



## **2020 Health/Dental Insurance Packet for New Hires**

Welcome home to Campbell County!

In the next few pages, we invite you to learn more about our Health and Dental Insurance programs, and our Employee Health Savings Account, which you will have an opportunity to voluntarily contribute to.

During this timeframe, you may ask questions, make decisions about you and your family's healthcare needs and select the coverage that best suits your individual needs.

As you review the programs, please choose from the following benefit programs:

- **Health and Dental Insurance**
- **Voluntary Employee Health Savings Account (HSA) contributions**
- **Dependent Care Coverage**

Please read this packet carefully. All full-time employees will need to respond by completing the included Benefits Enrollment Form.

In addition, please remember that this orientation period (within three days of hire) is the only time to select/adapt your benefit coverage until our next annual Open Enrollment period (October), outside of a qualifying event. You will have an opportunity during the month of June to make changes to your Health Savings Account (HSA) election.



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**Campbell County Department of  
Management Services**

**Darlene Cowart, HR & Benefits Coordinator**

**PO Box 100 | 47 Courthouse Lane; 1st Floor**

**Rustburg, VA 24588**

**Ph: (434) 332-9794 | Fx: (434) 332-9666**

# HSA Eligibility past age 65

**Please note:** Enrollment in any type of Medicare makes you ineligible to contribute to an HSA, per IRS regulations.

Employees past age 65 who are actively working who receive employer HSA contributions and/or elected voluntary HSA contributions to be deducted from their pay; must notify the employer **seven months prior** to the date they expect to apply for social security benefits so that employer and if applicable, voluntary employee contributions can be stopped at the appropriate date. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing six months before you apply for Social Security, you may have a tax penalty.

If an employee past age 65 continues to defer social security but applies for Medicare, they should notify the employer the month before the Medicare effective date.

If you are an active employee turning age 65 in 2020 and/or

become Medicare eligible in 2020, and are enrolled in Campbell County's HDHP with HSA, you should contact us to discuss the impact enrolling in Medicare will have on your HSA.

It is your responsibility to determine your eligibility for contributions to an HSA. If the County continues to fund an HSA on your behalf past the date you are eligible, you will be responsible for any IRS penalties and payment of back taxes.

You may contact Darlene Cowart, HR and Benefits Coordinator, at 434-332-9794 or email to schedule an appointment at [decowart@campbellcountyva.gov](mailto:decowart@campbellcountyva.gov).



**We recognize that you may have questions as you read through the packet. In case you do, please know we are here for you. Feel free to contact us, should you require any assistance in completing your forms.**

## Frequently Asked Questions



### **What is the benefit enrollment deadline for newly hired employees?**

Enrollment forms for all new employees are due by close of the business day on third day of hire.

### **What is a Health Savings Account (HSA)?**

An HSA is a tax-favored savings account that may be used to pay for qualified healthcare expenses for yourself, your spouse and your IRS tax-qualified dependents.

### **Am I eligible to participate in the HSA program?**

HSA's are governed by the Internal Revenue Code (IRC), and you must meet the following eligibility requirements to qualify for a HSA:

- *must be enrolled in a high deductible health plan (HDHP);*
- *cannot be covered by any other healthcare plan, flexible spending account (FSA) or enrolled in Medicare; and*
- *cannot be claimed as a tax dependent on someone else's tax return.*

### **How much may I contribute annually to my HSA?**

In 2020, the maximum IRS HSA contributions for Employee only coverage is \$3,550, and for Employee + 1, Family, and for couples who are both employed by the County is \$7,100. If you are age 55, or older, you may contribute an additional \$1,000 annually.

**Please note:** You must include the County's portion in your maximum annual contribution. For example, if you select Employee only coverage, this means your contribution could be no greater than \$2,549.92 per year (\$212.49 monthly), and for the remaining coverage plans offered, could be no greater than \$5,099.96 annually (\$424.99 monthly).

## Qualified Life Events

During each year's open enrollment period, it is your opportunity to review your benefits and make any changes for the year ahead. Take some time to learn about your options, evaluate you and your family's needs, and choose the benefits that will best serve you (and your eligible family members).

**Again, for newly hired employees, all benefits enrollment forms are due within three days of hire.** Any forms received after this timeframe cannot be processed without a qualifying event.

