

Open Enrollment 2021 Active Employee Medical Presentation Script

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- Welcome to the State of Arizona employee benefits presentation.
- My name is _____, I am with the HR- Benefit Services Division at ADOA.
- Today we are going to talk about Open Enrollment and the changes occurring with the ADOA benefits plans.
- As you know, open enrollment is the time of year when you can make changes to your current benefits.
 - For example, you can add or remove dependents, or select a new benefit plan

Our goal for this meeting is to provide you information on your benefits. In order to make this meeting work,

- Everyone will be put on mute throughout the meeting.
- This session is being recorded and
- The presentation and all material will be available on our Open Enrollment website for your convenience
- There are two ways you may be participating in this meeting
 - Google Meets or
 - Live Stream

- If you are participating using Google Meets, you can turn on closed captioning by clicking the button on the bottom right corner of the screen, or you may use the live captioning website link and event ID included in the invitation. For the livestream, you may also use the live captioning link and event ID included in the invitation.
- There will be a link to a survey at the end of the presentation. Please take a moment to provide your feedback. We are here to help you understand your benefit options. There will be a prize drawing donated by our medical vendors if you complete the survey.

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Our agenda for today is to focus on:

- Where you should go to find benefits information
- Open Enrollment updates for 2021 - Including changes
- There will be a benefits overview - discussing the new plan features, costs, and how the medical plans work
- Our medical vendors, BlueCross BlueShield of Arizona and UnitedHealthcare, will provide an overview of their network
- And, we will provide information on how to enroll

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Sometimes the most difficult part is where to find answers

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- Benefit Liaisons are an extremely important resource to employees
- Typically your Benefit Liaison will be your first point-of-contact for any questions you may have on benefits
- Your liaison has been trained and educated help you with understanding benefits and processes
- He/She can also explain how to enroll or make changes to your benefits, and
- Share any updates that have been sent by the Benefits office

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- We have created a robust website dedicated to making sure you have everything you need to understand your benefits!
- You should have received Open Enrollment materials in the mail

- All information contained on our website is specific to the State of Arizona employees - including an Open Enrollment page, vendor contact information such as phone numbers and web portals.
- It has *all* the information you need throughout the year - including rates, policies, direct web links to vendor websites and wellness. Benefit guides and emails that are sent to employees are also available on our website.
- This website does not require a password to view benefits, so your spouse or dependents can find information they need to view on the site as well.

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Open enrollment for 2021 benefits, is an ACTIVE enrollment, meaning you must go online to the Y.E.S. website and make an election to maintain your benefits.

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- Open enrollment for 2021 runs from October 19th through November 6th at 5pm Arizona time. We would like to emphasize that you *must enroll* to maintain or change benefits.

- For example: if you want to add or remove a spouse or child - or - if you want to change your plan --- now is the time to do this!
- Go to the Y.E.S. portal to enroll

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There are changes to your 2021 benefits that we want you to be aware of...for example:

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- We are no longer offering the EPO and PPO plans
- We will now be offering a Triple Choice Plan and we are keeping the High Deductible Health Plan
- With these new plans come new premiums
- The new premiums affect you if you are on the EPO or PPO plan
- Premiums for High Deductible Health Plan are staying the same
- There is a change to the number of carriers who will offer each plan
- Only BlueCross BlueShield of Arizona and UnitedHealthcare will be your network options in 2021
- Aetna and Cigna will no longer be an option.

- And finally, to follow IRS guidelines, the Health Savings Account contribution limits have increased

PAUSE

- MedImpact is still the pharmacy benefit manager, but there will be changes to their mail order and specialty drug vendor.

PAUSE

- The dental plans have not changed
- Note that although Cigna is not an option for medical, they are still offering a dental plan; however, network name has changed to CIGNA DENTAL CARE ACCESS

PAUSE

- The vision plan has a slight premium reduction and the discount plan will *no longer* be available for those who do not enroll in the vision plan

PAUSE

- The Flexible Spending Account contribution amount will be increasing to follow IRS guidelines

PAUSE

- The short term disability premium has a slight increase

Please note that we will not be reviewing Dental, Vision, and other benefits for today's meeting, but you can register for another webinar dedicated to reviewing those benefits on our website.

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Before we start talking about your medical plan options and how they work, let's take a moment to understand some of the terms that are often used to describe your health insurance costs.

