



Hello and Welcome from the UNT System-Human Resources-Benefits Team!


Today, I will guide you through:

- \* What is Summer Enrollment and the options you have during this time.
- \* the benefit plan changes that will go into effect September 1, and
- \* When you will need to complete your summer enrollment.

I will also guide you on:

- \* popular benefit plan options offered to you and your eligible dependents.
- \* key benefit actions you may need to initiate and
- \* will provide you with more information on how the Benefits team will be assisting you during Summer Enrollment.

Let's get started!



**Human Resources**

## What is Summer Enrollment?


- This **annual summertime event** allows employees to make changes to current benefit elections.
- All changes or re-elections will go into effect September 1, 2020 through August 31, 2021.
- Summer Enrollment is administered by the Employees Retirement System of Texas (ERS) and is monitored by the UNTS HR Benefits Team.

### What is Summer Enrollment?

Summer Enrollment is an ANNUAL SUMMERTIME EVENT that allows all eligible employee to make change to their current benefit elections.

\* Such as changing coverage levels by adding or dropping your eligible dependents, or enrolling in a different medical plan.

- All changes made during Summer Enrollment will go into effect September 1, 2020 through August 31, 2021.
  - This period of time is also known as the 2021 plan year.
- As a reminder, Summer Enrollment is administered by the Employees Retirement System of Texas (ERS) and is monitored by the UNTS HR Benefits Team.




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## Summer Enrollment Options

- Enroll, change, or waive benefit elections for medical, dental, and/or vision plans.
  - If medical coverage is waived, an opt-out credit may apply.
- Enroll, change, or waive TexFlex elections.
- Add or drop eligible dependent(s).
- Apply for Short-Term Disability and/or Long-Term Disability (\*\*EOI will be required).
- Apply for Optional and/or Dependent Term Life (\*\*EOI will be required).

\*\*Evidence of Insurability



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### Summer Enrollment Options

You may Enroll, change, or waive benefit elections for medical, dental, and/or vision plans.

- If you choose to WAIVE medical coverage you may be eligible to receive an OPT OUT CREDIT if comparable medical coverage applies.
  - For Full time employees you're eligible for \$60 credit and for part-time employees, you're eligible for \$30 credit.
  - This credit will be applied towards your dental, vision, and/or AD&D premiums, if elected.


You may Enroll, change, or waive TexFlex elections.

You may Add or drop eligible dependent(s).

- Eligible Dependents include: an employee's spouse, natural child, adopted child, step child, or court-appointed ward.

You may Apply for Short-Term Disability and/or Long-Term Disability.


You may Apply for Optional and/or Dependent Term Life.



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## What's Changing This Year?

- There are **NO** rate **INCREASES**!
- As of September 1, some diabetic supplies will be offered at a \$0 copay through the HealthSelect RX program.
- TexFlex Spending Accounts
  - IRS increased contribution limits for health-care and limited flexible spending accounts from \$2,700 to \$2,750.
  - HCRA and LFSA carryover provision increased from \$500 to \$550 for the plan year ending August 31, 2021.



### READ: What's Changing This Year?

There are **NO** rate **INCREASES**!

- However, there are minor medical plan premium *decreases*.


As of September 1, some diabetic supplies will be offered at a \$0 copay through the HealthSelect RX program.

- You may contact Optum RX for more details.

#### TexFlex Spending Accounts

The health-care and limited flexible spending account contribution limits are increasing by \$50.

The health-care and limited flexible spending account carryover provisions are increasing by \$50 for the 2021 plan year.




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## What's Changing This Year?

- State of Texas Vision
  - In-Network allowance will increase from \$150 to \$200 for frames or contacts.
- Tobacco-User Status
  - Participants using **e-cigarettes** or **vaping** products will be considered tobacco users and are required to certify themselves and dependents as users.
- Blue Cross Blue Shield will begin to manage mental health benefits for all Health Select plans.

To review more information, please visit <https://hr.untsystem.edu/benefits>



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## Additional changes include:

### State of Texas Vision

The vision In-Network allowance will increase by \$50 for frames or contacts effective Sept. 1<sup>st</sup>.

### Tobacco-User Status


Participants using **e-cigarettes** or **vaping** products will be considered tobacco users and are required to certify themselves and/or their dependents as users.

Reminder to All employees enrolled in Medical plan: You are required to certify yourself and your dependents when going through enrollment.