**If you experience a qualifying event, please notify the Department of Management Services/HR within 31 calendar days.**

Some examples of such events include:

- **Marriage;**
- **Birth or adoption of a child;**
- **Divorce and/or Legal separation;**
- **Death or loss of a dependent;**
- **Change in spouse's employment status causing a loss and/or a gain of coverage;**
- **Change in your own employment status;**
- **Change in residence;**
- **Eligibility for Medicare.**

Changes in health and/or dental coverage due to a qualifying event are effective the date of the qualifying event. Additional premium may need to be collected depending on timing of the event with payroll run dates.

# Health Insurance Coverage

The HDHP Summary of Benefits Coverage (SBC) is available to provide thorough benefit information; however, for specific questions, please feel free to ask a member of our staff, or call Anthem directly.

Prescription drug costs contribute to the overall annual deductible. Once you meet your annual deductible, you will be responsible for 20% of the cost until you meet your out-of-pocket maximum. (Based on using an In-Network provider)

**DID YOU KNOW... Blue View Vision benefits are included in your health insurance coverage? After a \$15 co-pay (In-Network provider), a routine eye exam is covered once per calendar year. Additional savings can be found by visiting a participating provider. Enjoy up to 35% off the retail price of frames, and 15% off the retail price of non-disposable contacts. To locate a provider, login to your Anthem account, or call Member Services at 1-866-723-0515.**



# Dental Insurance Coverage

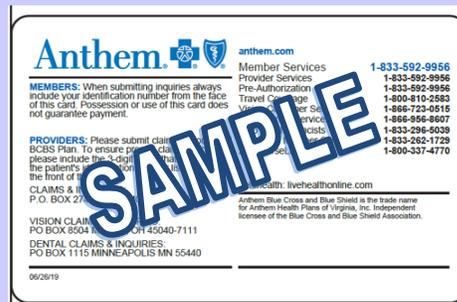
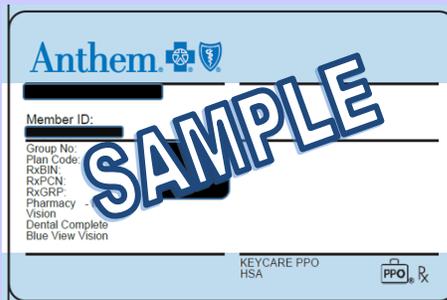
As with most dental plans, our coverage provides two exams/cleanings per year.

For more detailed information, please review the Dental Insurance Summary of Benefits Coverage (SBC), or feel free to ask a member of our staff, or call Anthem directly.



## NEW FOR 2020: Anthem to Issue One Card for Health and Dental

In an effort to streamline services, Anthem is merging their health and dental platforms, so as a result, one card will contain health, vision, and dental information. Although health and dental remain separate plans, you will now have one less card to carry in your wallet.



## Health Savings Account (HSA) Contributions

Campbell County will continue to make employer contributions into your HSA for each month you have the Anthem HDHP **and** remain eligible for the contribution.

### 2020 Monthly Employer HSA Contribution for Employees enrolled in Anthem HDHP

Employee Only	\$83.34
Employee +1	\$166.67
Employee +Family	\$166.67

If you elect to have employee voluntary contributions to your HSA, remember the voluntary contribution in addition to the employer contribution cannot exceed the IRS maximum limits.

### The 2020 IRS Maximum Limits are as follows:

Employee Only	\$3,550
Employee +1	\$7,100
Employee +Family	\$7,100
Family (Both spouses Employed)	\$7,100

*\*If you are over age 55, an additional \$1,000 may be contributed until your effective Medicare date.*

# Insurance Premiums

Each year, with the aid of a consultant, Campbell County forecasts the upcoming year's total benefit costs. As part of this study, we review our benefit programs and make revisions and updates to ensure we continue to offer a competitive, cost-effective, benefit program to you and your family. Below is the premium chart outlining the monthly premiums for the 2020 plan year. (Effective January 1—December 31, 2020)



Monthly Anthem HDHP Health Insurance Premium			
Premium	Employee Only	Employee +1	Employee +Family
County Pays	\$620.71	\$1,126.40	\$1,640.41
Employee Pays	\$545.71	\$895.40	\$993.41
	\$75.00	\$231.00	\$647.00