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- **PAGE DOWN TO ANIMATE**
- Premiums are the amount you and your agency pays for your insurance **PAGE DOWN TO ANIMATE**
- A Deductible is *your* first dollar exposure to paying for covered services. **PAGE DOWN TO ANIMATE**
- After you have paid your deductible - then you start paying either a copayment or coinsurance for your services depending on the plan you are enrolled in. A copayment is a fixed dollar amount and a coinsurance is a percentage of the

allowable medical costs.

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- And finally, the out-of-pocket maximum is the *most* you will pay for services. The deductible, copayments or coinsurance, you pay, are applied to the out-of-pocket maximum (*including prescription drugs*). When you reach the out-of-pocket maximum, the plan will then cover 100% of your expenses for the remainder of the year.

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Now we are going compare the features of the Triple Choice Plan and the High Deductible Health Plan

- The Triple Choice Plan has *one premium* that is *higher* but with a *lower* deductible, and
- The High Deductible Health Plan has a *lower* premium with a *higher* deductible, -- *But* it comes with the advantage of a Health Savings Account that the State funds each pay period
- Both plans offer a comprehensive *nationwide* network
 - You can find a large selection of in-network doctors not just in Arizona, but across the country

- They both allow for in- and out-of-network coverage -- *But remember* -- you pay more for out-of-network services
- None of these plans require you to choose a PCP and there is no gatekeeper, meaning, that no referrals are required in order for you to see a specialist
- Preventive services are always free when you use an in-network provider

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Some examples of preventive services include not only your annual wellness check ups, but include things like child and adult immunizations, various cancer screenings and test, and other screenings or interventions that are rarely thought of, such as smoking cessation and depression screening

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- To determine which plan works best for you let's review some *costs* associated with your medical plans
- Both BlueCross BlueShield of Arizona and UnitedHealthcare will offer the new Triple Choice Plan *and* the High Deductible Health Plan.

- First, you can compare the premium for each plan --

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- The Triple Choice Plan has a *higher* premium than the High Deductible Health Plan

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- *But* the High Deductible Health Plan comes with the advantage of a Health Savings Account that the State funds each pay period

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- The Triple Choice Plan is a *tiered* benefit plan
 - Tier 1 are in-network doctors and facilities that provide higher quality and efficient care which allows you to pay the *lowest* deductible.
 - Tier 2 are in-network doctors and facilities that may not meet the same standards as Tier 1, but they still provide quality care.

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- The benefit of the Triple Choice Plan is that Tier 1 and Tier 2 deductibles cross-apply
 - The Tier 1 deductible applies to Tier 2 and
 - The Tier 2 deductible applies to Tier 1

- So, if you are using doctors in both tiers, the most you will have to pay toward your deductible is \$1,000 for individual or \$2,000 for family
- Tier 3 are doctors and facilities that Do Not contract with a network
 - You can choose to see those doctors or facilities, but *remember* -- you pay more for out-of-network services

PAUSE

- For the High Deductible Health Plan, you have two choices
 - in-network and out-of-network doctors and facilities
- The deductible for in-network is separate from out-of-network deductibles

PAUSE

- **PAGE DOWN TO ANIMATE**
- The out-of-pocket maximum is the most you will pay for covered services in the year
- For the Triple Choice Plan, the out-of-pocket for Tier 1 and Tier 2 is a combined amount
- Tier 3 has a separate out-of-pocket maximum

PAUSE

- For the High Deductible Health Plan, the out-of-pocket maximum for in-network services is separate from out-of-network

- As reminder, deductibles, copayments, or coinsurance apply toward your out-of-pocket maximum -- including your prescription copays
- Once you have met your out-of-pocket maximum, then the plan will pay 100% of services for the remainder of the year

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- This slide is to highlight the copayment and coinsurance structure for the most utilized services
- Note, that although the structure of the plans have changed, the copayments and coinsurance amounts have remained the same
- As you can see, preventive services are still at no cost to you when using in-network providers
- PCP copayment is still \$20 or 10%
- Telehealth services, such as Doctor on Demand, are still \$20 or 10%
- And hospital admissions are still \$250 or 10%
- All copays and coinsurance apply after deductibles are met

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When using the Triple Choice Plan, you have control of how much you will pay for your healthcare services. Start by visiting the BlueCross BlueShield of Arizona and UnitedHealthcare websites to find a provider. Those websites can be found on the Benefit Options website and in the enrollment guide you received in the mail.

