



WAYNE LOCAL SCHOOL DISTRICT INSURANCE - OPEN ENROLLMENT

OPEN ENROLLMENT – January 1, 2025

October 14th – November 1st, 2024

Open Enrollment is here! The Open Enrollment period allows you to make changes to your benefits that will take effect on **January 1, 2025**. Open enrollment is the only time each year you can change your benefit elections without a “qualifying event”. Review the plan offerings and premium contributions, then select the options that are right for you and your family.

Think about anything that changed in the past year and changes that you are anticipating for the next year. Did you get married or are you expecting a baby? Have you or anyone in your family developed a chronic health condition? If so, you might need to make some changes to your current plans.

Even if you are not making changes, you must re-enroll every year.

Even if you are not electing to enroll in the District insurance, you must log into Benelogic to decline coverage, as well as review/update your dependents for life insurance.

Your plan information can be found [here](#) on the EPC website.

What’s new this year?

Medical

There are no changes to the medical plan.

Pharmacy

90-day refills are now available at CVS, Kroger, and Costco.

Dental

There are no changes to the dental plan.

Vision

The district will offer VSP Vision Coverage beginning in 2025. See [VSP Vision Plan Summary](#) for more information.

My Life Changed!

During the plan year, you may experience a Qualifying Event that allows you to make changes to your current elections. The change must be made **within 31 days of the event**. Information regarding your special enrollment rights is contained in the General Health Notices-Special Enrollment Rights. Some of the Qualifying Events are listed below:

Marriage Divorce Birth/Adoption Death Loss of coverage

Who can I cover on my health plan?

Spouse - Your legally married (including same sex) spouse, not legally separated or divorced.

Children - Your or your spouse's natural or adopted child and/or a child for whom you are the legal guardian up to age 26.

Disabled Child Aged 26 or Older: Children who are mentally or physically disabled and totally dependent on the Employee for support, regardless of age. Additional paperwork may be required.

What documentation do I need for my dependents?

Documentation is required to enroll **new** dependents on your benefit plans. These documents need to be submitted **within 31 days** of the enrollment event and **should be added directly to the File Cabinet in Benelogic**.

- Birth certificates
- Court Stamped/Filed Marriage certificate – not the license or church certificate
- Recent 1040 Tax Form – Front Page only, can redact all but the last 4 of SSN's.
- Adoption documents
- Court Stamped/Filed Divorce decree
- Legal guardianship

Coverage for new dependents will be terminated if the required documents are not submitted.

What if I'm getting close to retirement?

It's never too early to start planning for a happy and healthy retirement. Please register for a free retirement planning webinar with [RetireMed](#). They will inform you about retirement health plan options, including STRS and SERS. Medicare eligibility should be researched at least six months *prior* to turning age 65, regardless of when you plan to retire.

What does insurance cost?

The district offers a High Deductible Health Plan with a Health Savings Account for eligible employees. The annual deductible is \$2,000 for an employee only and \$4,000 for an employee+kids or a family plan.

Full time employees (certified staff that work over 18 hours/week, non-certificated staff hired before August 2013 that work more than 20+ hours/week, non-certificated staff hired after 2013 that work 25+ hours/week) pay 5% of the premium for an employee only health insurance plan, 10% of the premium for an employee + kids plan, and 17.5% of the premium for a family plan. The District also makes a contribution to the employee's Health Savings Account (HSA) or HRA equal to 50% of the deductible (for full-time employees) - \$1,000 for employee only plan; \$2,000 for an employee+kids or a family plan. Dental and life insurance are paid in full by the District. The district offers vision insurance, with employees paying the full amount of the premium.

Employees who work part-time are eligible for benefits at prorated rates.

2025 INSURANCE RATES			
CERTIFICATED HEALTH INSURANCE - FULL TIME (18+ HRS/WK)			
	Premium	Employee	District
Employee - 5%	\$928.64	\$46.43	\$882.21
Emp+Kids - 10%	\$1,725.89	\$172.59	\$1,553.30
Family - 17.5%	\$2,643.19	\$462.56	\$2,180.63
CLASSIFIED HEALTH INSURANCE - FULL TIME (25+ HRS/WK)			
*Employees hired before 8/2013, full time at 20 hrs/week			
	Premium	Employee	District
Employee - 5%	\$928.64	\$46.43	\$882.21
Emp+Kids - 10%	\$1,725.89	\$172.59	\$1,553.30
Family - 17.5%	\$2,643.19	\$462.56	\$2,180.63
CLASSIFIED HEALTH INSURANCE - PART TIME (15-24 HRS/WK)			
	Premium	Emp-50%	District -50%
Employee - 5%	\$928.64	\$464.32	\$464.32
Emp+Kids - 10%	\$1,725.89	\$862.95	\$862.95
Family - 17.5%	\$2,643.19	\$1,321.60	\$1,321.60
DENTAL INSURANCE (CERT AND CLASS - FULL TIME)			
	Premium	Employee	District
Employee	\$38.95	\$0.00	\$38.95
Family	\$98.53	\$0.00	\$98.53
DENTAL INSURANCE (CLASSIFIED PT 15-24 HRS/WK)			
	Premium	Emp-50%	WLS-50%
Employee	\$38.95	\$19.48	\$19.48
Family	\$98.53	\$49.27	\$49.27
VISION INSURANCE			
	Premium	Employee	District
Employee	\$7.89	\$7.89	\$0.00
Family	\$18.36	\$18.36	\$0.00