Monthly Health Savings Account (HSA) Employer Contribution			
Employer Contribution	Employee Only	Employee +1	Employee +Family
Employee Contribution	\$83.34	\$166.67	\$166.67
	You determine the amount appropriate, up to the IRS maximum		

Monthly Anthem Dental Insurance Premium			
Premium	Employee Only	Employee +1	Employee +Family
County Pays	\$28.57	\$52.82	\$82.32
Employee Pays	\$15.82	\$15.82	\$15.82
	\$12.75	\$37.00	\$66.50

Monthly Insurance Premiums for Health & Dental Both Spouses Employed by Campbell County		
Premium	Health	Dental
County Pays	\$1,640.41	\$82.32
Employee Pays	\$1,360.41	\$29.32
	\$280.00	\$53.00

## Dependent Care

Campbell County offers dependent care reimbursement accounts. The dependent care assistance account allows you to pay for out-of-pocket, work-related dependent day-care costs with pre-tax dollars.

The annual plan limit which may be allocated to the dependent care reimbursement is \$5,000. Your contributions are subject to the IRS "use-it-or-lose-it" rule, meaning that any unused funds which remain in your dependent care account **will be forfeited at the end of the plan year.**

If you are interested in participating, please select this option on your enclosed Benefits Enrollment form and indicate the amount to be deducted from your paycheck.

For additional information, please contact Darlene Cowart at (434) 332-9794, or [hr@campbellcountyva.gov](mailto:hr@campbellcountyva.gov).



# Enrollment Guide

Please carefully review each section of the Benefits Enrollment Form. **You must make an election for each benefit section on the form, or waive coverage.** If you are unsure what to complete, please use this quick question and answer guide to help you with your enrollment preferences.

## **EMPLOYEE INFORMATION SECTION**

Please complete the top section of the form with your employee information.

### **SECTION 1: ANTHEM HEALTH INSURANCE HDHP**

Choose the box that indicates enrollment or waiver of health insurance coverage.

### **SECTION 2: ANTHEM DENTAL INSURANCE**

Choose the box that indicates enrollment or waiver of dental insurance coverage.

### **SECTION 3: AUTHORIZE OR WAIVE PRE-TAX SALARY REDUCTION**

This section only needs to be completed if you have or are enrolling in health/dental insurance. In compliance with Section 125 of the Internal Revenue Code for cafeteria plans, participants are provided an opportunity to receive certain benefits on a pre-tax basis. Section 4 is where you would indicate your selection of pre-tax or after-tax deductions.

### **SECTION 4: COVERED INDIVIDUALS**

This section only needs to be completed if enrolling in health and/or dental insurance coverage for you and/or any family member.

### **SECTION 5: HEALTH SAVINGS ACCOUNT (HSA)**

The Health Savings Account contribution section should be completed by any employee enrolling in the County's High Deductible Health Plan. Please carefully review the IRS HSA Eligibility Requirements and check the box to acknowledge your understanding that it is your responsibility to ensure all IRS guidelines and regulations are adhered to as it relates to your HSA account.

If you would like to make a monthly contribution, please indicate the amount in the space provided. If you do not wish to make a voluntary contribution to your account, please select "decline."

You will remain eligible to receive the County's contribution to your account, as long as you meet the eligibility requirements established by the IRS.

### **SECTION 6: DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

Be sure to indicate the dependent care contribution amount you want deducted from your paycheck each month, or decline dependent care coverage.

If enrolling in the dependent care flex spending account for the first time, additional enrollment information on the program will be forwarded to you.

### **SECTION 7: AUTHORIZATION AND SIGNATURE**

Please sign and date to authorize deduction of the necessary premiums from your paycheck or to confirm declination of coverage.