- First, choose a Tier 1, in-network doctor
 - A doctor with a Tier 1 symbol indicates the lowest cost. Tier 1 doctors can be your PCP or specialist and a Tier 1 facility can include hospitals such as Banner Hospital, Flagstaff Medical Center or Yuma Regional.
 - Representatives from BlueCross BlueShield of Arizona and UnitedHealthcare will talk more about their specific network later in the presentation
 - When you start using services, you will need to pay your deductible. To help pay the deductible, you should consider enrolling in a Flexible Spending Account or you can pay out-of-pocket.
 - As a helpful hint, depending on your provider, they may or may not charge your deductible up front. So you may get a bill later.
 - Once you have met your deductible, you will pay a copayment the next time you receive services.

- If you reach your out-of-pocket maximum, then the plan will pay 100% of your care for the remainder of the year.

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So now that you know you have two choices of

- in-network providers
- what the deductibles are and
- when you would pay a copay

we wanted to provide you with some examples of how to use the Triple Choice Plan when you choose Tier 1 providers or, if you needed to use a combination of both Tier 1 and Tier 2 providers.

Let's say you're enrolled in the Employee Only Plan and you're having a simple surgical procedure:

- The top chart shows the experience of using only Tier 1 providers and facilities - you will only need to pay the \$200 deductible and after the deductible is met, you will then start paying a copay for each visit to a provider.
- The bottom chart shows how it works when you use a combination of Tier 1 and Tier 2 providers.

- In our example, your first office visit is a Tier 1 provider, you pay toward your Tier 1 deductible
- Your next visit is a *Tier 2 Specialist*, you pay a *Tier 2 deductible*
- Next you have radiology and you chose a Tier 1 imaging center. Because you have satisfied your Tier 1 deductible -- through cross application -- you *now have satisfied* your Tier 1 deductible.
- Now you have your surgery and you have chosen a Tier 1 hospital, you will only be responsible for a copayment.
- After your surgery you have a couple follow up visits to your Tier 2 Specialist. You will need to pay a deductible until you have satisfied the remaining Tier 2 deductible then you will pay a copayment for future visits.

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When using the High Deductible Health Plan with the Health Savings Account, you have control of how much you will pay for your healthcare services - just like the Triple Choice Plan. Your HSA is used to help you pay for those expenses.

- First, you should calculate how much you might spend in healthcare in 2021.

- If you need more than what the State will already contribute, take the amount you need in your account and subtract the State contribution. This will tell you how much more you need to add to your account.
- Next choose an in-network doctor that will give you the greatest savings
 - BlueCross BlueShield of Arizona has a designation called Total Care or
 - UnitedHealthcare uses a Premium Provider Care Program which has a blue heart symbol
 - Providers with these symbols are recognized for quality and cost-effective care
- When you start using services, you will need to pay your deductible.
 - This includes prescription drugs.
- Once you have met your deductible, you will then be responsible for coinsurance.
 - For example, if you see your doctor and let's say the average cost of the visit is \$180 -- you will pay 10%, which is \$18 for that visit.
 - To help pay the deductible, use available funds in your Health Savings Account or you can pay out-of-pocket.
 - As was previously mentioned, depending on your provider, they may or may not charge your deductible up front. So you may get a bill later.

- If you get a bill, you can pay it directly by logging into your HSA account with either Optum or your vendor website.
- Once you reach your out-of-pocket maximum, then the plan will pay 100% of your care for the remainder of the year.
 - For example, let's say you were in the hospital for a week and the bill is \$25,000. A 10% coinsurance would mean that you are responsible for paying \$2,500
 - Since you met your deductible of \$1,500 before your hospital visit, your out-of-pocket maximum will be met by only paying \$1,500 out of that \$2,500
 - After that you're covered 100%
- An HSA is a personal savings account. You continue to receive funds in your Health Savings Account. There may be times when you will not use all these funds.
 - These funds in your account is *your* money and the money can accumulate every year
 - Funds also earn interest, are used tax free, and can be invested

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The High Deductible Health Plan allows you to control your cost.

