



**HEALTH INSURANCE OPEN ENROLLMENT
INFORMATION SHEET FOR ACTIVE
NON-UNIT GROUP 1 & 2 (10 & 11 Month Staff)
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 lkincaid@wswebooces.org.

All Notices referenced in this document are located on the BOCES website www.wswhebooces.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.

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. For more information 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 or opt out of Health insurance for 2019-2020.

Group 1 & 2 (20 Payrolls)

	Single		Two Person		Family	
	Per Pay	Annual	Per Pay	Annual	Per Pay	Annual
<u>Empire Blue Cross Alternate PPO</u>						
12%	\$51.20	\$1,023.84	\$99.83	\$1,996.44	\$148.46	\$2,969.16
<u>Empire Blue Cross HRA¹</u>						
6%	\$17.71	\$354.12	\$34.53	\$690.48	\$51.53	\$1,026.84
<u>WSWHE Counties Trust Gold Plan</u>						
12%	\$40.58	\$811.44	\$79.12	\$1,582.32	\$117.66	\$2,353.08
<u>Empire Blue Cross Dental²</u>						
13%	\$2.60	\$51.84	N/A	N/A	\$6.86	\$137.16
15%	\$2.99	\$59.76	N/A	N/A	\$7.92	\$158.28
20%*	\$3.99	\$79.68	N/A	N/A	\$10.56	\$211.08
<u>Fitzharris & Co. Vision²</u>						
13%	\$0.26	\$5.04	N/A	N/A	\$0.73	\$14.52
15%	\$0.29	\$5.76	N/A	N/A	\$0.84	\$16.80
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

²No changes to the Dental & Vision contribution rates:

13% Non-Unit Personnel hired on or before 6/30/2011

15% Non-Unit Personnel hired between 7/1/2011-6/30/2012

*20% Non-Unit Personnel hired on or after 7/1/2012