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## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**As a resident of Virginia, you may be eligible for assistance paying your employer health plan premiums. Please contact the State for more information on Medicaid eligibility at 1-800-432-5924 or CHIP at 1-855-242-8282.**

This information is provided as of **July 31, 2019**. For more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
**Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, Ext. 61565**

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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# BENEFITS ENROLLMENT / CHANGE FORM

### EMPLOYER USE ONLY

BENEFIT SELECTION	DATE ENTERED/APPLICABLE
ANTHEM HEALTH	
ANTHEM DENTAL	
HSA	
DC-FSA	
EFFECTIVE DATE OF COVERAGE	

### ENROLLMENT TYPE AND DEADLINES – CHECK ONE

- New Hire Hire Date: \_\_\_\_\_  
 IRS Qualifying Event\* Date of Event: \_\_\_\_\_  
 Type of Event:     Marriage/Divorce     Birth/Adoption of Child  
                            Loss of Coverage through Employer/Spouse     Other: \_\_\_\_\_

*\*If an IRS qualifying event, a Benefits Enrollment / Change Form must be submitted to the Benefits Coordinator within 31-days of the event. If the form is not submitted within the 31-day time frame, the change cannot be made until the next open enrollment period.*

### EMPLOYEE INFORMATION

NAME (LAST, FIRST, MI)	SSN	DATE OF BIRTH
<input type="checkbox"/> M <input type="checkbox"/> F GENDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED MARITAL STATUS	
STREET ADDRESS	MAILING ADDRESS (IF DIFFERENT)	CITY    STATE    ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS

**You must make an election for each benefit or decline coverage.**

### SECTION 1: MEDICAL – ANTHEM HDHP (High Deductible Health Plan)

Premiums deducted monthly for 12 months

CHOOSE 1 OF THE COVERAGE LEVELS:

Selection	Anthem High Deductible Health Plan	Employee Pays	Employer Pays	Total Premium
<input type="checkbox"/>	Employee Only	\$75.00	\$545.71	\$620.71
<input type="checkbox"/>	Employee + 1	\$231.00	\$895.40	\$1,126.40
<input type="checkbox"/>	Employee + Family	\$647.00	\$993.41	\$1,640.41
<input type="checkbox"/>	Employee + Family - Both spouses employed by CC & eligible for coverage	\$280.00	\$1,360.41	\$1,640.41
<input type="checkbox"/>	DECLINE MEDICAL COVERAGE			

### SECTION 2: ANTHEM DENTAL

Premiums deducted monthly for 12 months

CHOOSE 1 OF THE COVERAGE LEVELS:

Selection	Anthem Dental Plan	Employee Pays	Employer Pays	Total Premium
<input type="checkbox"/>	Employee Only	\$12.75	\$15.82	\$28.57
<input type="checkbox"/>	Employee + 1	\$37.00	\$15.82	\$52.82
<input type="checkbox"/>	Employee + Family	\$66.50	\$15.82	\$82.32
<input type="checkbox"/>	Employee + Family - Both spouses employed by CC & eligible for coverage	\$53.00	\$29.32	\$82.32
<input type="checkbox"/>	DECLINE DENTAL COVERAGE			

### SECTION 3: PRE-TAX AUTHORIZATION

- Authorize pre-tax salary reductions – I understand my premiums for health and/or dental will be taken from my salary prior to the calculation of taxes reducing my gross taxable wages.
- Waive all pre-tax benefits – I understand my pay will have the required insurance premiums with *after-tax* deductions.

### SECTION 4: DEPENDENTS

Be sure to check the appropriate boxes for the coverages you elect.

SELECTION	NAME (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	SOCIAL SECURITY NUMBER	HEALTH	DENTAL
Add <input type="checkbox"/> Remove <input type="checkbox"/>	EMPLOYEE				<input type="checkbox"/>	<input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>	SPOUSE				<input type="checkbox"/>	<input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>	CHILD				<input type="checkbox"/>	<input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>	CHILD				<input type="checkbox"/>	<input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>	CHILD				<input type="checkbox"/>	<input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>	CHILD				<input type="checkbox"/>	<input type="checkbox"/>

Please answer the questions below if enrolling in health insurance:

- 1) Does any covered individual listed above enrolling in the *health insurance* have other health insurance coverage?  No  Yes

If you answered yes to the above question, please list the individual(s), the insurance carrier, policy #, and effective date.

NAME(S)	INSURANCE CARRIER	POLICY #	EFFECTIVE DATE

- 2) Does any covered individual(s) listed above enrolling in health insurance have Medicare coverage?  No  Yes

If you answered yes to the above question, please list the individual(s), the Medicare Number, effective dates for Medicare Part A, Medicare Part B, and Medicare Part D.