- It is best to stay in-network, and
- just like the Triple Choice Plan, when you choose providers with designations such as Total Care or the Premium Provider Care Program (Blue Hearts)
- These are providers recognized for quality and cost-effective care. With that same surgical procedure we talked about on the Triple Choice Plan:
- The chart shows the experience of using providers and facilities
 - You will need to pay the deductible and after the deductible is met, you will then start paying coinsurance for each visit to a provider
 - In our example, your first office and specialist visits, radiology and surgery will have a deductible
 - After your surgery you have a couple follow up visits to your Specialist.
 - You will need to pay until you have satisfied the deductible. You will then pay coinsurance for future visits.
 - The added benefit of the High Deductible Health Plan is that while you are seeking care, the State will be contributing into your Health Savings Account

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- You can use the funds available in this account to pay your deductible

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- You can also contribute into this fund (tax free) for any amount up to the IRS Maximum
- Both the State funds and your contributions will be deposited to your Health Savings Account every pay period.

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With the High Deductible Health Plan the state will automatically open a Health Savings Account with our new vendor -- Optum Bank.

What is a Health Savings Account?

- Health savings accounts (HSAs) are like *personal savings* accounts, but the money is used to pay for health care expenses.
- You, not your employer, own and control the money in your HSA. The money contributed into the account is non-taxable.
- A Health Savings Account is a tax-advantaged medical savings account for those who are enrolled in a high-deductible health plan.
- The state funds \$27.69 for individuals or \$55.38 for the family plan each pay period

- You can also calculate how much you want to contribute in the account
- The IRS maximum for 2021 is \$3,600 or \$7,200 for family
- If you are over age 55, you can contribute an additional \$1,000
- To use the funds, you will receive a debit card from Optum Bank
- HSA funds in your account is your money and the money can accumulate every year
- Funds also earn interest, are used tax free, and can be invested
- For those who currently have an HSA with our current vendor, PayFlex, we will send you additional information on your options to transfer those funds

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- When you enroll in the High Deductible Health Plan, the state will automatically open a Health Savings Account with Optum Bank
- Optum follows the U.S.Patriot Act rules to open your bank account.
- There may be times when there's a delay opening your account
- Optum will email you directly or send you a letter requesting additional information from you if there are issues
- Some reasons why there are delays could include incorrect addresses or inconsistent use of your legal name -- for example if your name is Thomas, but

your name is Tom in our system -- or Katherine and HRIS has Kathy. This may automatically cause a delay.

- You may not be eligible to contribute to an HSA if you are enrolled in other federal programs like Medicare, or your or your spouse has an HRA.

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We also have other programs to assist you in paying for your healthcare expenses.

TASC manages the Flexible Spending Account program.

- In 2021 we increased the maximum contribution to follow the current IRS guideline. The maximum has increased to \$2,750.
- A Flexible spending account, also known as an FSA, is a tax-free option that reduces your taxable income and allows you to use funds for healthcare expenses such as
 - Deductibles or copayments
 - Prescription drugs
 - And over-the-counter medication
- The Health Care FSA is available for those who are enrolled in the Triple Choice Plan to pay medical, dental and vision deductible or copayments

- If you are on the High Deductible Health Plan and you do not want to use your HSA funds for dental and vision expenses, the limited purpose FSA is available.
- Similar to the HSA -- when considering enrolling *in the FSA*
 - You should calculate how much you might spend in healthcare in 2021.
 - You can start by contributing your deductible or
 - Contribute the IRS maximum of \$2,750
 - These amounts are divided equally between each paycheck
 - So if you choose to elect the maximum amount, this means about \$105 will be contributed each pay period
 - The full annual election will be pre-loaded on a debit card and available in January
 - The debit card will be mailed by TASC if you are a *new* enrollee.
 - If you have an FSA *now*, you already have a debit card and the 2021 funds will be available in January.

Please note that the FSA is a use-it-or-lose-it program, meaning that if you do not spend your entire 2021 election, remaining funds will be forfeited.

