

# 2019 Red Coats, Inc Open Enrollment

Open Enrollment Period:  
October 8, 2018-November 3, 2018

# Agenda

- ▶ Affordable Care Act
- ▶ Healthcare Marketplace
- ▶ What's New for 2019
- ▶ Benefits Eligibility
- ▶ Medical Plans
- ▶ Flexible Spending Accounts
- ▶ Commuter & Parking Benefits
- ▶ Medicare & Medicaid
- ▶ How to Enroll
- ▶ FAQ's
- ▶ Contact Information

# Affordable Care Act (ACA)

Beginning January 1<sup>st</sup>, 2019, the ACA's tax penalty for not having minimum essential coverage has been appealed and no longer applies.

- ▶ ACA mandates all employers to provide a minimum essential coverage plan for employees and their dependents. Minimum essential coverage is defined as a health plan that pays 60% of these cost of healthcare.
- ▶ Per ACA, eligible employees who work thirty (30) or more hours per week will have the options to enroll in an employer sponsored health plan. All employees have the option to enroll in other healthcare plans such as the Healthcare Marketplace.

# Healthcare Marketplace



The state and federal market place is where you can purchase private insurance plans. You may qualify for a lower cost plan based on your household size and income.

Visit [www.healthcare.gov](http://www.healthcare.gov) or call 800-318-2596 for information on plans offered and premium costs. You may also qualify for a subsidy.

Open Enrollment for the marketplace runs from November 1, 2018 to December 15, 2018.

# Benefits Eligibility

*Full-time Union employees are not eligible to participate in any company-sponsored health or welfare plan if they are offered full-time health coverage under a collective bargaining agreement*

## Medical Insurance

- ▶ Employees scheduled to work thirty (30) hours or more per week are eligible.
- ▶ Coverage begins the first of the month after sixty (60) days of active full time employment

## FSA

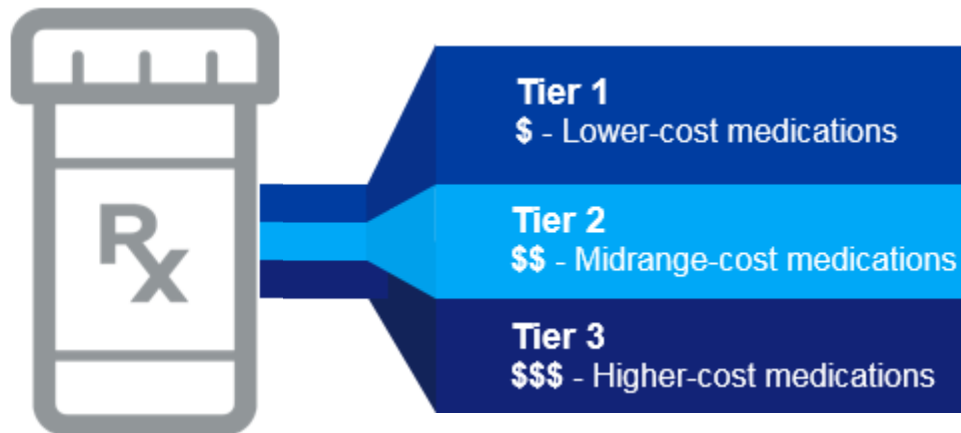
- ▶ Employees scheduled to work forty (40) hours or more per week are eligible.
- ▶ Coverage begins the first of the month after thirty (30) days of active employment.

