



**HEALTH INSURANCE OPEN ENROLLMENT
INFORMATION SHEET FOR ACTIVE SAANYS MEMBERS
(200 Day Administrators)
Effective 7/1/2019**

June is open enrollment for the BOCES sponsored Health, Dental and Vision Plans. Any changes you wish to make to your health plans must be requested no later than **6/26/19** to be effective **7/1/19**. As always please feel free to contact the Benefit Coordination office with any questions, concerns or to request change forms at (518) 746-3303/581-3303 or kincaid@wsweboces.org.

All Notices referenced in this document are located on the BOCES website www.wsweboces.org (under Staff Resources, Human Resources, Employee Benefits). Paper copies are available upon request.

Summary of Benefits and Coverage (SBC) documents

As part of the Affordable Care Act (ACA), the BOCES is required to provide all eligible employees and retirees with a copy of the SBC documents for each plan offered. See SBC documents located on the BOCES website.

Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, New York State may have a premium assistance program that can help pay for coverage. See the CHIPRA notice located on the BOCES website.

Plan Options

The benefit comparison charts are available on the BOCES website. Reminder: notify the Benefits Coordination office by June 26th if you wish to change plans.

SAANYS 20 payroll deductions

	Single		Two Person		Family	
	Per Pay*	Annual	Per Pay*	Annual	Per Pay*	Annual
<u>Empire Blue Cross Alternate PPO</u> <i>(Health, Prescription Drug & Vision)</i>						
16%	\$68.26	\$1,365.12	\$133.10	\$2,661.96	\$197.95	\$3,958.92
<u>Empire Blue Cross HRA¹</u> <i>(Health, Prescription Drug & Vision)</i>						
12%	\$35.41	\$708.12	\$69.05	\$1,380.96	\$102.69	\$2,053.68
<u>Empire Blue Cross Dental</u>						
17%	\$3.39	\$67.68	N/A	N/A	\$8.97	\$179.40
20%	\$3.99	\$79.68	N/A	N/A	\$10.56	\$211.08
<u>Fitzharris & Co. Vision</u>						
17%	\$0.33	\$6.60	N/A	N/A	\$0.95	\$18.96
20%	\$0.39	\$7.68	N/A	N/A	\$1.12	\$22.32

¹Annual HRA Employer Contribution toward deductible: \$1,000 Individual/\$2,000 Family