- You can use funds for expenses from January through December
- You have until March 31st 2022 to reimburse yourself for expenses incurred through December 2021

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So what is the best plan for *you*? Well, everyone has a different situation and needs, but some things to consider are

- Benefits - the benefit structure is the same for both the Triple Choice Plan and the High Deductible Health Plan with the two vendors.
- The health and wellness services provided by each carrier can vary
- Network - both BlueCross BlueShield of Arizona and UnitedHealthcare offer a nationwide network,
 - However, you need to make sure that *your* provider is in-network
 - The provider networks *are different*
 - Visit their individual websites and look up your providers
 - Look for your provider on both the Triple Choice Plan and the High Deductible Health Plan Networks
 - *Look for the symbols* to help you lower your cost
 - Cost: As previously mentioned, both plans have deductibles that you need to meet before the plan pays for healthcare coverage
 - You pay more for out-of-network services

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To know which plan works best for you, visit ALEX to figure out how premiums and deductibles work for your budget or simply **PAGE DOWN TO ANIMATE**

- Figure out your annual premium **PAGE DOWN TO ANIMATE**
- Next compare the different deductible amounts for each plan **PAGE DOWN TO ANIMATE**
- Take into consideration the out-of-pocket maximum, which is the most you pay for healthcare expenses **PAGE DOWN TO ANIMATE**
- For the High Deductible Health Plan - remember that the state will provide a contribution into an HSA. Those funds can be used to pay deductibles and coinsurance **PAGE DOWN TO ANIMATE**
- You can also contribute to your HSA up to the IRS Max

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Now let's go over some claim scenarios so that you can see each plan side-by-side

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For the first scenario, Jessica is 34 and enrolled in an Employee Only plan

- Jessica has her annual preventive exam, but she has an accident and breaks her foot
- Let's take a look at her claims in both the Triple Choice Plan and High Deductible Health Plan:
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 - Her preventive exam is covered at no cost
 - Jessica has to meet a deductible before copays or coinsurance begins
 - Her estimated out-of-pocket expenses for the Triple Choice Plan are:
 - \$520 if she uses only Tier 1 providers - or
 - \$1,120 if she uses a mix of Tier 1 & Tier 2 providers
 - For the High Deductible Health Plan, her cost is \$1,585 - keep in mind that the State is contributing to her HSA which she can use toward her expenses - **PAGE DOWN TO ANIMATE** reducing her cost to \$865

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The next scenario, Richard is 38 and enrolled in an Employee Only plan

- Richard has his annual preventive exam, but is also a diabetic
- Let's take a look at his claims in both the Triple Choice Plan and High Deductible Health Plan:

- His preventive exam is covered at no cost
- Richard has to meet a deductible before copays or coinsurance begins for his remaining doctor visits and labs
- His estimated out-of-pocket expenses for the Triple Choice Plan are:
 - \$1,500 if he uses only Tier 1 providers - or
 - \$2,065 if he uses a mix of Tier 1 & Tier 2 providers
- For the High Deductible Health Plan, his cost is \$2,350 - keep in mind that the State is contributing to their HSA which he can use toward his expenses - **PAGE DOWN TO ANIMATE** reducing his cost to \$1,630

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In the last scenario, Richard and Jessica are Married and are enrolled in a Family plan. They both have their annual preventive exams, Richard is a diabetic, and they are expecting a child.

- Let's take a look at their claims in both the Triple Choice Plan and High

Deductible Health Plan:

- Their preventive exams are covered at no cost
- When Richard or Jessica visit the doctor or have lab services, they will need to meet the deductible before copays or coinsurance begin

- With all of their office visits, labs, and other services, their estimated annual out-of-pocket expenses for the Triple Choice Plan are:
 - \$1,825 if they use only Tier 1 providers - or
 - \$3,385 if they use a mix of Tier 1 & Tier 2 providers
- For the High Deductible Health Plan, their cost is \$4,345 - keep in mind that the State is contributing to his HSA which can be used toward their expenses - **PAGE DOWN TO ANIMATE** reducing their costs to \$2,905

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Now let's review your Pharmacy Benefit

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MedImpact is our Pharmacy Benefit Manager (also known as a PBM).

- MedImpact maintains the formulary and the network of pharmacies. The formulary changes at least quarterly and you must use an in-network pharmacy to fill your prescriptions.
- The medical plan is not the pharmacy vendor. So if you have any questions or concerns regarding your prescription drugs, you can contact MedImpact.

