



OPEN ENROLLMENT – January 1, 2025

October 14 – November 1, 2024

Open Enrollment is here! The Open Enrollment period allows you to make changes to your benefits that will take effect on **January 1, 2025**. 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](#)

Let's 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](#)

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 – court stamped/filed marriage certificate – not license **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](#). 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.

\$4,300 single

\$8,550 family

\$1,000 over age 55 catch-up

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](#)

Required Notifications

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

Wellness Opportunities

EPC offers wellness benefits through the [EPC Wellness Plan](#) at no cost to employees or the district:

- **Lark Diabetes Prevention Program** – 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. The platform leverages artificial intelligence to provide users with tailored health guidance, behavioral insights, and real-time feedback. Lark integrates with various health devices and apps, providing a comprehensive view of the user's health and progress.
- **Employee Assistance Program** – This is available to all EPC Plan districts and provides a range of services to support employees' mental, emotional, and personal well-being. The program is designed to help individuals manage stress, improve work-life balance, and address personal challenges that may impact their overall health and productivity. No cost crisis counseling 24/7, financial, legal consulting, child, and elder resources. Services are confidential, which encourages employees to seek help without concerns about privacy. This is provided through Anthem EAP, but it is available to all district employees.
- **Hello Heart** – For all members enrolled in the medical plan, as well as spouses and adult dependents. It is a digital health platform designed to help individuals manage and improve their heart health. The program focuses on monitoring key cardiovascular metrics, promoting healthy habits, and providing personalized insights to reduce the risk of heart disease. Eligible members receive an app connected blood pressure monitor that provides real-time feedback and trends over time.
- **Hinge Health** – For all members enrolled in the medical plan, as well as spouses and adult dependents. Provides personalized care for musculoskeletal (MSK) conditions, such as chronic back, knee, hip, shoulder, and neck pain. The program combines technology with human support to help users manage pain, improve mobility, and avoid unnecessary surgeries or medications. Eligible members can access care anytime and anywhere through the app, making it convenient for those with busy schedules or limited access to in-person therapy.

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

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!