



2020 OPEN ENROLLMENT

Open Enrollment Period: November 7th – November 22nd

2020 Benefit Highlights:

- Valley Health Systems is converting to a calendar plan year in 2020, so the plan year will run from January 1st to December 31st.
- There will be no increase to payroll deductions for the 2020 Plan year
- A spousal affidavit is required to cover a benefit eligible spouse under our medical plan.
- If you have not already completed your CHRA requirements, you will be required to do so by November 22nd in order to avoid a surcharge.

2020 Benefit Changes:

- The new Medical Plan administrator is Blue Benefit Administrators (BBA)
 - BBA is an independent affiliate of Blue Cross Blue Shield of Massachusetts with access to a broad, national provider network
- Rx copays will increase for Tiers 2 and 3 only. Copays will be as follows: \$15/30/50 (Retail); \$30/60/100 (Mail)

Join us for the 2020 Benefits Expo! This year's theme will be: **FALL**
Date: Thursday, November 7th
Time: 7:30 am – 5:00 pm
Location: ACC

OPEN ENROLLMENT Action Items Due by November 22nd

Via Intranet - HRP Self Service

- ✓ Add/Drop coverage for yourself and/or dependents
 - A spouse includes your legally married husband or wife (you cannot enroll a spouse from who you are divorced or legally separated)
 - A legally married spouse with access to their own employer-sponsored coverage is not eligible to join the Valley Health Medical plan.
 - A spousal affidavit is required to cover all benefit eligible spouses on out Medical plan
- ✓ Enroll for the first time in Medical, Dental, or Vision benefits
- ✓ Enroll in the Healthcare and/or Dependent Care Flexible Spending Account(s) – even if you are enrolled today. Current elections will not carry forward to next plan year.

Form(s) to be returned to Amy Smith: smith_amy@holyoakehealth.com

- ✓ Spousal affidavit to cover qualified spouse
- ✓ Optional Life form, if electing coverage for the first time
- ✓ LegalShield enrollment form, if electing coverage

Complete CHRA Via UMR Member Portal (EE and Spouse)

- ✓ Log on to your member portal at www.umar.com
- ✓ Select **Get Started!**
- ✓ Under **Clinical health risk assessment (CHRA)**, press **Start**
- ✓ Hit **Submit** once you have answered all questions

– **If you did not satisfy the requirement for the current plan year or were a new hire between 11/1/2018 – 6/30/2019, you have until 11/22/2019 to complete and avoid a surcharge as of 1/1/2020.**

- If you have already satisfied the requirement: no additional action is required at this time.
- If the CHRA is not completed, a \$25 surcharge for the employee and \$25 for eligible spouse will be applied.



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NOTE: After the Open Enrollment Period, you will not be eligible to make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time to full-time

You have **30** days from a change in family status to make changes to your current coverage.

MEDICAL – BLUE BENEFIT ADMINISTRATORS (BBA)

Employee Per Pay Period (Bi-Weekly) Payroll Deductions – Effective January 1, 2020

Medical	Bi-Weekly Cost
EE*	\$50
EE + Child(ren)*	\$105
Family*	\$130

If employee and/or spouse do not complete the CHRA a \$25 surcharge will be applied for each participant that does not complete the activities (\$50 total)

Plan Design

Description	Tier 1 – Valley Health Systems	Tier 2	Tier 3
Annual Preventive Care	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit	\$20 Copay	\$20 Copay	\$20 Copay
Specialist Office Visit	\$35 Copay	\$35 Copay	\$35 Copay
Emergency Room Copay	\$150 Copay	\$150 Copay	\$150 Copay
Deductible (Ind. / Fam.)	N/A	N/A	\$2,000 / \$4,000
Out of Pocket Maximum	Individual - \$7,350 / Family - \$14,700		
Inpatient Hospital Copay	Covered in Full	20% Coinsurance after \$650 Copay	\$650 Copay, then 20% Coinsurance after Deductible
Outpatient Hospital Copay	Covered in Full	20% Coinsurance after \$650 Copay	\$650 Copay, then 20% Coinsurance after Deductible
MRI, CT, PET	Covered in Full	20% Coinsurance after \$650 Copay	\$650 Copay, then 20% Coinsurance after Deductible
Ultrasound, X-rays, Non Routine Mammograms	Covered in Full	20% Coinsurance	20% Coinsurance after Deductible
Lab Work	Covered in Full	20% Coinsurance	20% Coinsurance after Deductible
Prescription Drugs	At a Pharmacy (up to a 30-day supply)		Mail Order (90-day supply)
Generic	\$15 Copay		\$30 Copay
Preferred	\$30 Copay		\$60 Copay
Non-Preferred	\$50 Copay		\$100 Copay

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DENTAL – DELTA DENTAL

Valley Health Systems continues to partner with Delta Dental, offering both a High & Low Plan for 2020.

Employee Per Pay Period (Bi-Weekly) Payroll Deductions – Effective January 1, 2020

Election	Low Plan	High Plan
Employee only	\$6.00	\$12.00
Family	\$18.60	\$37.00

Plan Design

	Low Plan	High Plan
Calendar Year Max	\$750	\$1,250
Calendar Year Deductible	\$25/\$75	\$25/\$75
Preventive – Type I	100%	100%
Basic – Type II	80%	80%
Major – Type III	50%	50%
Orthodontia	50%	50%
Ortho Lifetime Max	\$1,000	\$1,000

VISION – EYEMED

The Vision plan will continue to be offered through EyeMed with no plan design or contribution changes.