Health Savings Account (HSA) Eligibility

If you are enrolled in a High Deductible Health Plan (HDHP) and you (or the district) make contributions to your HSA account (including any District contribution), you cannot be covered by any other healthcare plan. Other health plans include Medicare, Medicaid, Tricare, an HRA or full medical FSA and any other first dollar coverage plans.

If an employee waives ALL parts of Medicare they can continue to contribute to an HSA. When an employee enrolls in Medicare, the coverage is backdated up to six months or to age 65, *whichever is shorter*.

Employees that are not eligible for an HSA may be eligible for a Health Reimbursement Arrangement. Contact the Treasurer's office if this applies to you.

The 2025 maximum HSA contributions (including what the District provides) are:

- \$4,300 single
- \$8,550 family
- \$1,000 over age 55 catch-up

More information about HSA accounts can be found [HERE](#).

HSA Contributions

You have the option to contribute to an HSA account **at WPCU or through American Fidelity**.

If you are enrolling in a HDHP for the first time, you may need to open an HSA account, either at Wright Patt Credit Union or through American Fidelity. You need to update your HSA contribution each year, however you can make changes throughout the year if necessary.

- **You will need to complete a paper H.S.A. form, if you want to contribute through payroll deductions, and turn in to the Treasurer's office.**

American Fidelity

After the Open Enrollment period has ended, a representative from American Fidelity will send out an invitation to schedule an appointment. **Each employee must meet with the representative to comply with IRS requirements for pre-tax insurance deductions.**

You may also elect/update voluntary policies (such as disability, cancer, limited FSA) at this time.

Let's Get Enrolled!

During open enrollment you will make your benefit elections in Benelogic, the EPC's online enrollment system. You can also review or update your life insurance beneficiaries.

The Benelogic site is <https://epc-online.benelogic.com/>

For help with Benelogic go to [How to use Benelogic for Open Enrollment](#)

Once you have submitted your benefit elections and the enrollment deadline has passed, you will not be able to make changes until the next Open Enrollment period unless you have a Qualifying Event.

Required Notifications – click for link to website

- [General Health Notices - Includes GINA, Special Enrollment Rights, WHCRA](#)
- [Medicare Part D Notice](#)
- [CHIP Model Notice](#)
- [EPC Privacy Notice](#)
- [Patient Protections Against Surprise Billing Notice](#)
- [Exchange Notice](#)

If you have questions about open enrollment, please ask. Start reviewing your benefit plan materials today and make your elections before the enrollment period ends!

Wellness Opportunities

The District offers wellness benefits through the [EPC Wellness Plan](#) at no cost to employees or the district:

- **Lark Diabetes Prevention Program** – for Anthem members, along with spouses and adult dependents. Lark is an AI-powered health coach that provides personalized support for various wellness goals, including weight management, nutrition, physical activity, and stress management. The platform leverages artificial intelligence to provide users with tailored health guidance, behavioral insights, and real-time feedback. Lark integrates with various health devices and apps, providing a comprehensive view of the user's health and progress.
- **Employee Assistance Program** – This is available to all EPC Plan districts and provides a range of services to support employees' mental, emotional, and personal well-being. The program is designed to help individuals manage stress, improve work-life balance, and address personal challenges that may impact their overall health and productivity. No cost crisis counseling 24/7, financial, legal consulting, child, and elder resources. Services are confidential, which encourages employees to seek help without concerns about privacy. This is provided through Anthem EAP, but it is available to all district employees.
- **Hello Heart** – For all members enrolled in the medical plan, as well as spouses and adult dependents. It is a digital health platform designed to help individuals manage and improve their heart health. The program focuses on monitoring key cardiovascular metrics, promoting healthy habits, and providing personalized insights to reduce the risk of heart disease. Eligible members receive an app connected blood pressure monitor that provides real-time feedback and trends over time.
- **Hinge Health** – For all members enrolled in the medical plan, as well as spouses and adult dependents. Provides personalized care for musculoskeletal (MSK) conditions, such as chronic back, knee, hip, shoulder, and neck pain. The program combines technology with human support to help users manage pain, improve mobility, and avoid unnecessary surgeries or medications. Eligible members can access care anytime and anywhere through the app, making it convenient for those with busy schedules or limited access to in-person therapy.