# New for 2019 - Medical Plans

- ▶ New medical carrier - United Healthcare (UHC)!
  - ▶ United Healthcare is one of the largest healthcare providers in the nation.
  - ▶ Offers their participants one of the largest networks of physicians, specialists and healthcare facilities.
  - ▶ We are confident United Healthcare will meet our organization's needs and provide the best coverage.
- ▶ Deductibles and Coinsurance for plans will remain the same into 2019.
  - ▶ Tier 1 drugs reduced copay to \$10
  - ▶ Mail Order (90 day supply) will be 2.5 times retail copay
- ▶ NEW! Four Tier Enrollment Options
  - ▶ Employee
  - ▶ Employee + Spouse
  - ▶ Employee + Child(ren)
  - ▶ Employee + Family

# Overall - United Healthcare

- ▶ Added benefits for Hearing Aids and Morbid Obesity Treatment
  - ▶ See plan summary document for further details
- ▶ Ability to go in and out of network
- ▶ Health & Wellness Program
- ▶ 24/7 Customer Service
- ▶ Technology (Mobile App & myuhc.com)
- ▶ NEW ID CARDS - 2 cards per family, with all dependent's names listed.



# Choice Plus High - Summary

Benefits	In-Network	Out-of-Network
Calendar Year Deductible	\$6,000 per person \$12,000 per family	\$12,000 per person \$24,000 per family
Preventive Care - All Ages (Includes well-baby, well-women, well-men & adult preventive)	Covered at 100%	20% co-insurance*
Primary Care Office Visit	First 3 visits no copay, then deductible applies	20% co-insurance*
Specialty Care Office Visit	Covered at 100%*	20% co-insurance*
Urgent Care	First 3 visits no copay, then deductible applies	20% co-insurance*
Emergency Room	Covered 100%*	20% co-insurance*
Inpatient Hospital Services/ Outpatient Hospital Services	Covered at 100%*	20% co-insurance*
Outpatient Surgery/ Inpatient Surgery	Covered at 100%*	20% co-insurance*
Acupuncture	Limited 12 visits/year, covered at 100%*	20% coinsurance*
Prescription Drugs	Retail (30 day supply) Deductible first, then: Tier 1 \$10 copay Tier 2 \$35 copay Tier 3 \$60 copay	Mail Order (90 day supply) Deductible first, then: \$25 copay \$87.50 copay \$150 copay

**NO CHARGE!**- First 3  
visits to PCP or  
Urgent Care Facility!

\* Deductible applies



# Medical Plan Cost: Choice Plus High

- ▶ Premium based on the regulations of the ACA.
- ▶ Under the IRS Safe harbor rule, employee coverage should not exceed 9.5% of the employee's gross earnings.
- ▶ To calculate your **Employee only** monthly cost,
  - ▶ Step One: Multiply your hourly rate of pay by 130:  (Box 1)
  - ▶ Step Two: Multiply Box 1 by 9.5%:  (Box 2)

Coverage	Amount		Box 2		Your Monthly Cost
Employee + Spouse	\$627.03	+		=	
Employee + Child(ren)	\$410.42	+		=	
Employee + Family	\$1,151.45	+		=	

# Mapping

2019 Medical Mapping - CIGNA LOW will now be UHC HIGH					
Current Plan	Current Tier	Dependents		New Tier	New Plan
CIGNA Low - \$6,000/\$12,000	Employee Only	N/A	→	Employee only	CHOICE PLUS <b>HIGH</b> - \$6,000/\$12,000
CIGNA Low - \$6,000/\$12,000	FAMILY	Employee + Spouse	→	Employee + Spouse	CHOICE PLUS <b>HIGH</b> - \$6,000/\$12,000
CIGNA Low - \$6,000/\$12,000	FAMILY	Employee + Child(ren)	→	Employee + Child(ren)	CHOICE PLUS <b>HIGH</b> - \$6,000/\$12,000
CIGNA Low - \$6,000/\$12,000	FAMILY	Employee + Spouse + Child(ren)	→	Employee + Family	CHOICE PLUS <b>HIGH</b> - \$6,000/\$12,000

If you do not want to be enrolled in the mapped plan above, you **MUST** submit an enrollment form with your new plan choice

# Pan-American Health Plan Option

The company also offers employees an opportunity to enroll in the Pan-American Limited Indemnity Health Plan. The plan pays for a fixed benefit amount to help cover the cost of common medical services while giving you the ability to access discounted national network rates.

