



**HEALTH INSURANCE OPEN ENROLLMENT  
INFORMATION SHEET FOR ACTIVE NON-UNIT GROUP 3  
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 [lkinaid@wsweboces.org](mailto:lkinaid@wsweboces.org).

All Notices referenced in this document are located on the BOCES website [www.wsweboces.org](http://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.

**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 26<sup>th</sup>** if you wish to change plans or opt out of Health insurance for 2019-2020.

**Group 3      25 Payroll Deductions**

	<b>Single</b>		<b>Two Person</b>		<b>Family</b>	
	<b>Per Pay</b>	<b>Annual</b>	<b>Per Pay</b>	<b>Annual</b>	<b>Per Pay</b>	<b>Annual</b>
<b><u>Empire Blue Cross Alternate PPO</u></b> <i>(Health, Prescription Drug &amp; Vision)</i>						
16%	\$54.61	\$1,365.12	\$106.48	\$2,661.96	\$158.36	\$3,958.92
<b><u>Empire Blue Cross HRA<sup>1</sup></u></b> <i>(Health, Prescription Drug &amp; Vision)</i>						
8%	\$18.89	\$472.08	\$36.83	\$920.64	\$54.77	\$1,369.08
<b><u>WSWHE Counties Trust Gold Plan</u></b> <i>(Health, Prescription Drug &amp; Vision)</i>						
16%	\$43.28	\$1,081.92	\$84.39	\$2,109.72	\$125.51	\$3,137.52
<b><u>Empire Blue Cross Dental<sup>2</sup></u></b>						
17%	\$2.72	\$67.68	N/A	N/A	\$7.18	\$179.40
20%	\$3.19	\$79.68	N/A	N/A	\$8.45	\$211.08
<b><u>Fitzharris &amp; Co. Vision<sup>2</sup></u></b>						
17%	\$.27	\$6.60	N/A	N/A	\$.76	\$18.96
20%	\$.31	\$7.68	N/A	N/A	\$.90	\$22.32

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

<sup>2</sup>No changes to the Dental & Vision contribution rates:

17% Unit Members hired before 7/1/2012

20% Unit Members hired on or after 7/1/2012