

DATE: April 24, 2018

TO: Eligible Active Employees  
From: Oroville City Elementary  
School District

## Butte Schools Self-Funded Programs Open Enrollment 2018



Welcome to BSSP's 2018 Open Enrollment period. This is your *ONLY* opportunity to change your medical, dental and/or vision plan election, change your life insurance amounts or add/remove dependents without a mid-year qualifying event.



### TIMELINE

- This annual Open Enrollment period is open through June 29, 2018 at 3:00 p.m. -- *an additional 6 weeks! Changes and elections will not be accepted after that date.*
- All changes are effective **October 1, 2018 thru September 30, 2019.** If you change plans, amounts accumulated towards deductible and out of pocket limits as of September 30 will carry over to your new plan's limits. Amounts applied towards your deductible between October 1 and December 31 will carryover to your 2019 deductibles on non-HSA plans. Otherwise, all deductibles and out of pocket limits reset to \$0 on January 1<sup>st</sup>.



### MONTHLY DISTRICT CONTRIBUTIONS (*FULL-TIME EMPLOYEES ONLY*) **CONFIDENTIAL**

Medical \$447.50  
Dental \$ 59.50  
Vision \$ 11.50  
\$ 518.50.00 per month total

**Part-Time Employees:** Vbas does not display the district's contribution towards your medical, dental and/or vision benefits. Use the amounts listed above when considering your benefit options.

**Double-BSSP Covered Employees:** Eligibility for the 25% discount associated with double-BSSP coverage is not displayed through the open enrollment portal. Discounts will be applied based on double-BSSP coverage and plan elections effective October 1, 2018.



### LEARN MORE!

- Attend a live Open Enrollment Presentation** - BSSP's Christy Patterson and Nicole Strauch will be in the Multipurpose Room at Central Middle School on May 2, 2018 from 3:30pm to 5pm. Information about other presentation opportunities is available at [www.bsspjpa.org](http://www.bsspjpa.org).
- Watch a pre-recorded Open Enrollment presentation (content available in full or by topic) at [www.bsspjpa.org](http://www.bsspjpa.org).



### WHAT DO YOU NEED TO DO?

- Review the attached Employee Benefits Overview, which includes "Changes effective October 1, 2018" (page 4), plan summaries and options as well as a number of required plan notices and disclosures.
- Visit [www.bsspjpa.org](http://www.bsspjpa.org) for information, tools and forms to complete your open enrollment elections. In compliance with the Affordable Care Act, the Summary of Benefits and Coverages will be available at [www.bsspjpa.org](http://www.bsspjpa.org). If you would like a paper copy, they can be picked up in the District Office Hallway.
- Login to Vbas ([www.vbas.com](http://www.vbas.com)) and complete your open enrollment elections by June 29, 2018 at 3PM. See "Open Enrollment" in the Employee Benefits Overview for login instructions. **BSSP will not accept written elections. If you wish to continue with the same plan(s) and dependents in 2018-2019, you do not need to log into Vbas or do anything further.**
  - **Dependent Changes:** If you are adding or dropping dependent(s) from coverage, you must do so in Vbas **AND** complete the [Membership Change Form](#). If adding, you must provide the applicable dependent documentation. Print and submit the form (and documents, if necessary) to Chewy at the District Office, before June 29<sup>th</sup> at 3PM.
  - **Part Time Employees:** If you elect to terminate a benefit, you can only re-enroll in that coverage at the next Open Enrollment period, or with proof of a mid-year qualifying event. If you have not previously elected coverage and wish to do so, make your election in [Vbas](#) **AND** complete the [Anthem](#) Enrollment Form (*for medical insurance only*). Submit the form(s) to Chewy at the District Office. Dependent documentation is required for all plans if enrolling dependents in new coverage; documentation must be submitted by June 29<sup>th</sup> at 3:00 pm.



CHANGES EFFECTIVE OCTOBER 1, 2018  
REVIEW YOUR EMPLOYEE BENEFITS OVERVIEW FOR DETAILS

- Medical
    - Anthem plan rate changes vary by plan and range from \$2 increases to \$11 decreases.
    - There are no changes to any plan's underlying deductible or out of pocket limits, except for the Anthem HSA A plan. The individual deductible (when 2 or more people are covered under a plan) increased from \$2600 to \$2700 effective January 1, 2018, in order to remain compliant with IRS regulations.
    - **Value-Based Site of Care benefit change -- In an effort to curb the rising cost of healthcare without impacting access to high quality care, Anthem plans will limit the maximum benefit amount\* at an in-network hospital facility for:**
      - **Arthroscopy**
      - **Cataract Surgery**
      - **Colonoscopies**
      - **Upper GI Endoscopies with biopsy**
      - **Upper GI Endoscopy without biopsy**
  - \*Applies to the facility charge only. Payments made to physicians/other practitioners are not affected.***

***When these 5 procedures are performed at an in-network Ambulatory Surgery Center, you pay your regular deductible and coinsurance – no benefit change!***

***When these 5 procedures are performed at an in-network outpatient hospital facility, you pay your regular deductible and coinsurance PLUS any amount that exceeds the maximum benefit amount. Certain exceptions apply.***

  - New program! -- The Solera4Me Diabetes Prevention Program is a 16-week, cutting edge program that can help members with prediabetes to lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes.
  - Are you double-covered within BSSP? Consider enrolling children under each parent for double coverage. In rare instances of high medical claims, benefit reserve provisions may allow the secondary coverage to reduce out of pocket medical costs.
  - Waiver Fee enrollment option -- SISC has implemented a Waiver Fee enrollment option for full-time employees who wish to opt out of a BSSP+SISC medical plan for reasons other than enrollment in Medicare, Medi-Cal, Tricare or subsidized Covered California coverage. The cost of the Waiver Fee plan is equivalent to the MEC HSA. Although this option is provided, it is not recommended due to the benefit reserve provision.
- Dental
  - No rate increases.
  - Additional preventive cleaning added to all plans -- now 3 per year!
  - New plan 12 added with a \$3,000 annual benefit maximum.
- Vision
  - No rate increases.
  - KidsCare enhancement added to all plans -- additional exam, frame and lens frequencies for children up to the age of 18.
  - \$40 Anti-Reflective coating allowance added to all plans.