	Basic Plan	Enhanced Plan	
<u>Benefit Type</u>	<u>Coverage Amount</u>	<u>Coverage Amount</u>	
Hospital Admission	\$300 first day	\$500 first day	
Doctors Office Visit	\$60/day max of 10 visits/year	\$70/day max of 10 visits/year	
Emergency Room	\$75/day max of 4 visits/year	\$75/day max of 4 visits/year	
Inpatient Surgery	\$2,000/ day max of 1 day/year	\$4,000/day max of 1 day/year	
Outpatient Surgery	\$1,000/ day max of 2 days/year	\$2,000/day max of 2 days/year	
Preventative Care	\$75/day max of 2 days/year	\$150/day max of 2 days/year	
Outpatient Diagnostic Lab	\$25/day max of 3 days/year	\$25/day max of 3 days/year	
Outpatient Diagnostic Radiology	\$70/day max of 2 days/year	\$70/day max of 2 days/year	
<b><u>Brand and generic drugs available to you at an estimated cost of:</u></b>			
<u>Tier 1 RX</u>	<u>Tier 2 RX</u>	<u>Tier 3 RX</u>	<u>Tier 4 RX</u>
\$10 or less**	\$25 or less**	\$50 or less**	Over \$50**
No Monthly Max limit per insured			

# Pan-American Monthly Premium

Please note the Pan-America plans do not meet the ACA requirements of minimum essential benefits and individuals who elect to enroll in this plan may be subjected to penalties under the ACA.

Tier	Basic Plan Per Month	Enhanced Plan month
Employee	\$69.70	\$114.85
Employee + Spouse	\$134.58	\$231.62
Employee+ Child(ren)	\$109.62	\$186.09
Family	\$182.86	\$319.72

# Flexible Spending Account

- ▶ Flexible Spending Accounts (FSA) allow employees to set aside money on a pre-tax basis to pay for certain approved health and/or dependent care expenses.
- ▶ Eligible employees can participate in a medical flex spending account and/or dependent care flex spending account.
- ▶ Grace Period - Employees will have until March 15, 2020 to incur claims during the plan year.
  - ▶ Medical FSA - Must spend money by March 15, 2020
  - ▶ Dependent Care FSA - Must spend money by December 31, 2019
- ▶ All FSA accounts are 100% funded by the employee.
- ▶ Employees will receive a debit/credit card to use for eligible Healthcare expenses.
- ▶ For information, log in to your account at [www.wageworks.com](http://www.wageworks.com).

\*subject to change

# Flexible Spending Account Types

## Medical Flexible Spending

- ▶ Maximum annual contribution for 2019 is: \$2,650\*
- ▶ Helps pay for healthcare expenses not covered by your plan. Ex: Deductibles , copays, coinsurance
- ▶ Can be used on qualified medical, dental and vision expenses.
- ▶ Must spend money by **March 15, 2020** and send claims by **April 30, 2020**

## Dependent Care Flexible Spending Account

- ▶ Maximum household contribution for 2019 is: \$5,000\*
- ▶ Use money to pay for certain dependent day care expenses for children up to age 12
- ▶ Disabled or elder day care expenses are eligible, regardless of age.
- ▶ Must spend the money by **December 31, 2019** and send claims by **April 30, 2020**

\* The limit for 2019 is subject to change per IRS guidelines that are released in November.

# Medicare & Medicaid

**Medicare:** Individuals who are 65 or older may qualify for free or low-cost health insurance through Medicare Coverage if:

- ▶ You already receive retirement benefits from Social Security.
- ▶ You are eligible to get Social Security but have not filed for them yet.
- ▶ You or your spouse had Medicare covered government employment.

For more information please visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-633-4227

**Medicaid:** Individuals and their families may qualify for free or low cost healthcare through Medicaid/CHIP base on income and family size.

You can apply for and enroll any time of year; if you qualify, coverage can begin immediately.