NAME(S)	INSURANCE CARRIER	Medicare #	EFFECTIVE DATE

### SECTION 5: HEALTH SAVINGS ACCOUNT

#### Review HSA Eligibility Requirements

Federal regulations prohibit you from opening or contributing to an HSA if you do not meet all the following requirements:

- Covered under a qualified high deductible health plan on the first day of the month
- Not covered by any other health plan, including your spouse's health insurance, or Medical Flexible Spending Account (FSA)
- Not enrolled in any part of Medicare or Tricare
- Have not received Veteran's health benefits in the past 90 days prior to an HSA initial enrollment
- Not claimed as a dependent on another person's tax return

Decline Employee Voluntary HSA Monthly Contribution

Employee Voluntary HSA Monthly Contribution \$\_\_\_\_\_per month

*Election will be for the calendar year unless a change is made during mid-year HSA open enrollment in June for July processing.*

I understand it is my responsibility to ensure all Internal Revenue Service guidelines and applicable regulations are adhered to as it relates to my HSA account.

HSA CONTRIBUTIONS (Monthly HSA deposits available on payday)			
Monthly Employer HSA Contribution for enrollees in Anthem High Deductible Plan			
	Employee Only	Employee + 1	Employee + Family
Employer Contribution to HSA	\$83.34	\$166.67	\$166.67
<i>Employee Voluntary Contributions</i> -you determine the amount appropriate for your needs up to the IRS maximum.			
IRS 2020 HSA Contribution Limits (Employer + Employee)			
Employee Only	Employee + 1	Family	Family <small>(Double Spouse - Both Employed by CC &amp; Benefit Eligible)</small>
\$3,550	\$7,100	\$7,100	\$7,100
<p><b>Please note:</b> You must include the County's HSA portion in your maximum annual contribution. For example, if you select Employee only coverage, this means your contribution could be no greater than \$2,549.92 per year (\$212.49 monthly), and for the remaining coverage plans offered, could be no greater than \$5099.96 annually (\$424.99 monthly).</p> <p>Additionally, if you are age 55 or over, you may contribute \$1,000 more annually, which equals \$3,549.92 per year (\$295.82 per month) for those on the Employee Only plan, and \$6099.96 annually (\$508.33 per month) for those on the remaining coverage plans.</p>			

## SECTION 6: DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Elected amount will be deducted monthly for 12 months

Covers eligible dependent care expenses for your federal tax dependents. To be eligible, expenses must be necessary to enable you or your spouse to be gainfully employed or in search of gainful employment or to attend school on a full-time basis and must be for the care of a child under 13 years of age or a disabled dependent adult.

*DECLINE Dependent Care*

I elect to enroll for a monthly amount of \$ \_\_\_\_\_ for a total annual amount of \$ \_\_\_\_\_

**PLEASE NOTE:** The 2020 IRS annual contribution limit is \$5,000. For the dependent care assistance benefit, a statement will need to be provided from the service provider including the amount of the expense, the name of dependent, address, the taxpayer identification number of the service provider, and the dates of service. Reimbursement will be for amounts up to the balance in my account at the time of the request. Any amounts not used during a plan year for dependent care will be forfeited and will not be paid to me in cash or used to provide benefits specifically for me in a later plan year.

## SECTION 7: AUTHORIZATION AND SIGNATURE

PLEASE READ, SIGN, AND DATE

I hereby authorize Campbell County to deduct the necessary premiums, if any, from my paycheck. I cannot change or revoke any of my elections at any time during the plan year unless I have a qualifying life event. Changes to (employee) HSA contributions are allowed in June (to be effective in July) and November (to be effective January 1) of each year. Pre-tax benefits are not subject to federal income or FICA taxes which could result in a reduction in the Social Security benefits I receive at retirement if I earn less than the annual FICA taxable wage base.

**If declining coverage,** I certify I have been given the opportunity to apply for coverage for myself and eligible dependents, if any. I understand I am declining enrollment for myself and, if applicable, my eligible dependents. I may be able to enroll myself and my eligible dependents in this plan if I have a qualifying event.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organizational Representative

\_\_\_\_\_  
Date