- The information about your prescription drug program is located on your medical ID card.
- MedImpact as our PBM has many resources.
 - For example, if you are currently taking medication for high cholesterol such as Crestor, MedImpact can tell you if the medication is on the formulary and they can also tell you if there is something comparable you can take that could possibly be less expensive.
 - Other resources they have are the online capabilities. They will keep track of current medications and medications that you have taken in the past for easy reference.
 - You can compare costs based on the pharmacy and find out which closest pharmacy has your prescription available
 - And, you can view your year-to-date prescription drug expenditures

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- The only changes that will happen for 2021 will be the specialty pharmacy and mail order vendors.
 - MedImpact Direct will be replacing AllianceRx Walgreens
- The prescription drug copayments will not be changing in 2021, they remain

- \$15 for Generic
- \$40 for Preferred Brand
- \$60 for Non-Preferred Brand
- You can take advantage of mail order for prescriptions that you take regularly, such as your maintenance medications.
- If you are currently using mail order and specialty drugs, you will receive information from MedImpact within the next few weeks.
- For the High Deductible Health Plan, there are some drugs where you pay 100% of the medication before the deductible is met - this cost will apply toward your out-of-pocket maximum
- Copayments also apply toward your out-of-pocket maximum

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We would now like to invite our two medical vendors to explain their specific features as part of your medical plan

- BlueCross Blue Shield of Arizona will share more about the programs they offer

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- UnitedHealthcare will share more information about the program they offer

Thank you

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Open enrollment for 2021 benefits, is an ACTIVE enrollment

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To start the enrollment process, take time to learn more about your benefit options.

- Start by visiting our website where you will find the enrollment guide you received in the mail
- There are videos available to give you more information about the different medical plan features and how to find a provider
- There is an decision support tool, called ALEX, that is available to help you understand the differences between each medical plan option
 - With the ALEX tool, you will answer a few simple questions regarding who you will be covering on your plan, how often you will use services, and how often you fill prescriptions medication

- The end results will provide a suggestion of which plan option may work best for you and your medical needs
- Please note that using ALEX will not enroll you in your benefits, you must go to the Y.E.S. portal to make an election to maintain your benefits
- Enrollment in the Y.E.S. portal is required, no paper forms will be accepted
- Once in the portal you will follow the steps on the screen to enroll in each benefit plan
- After completing your enrollment, a confirmation email will be sent to your work and personal emails
- Review the enrollment information to ensure that your elections are correct and save the email for future reference

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If you are having trouble with the Y.E.S. portal, you may contact the HRIS Service

Desk to assist, however:

- For password reset issues, the HRIS Service Desk is no longer able to reset your password
 - You must use the Employee Resources in the Y.E.S. portal to reset your password

- Some issues can be resolved by using the correct browser
 - Microsoft Edge and Internet Explorer or no longer supported browsers
 - Only Google Chrome, Microsoft Edge Chromium, Apple Safari, and Mozilla Firefox can be used
 - Also, iPhones and iPads are not supported

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- A few other items to keep in mind while you are completing your enrollment
 - Please review your demographic information
 - If your mailing address, phone number, or email address are incorrect, please make sure to correct this information
 - This information is used to communicate with you about your benefits
 - All dependents enrolled in the plan are required to have a social security number per federal law
 - Dual coverage, or duplicate enrollment, is not permitted
 - This means that if you and your spouse are both state, university, or retirees enrolled in the plan, you cannot enroll each other as dependents on the plan

- Your children also cannot be enrolled twice - once by you and also by your spouse - you should decide who will cover a child. This situation tends to occur when there are two children in a family plan.
- As you may know, dependent children can be enrolled in their parent's plan up to age 26. If you are a dependent child on your parent's plan and also a state employee, you can only be enrolled in once - you will either need to be the subscriber to your own plan or be a dependent on your parent's plan.
- There are other scenarios that may occur, please refer to the enrollment guide for more information
- Finally, review your beneficiary information for your life insurance
 - As you may know, the State automatically covers you for \$15,000 in life and AD&D insurance
 - Please review your beneficiary information to ensure that it's up-to-date
 - If you have supplemental life insurance, the beneficiary for that benefit should also be reviewed and updated if needed

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This concludes our presentation for today. Thank you all for your participation, and special thanks to our vendors who participated as well. Please be sure to complete our survey.

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You may contact us directly any time via a phone call or email.

Thank you and have a great day!