Member Portal at [www.deltadentaloh.com](https://www.deltadentaloh.com/) or through the Delta Dental Mobile App. On the website you can click on “Find a Dentist”, then select the “Delta Dental PPO and Delta Dental Premier Plan”.  On the next screen, choose Delta Dental PPO Plus Premier”.  You can search by specialty, location or last name.

**Vision**

The vision plan is moving to VSP January 1. Please see the benefit summary for details.

**WELLNESS**

EPC offers wellness benefits through the [EPC Wellness Plan](https://epcschools.org/epc-wellness-programs) at no cost to employees or the district:

* **Lark** – for Anthem members, along with spouses and adult dependents. Lark is an AI-powered health coach that provides personalized support for various wellness goals, including weight management, nutrition, physical activity, and stress management. It offers real-time feedback and guidance to help users make positive lifestyle changes.
* **Employee Assistance Program** –This is available to all EPC Plan districts. No cost crisis counseling 24/7, financial, legal consulting, child, and elder resources. This is provided through Anthem, but it is available to all UHC districts as well.
* **Hello Heart** – For all members enrolled in the medical plan, as well as spouses and adult dependents. This is a digital support program for members with high blood pressure and comes with a blood pressure monitor that connects to the app on your phone.

Additional grant money is available to the district to support more wellness programming.

**[Required Notifications](https://epcschools.org/health-benefits/required-health-notices)**

* General Health Notices - Includes GINA, Special Enrollment Rights, WHCRA
* Medicare Part D Notice
* CHIPS Model Notice
* EPC Privacy Notice
* No Surprise Billing 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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