For more information, please visit [www.Medicaid.gov](http://www.Medicaid.gov) or call 1-877-267-2323

# How to Enroll (November 03, 2018 is the deadline)

- ▶ Enroll online:
  1. Go to [www.ktbsonline.com](http://www.ktbsonline.com)
  2. Click "Register Now" link
  3. Enter last name, DOB, and SSN
  4. Follow prompts for Open Enrollment

- ▶ Submit forms to your local branch office

## ▶ Mail/Fax Forms

Red Coats, Inc  
 Corporate Benefits Department  
 4520 East West Highway  
 Suite 200  
 Bethesda, MD 20814  
 Fax: (301) 576-7793

**KELLY** EMPLOYEE ELECTION FORM

New Subscriber  Member adding line of coverage  WAIVER (signature required)  COBRA or State Continuation

Company Name:  Red Coats, Inc.  Admiral Security Services  
 KELLY Company ID: 99425 Business Phone: 301-280-4238

1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Note: a PO Box is insufficient for any HSA, FSA, or HRA account. Apt # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

2 Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  M  F  Other  N/A  Other  N/A  Other  N/A  Other  N/A  Other  N/A  
 Home Phone: \_\_\_\_\_ Full-time Hire Date (MM/DD/YYYY): \_\_\_\_\_ Employee Use Only: \_\_\_\_\_ Requested Effective Date (MM/DD/YYYY): \_\_\_\_\_ KELLY USE ONLY: \_\_\_\_\_

3	Name (Last, First, MI)	Relationship	Social Security #	Birth Date	Gender	DOB Status (Y/N)	Disabled (Y/N)
1		Subscriber					
2							
3							
4							
5							
6							

4 If Eligible for Medicare: Effective Date (Part A): \_\_\_\_\_ Effective Date (Part B): \_\_\_\_\_ Effective Date (Part D): \_\_\_\_\_

5 HEALTH PLAN Cigna - HDHP \$6,000  
 Select Level of Coverage:  
 Individual  
 Family  
 Waive Coverage

HEALTH PLAN Fidelity (Does not meet ACA's requirements of minimum essential benefits)  
 Select Plan:  
 Basic  
 Enhanced

Select Level of Coverage:  
 Individual  
 Individual & Spouse  
 Individual & Child(ren)  
 Family  
 Waive Coverage

Flexible Spending Accounts  
 Medical FSA \$ \_\_\_\_\_  
 Dependent FSA \$ \_\_\_\_\_  
 FOR DC BASED EMPLOYEES ONLY:  
 Transit \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_

6 Employee Occupation: \_\_\_\_\_ Employee Class: \_\_\_\_\_ Employee Salary: \_\_\_\_\_  
 Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

7 OTHER INSURANCE INFORMATION  
 Do you have other dependent coverage?  Yes  No  
 Do you have other dependent coverage?  Yes  No  
 Effective Date: \_\_\_\_\_  
 Waive Date: \_\_\_\_\_  
 1/28/11

8 EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EMPLOYER SIGNATURE / VERIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 page 1 of 2



# Open Enrollment FAQ's

## ➤ **When is the due date to submit my forms?**

- *During the Open Enrollment Period, all employees **MUST** submit a form to enroll or decline/opt-out by **November 3, 2018**.*

## ➤ **I have health coverage elsewhere (Medicare, Medicaid, Federal/State Health or Spouse's Employer), do I need to do anything?**

- *Yes, you **MUST** submit a form to decline/opt-out of benefits online or submit a paper form to Human Resources by **November 3, 2018**. Thereafter, newly hired employees must submit a form within 30 days of eligibility.*

## ➤ **I choose not to enroll in a health plan, do I need to do anything?**

- *Yes, you **MUST** submit a form to decline/opt-out of benefits online or submit a paper form to Human Resources by **November 3, 2018**. Thereafter, newly hired employees must submit a form within 30 days of eligibility.*

## ➤ **How do I submit my forms?**

- *You are able to submit your forms online, fax, mail or drop off to your local branch office.*

# Contact Information

Corporate Benefits Department

4520 East West Highway

Suite 200

Bethesda, MD 20814

Phone: (301) 280-4238

Fax: (301) 576-7793

Email: [benefits@redcoats.com](mailto:benefits@redcoats.com)