Employee Per Pay Period (Bi-Weekly) Payroll Deductions – Effective January 1, 2020

Election	Vision
Employee only	\$2.76
Family	\$7.03

Plan Design

Benefit	Frequency	In-Network Cost
Exam		
With Dilation as Necessary	12 Months	\$10 Copay
Frames		
Any available frame at provider location	24 Months	\$0 Copay, \$130 Annual Allowance, 20% off balance over \$130
Contact Lenses (in lieu of frames)		
Conventional, Disposable	12 Months	\$130 Annual Allowance, 15% off balance over \$130
Medically Necessary	12 Months	Covered in Full
Standard Lenses		
Single, Bifocal, Trifocal, Lenticular Lenses	12 Months	\$25 Copay
Standard Progressive	12 Months	\$75 Copay

FLEXIBLE SPENDING ACCOUNTS – SENTINEL BENEFITS

Valley Health Systems offers Healthcare and Dependent Care Flexible Spending Accounts through Sentinel Benefits. A Healthcare FSA allows employees to set aside pretax income to pay for health, dental, vision services, such as copays, coinsurance, eyeglasses or contacts, dental services including orthodontia, chiropractic services and more. A Dependent Care FSA may be used toward the cost of adult dependent care, day care, or preschool.

The Healthcare Flexible Spending Account includes a carryover provision, allowing you to carryover up to \$500 of unused balance into the following plan year. The Dependent Care FSA includes a grace period, which allows an additional 2.5 months after the close of the plan year for you to incur claims. Key FSA deadlines are noted below:

Plan Year 2019 FSA Key Dates		
	Healthcare FSA	Dependent Care FSA
Last Date to Incur Expenses	December 31, 2019	March 15, 2020
Last Date to Submit Expenses	March 31, 2020	March 31, 2020

You may enroll in the FSA plans regardless of whether you are enrolled in other Valley Health Benefit Plans.

Contributions to your FSA come out of your paycheck pre-tax. This means that you do not pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

2020 Annual FSA Maximum Contribution Amounts	
Healthcare FSA	Dependent Care FSA
\$2,750	\$2,500 Individual
	\$5,000 Family

LEGAL PROTECTION- LEGALSHIELD

Monthly Cost	Legal
Rate	\$18.75

For more information visit:
benefits.legalshield.com/holyoke

LegalShield provides employees with access to affordable legal protection. With LegalShield's legal plan, most legal matters are 100% covered including; adoption, divorce, name change, elder care, the purchase of a home, estate planning, wills, and much more. When faced with a legal event, you will be connected to your local attorney firm to resolve your matter. Lawyers have on average over 15 years of experience in their practice. And they will handle your case from start to finish. Services include: consultation and advice, document review and preparation, phone calls on your behalf, court representation, and more.

OPTIONAL LIFE – PRUDENTIAL

Valley Health Systems wants to provide you with the opportunity to help financially prepare for life's unexpected challenges. Optional Life and Optional Accidental Death & Dismemberment Insurance can help your loved ones pay for current and future expenses if you are no longer there.









If you are interested in enrolling or increasing your coverage for January 1, 2020, this will require Evidence of Insurability, meaning you will need to complete the medical underwriting process. The premium cost is deducted directly from your paycheck, and in the event you leave employment with Valley Health Systems you can take your coverage with you.

LIFE AND DISABILITY – PRUDENTIAL

The Basic Life and Accidental Death and Dismemberment benefit is equal to 1x your annual compensation, to a maximum of \$300,000. To be eligible for Life/AD&D benefits, you must be an active, full time employee scheduled to work a minimum of 30 hours per week.

Long Term Disability (LTD) offers coverage if you are out of work due to accident or illness for an extended period of time. The Prudential LTD benefit is equal to 60% of your monthly earnings to a maximum of \$8,000 per month. LTD benefits are available for active, full time employees scheduled to work a minimum of 30 hours per week.

CONTACT INFORMATION

Coverage	Vendor	Member Services	Website
Medical	 BLUE Benefit ADMINISTRATORS OF MASSACHUSETTS	(877) 707-2583 (M – F; 8a – 6p EST)	www.bluebenefitma.com
RX	 EXPRESS SCRIPTS®	(800) 282-2881	https://express-scripts.com/
Dental	 DELTA DENTAL	(800) 521-2651	https://www.deltadentalma.com/
Vision	 eye Med	(866) 939-3363	www.eyemedvisioncare.com
FSA	 Sentinel Benefits & FINANCIAL GROUP	(888) 762-6088 Hours: 8am-6pm (M-F)	www.sentinelgroup.com
Life & Disability	 Prudential	(800) 778-2255	https://www.prudential.com/
LegalShield	 LegalShield	(800) 654-7757	benefits.legalshield.com/holyoke
General Benefits Questions	 Valley Health Systems, Inc.	Amy Smith: (413) 535-4724 Susan Ware: (413) 540-5098	Smith_amy@holyokehealth.com Ware_Susan@holyokehealth.com