Blue Cross Blue Shield will begin to manage mental health benefits for all Health Select plans.

\*\*\*Currently, Magellan is managing mental health benefits for the Health Select plans. This transition will not

change participants mental healthcare benefits. Covered services and member costs (any deductible, copays, coinsurance for mental health services) will remain the same.



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## Summer Enrollment Dates

Location	Dates
UNT-Denton	June 29 – July 11, 2020
UNT-HSC UNT-DAL UNT-SYS	July 6 – 18, 2020

- All changes made during Summer Enrollment will go into effect 9/1/2020. Premium changes will be reflected on your October paycheck.
- Per ERS administration, employee salary information is updated annually on September 1.
  - Premiums reflected in the enrollment portal for Optional Life and Disability plans will be calculated based on an your 2019 salary.

For more information, please visit <https://hr.untsystem.edu/benefits>

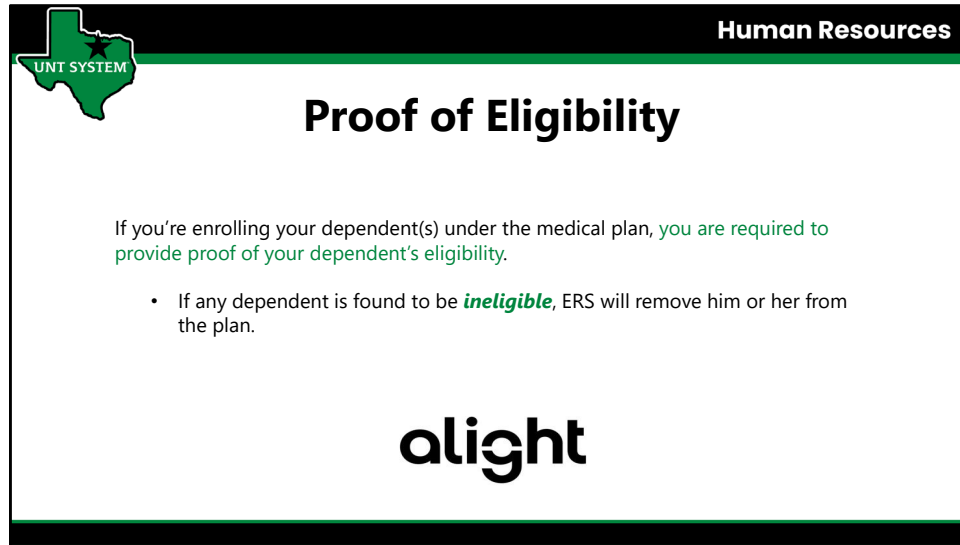
### Summer Enrollment Dates

For those of you located on the UNT-Denton campus, you enrollment window is June 29 – July 11, 2020

For those of you located on the other campuses, HSC, DAL, and SYS, you enrollment window is July 6 – 18, 2020

- As stated previously, all changes made during Summer Enrollment will go into effect 9/1/2020 and premium changes will be reflected on your October paycheck.
- Per ERS administration, employee salary information is updated annually on September 1.
  - Premiums reflected in the enrollment portal for Optional Life and Disability plans will be calculated based on an your 2019 salary.
  - If you received a salary increase between 09/01/2019 and 08/31/2020, please refer to the “How to Calculate My Premium” guide on the UNTS Human Resources Summer Enrollment webpage to manually calculate your new premium.






## Proof of Eligibility

If you're enrolling your dependent(s) under the medical plan, **you are required to provide proof of your dependent's eligibility.**

- Alight Verification Services is contracted by ERS to verify every dependent's eligibility.
- Alight will mail a packet which will include the steps for the Dependent Eligibility requirements.
  - So keep an eye for an mail from ERS and Alight Verification Services.

If any dependent is found to be **ineligible**, ERS will remove him or her from the plan.

- This includes if you do not complete the verification process timely. Your dependents will be dropped from the plan effective 9/1/20.

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## Evidence of Insurability (EOI)


Some benefit elections such as, [life insurance](#) or [disability insurance](#), require proof of good health.

- An EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage.
- **You will be required to initiate the EOI process** by requesting the EOI to be sent electronically to the email on file with ERS.
- If your coverage is denied, your previously elected coverage level will remain in effect.

## Evidence of Insurability (EOI)

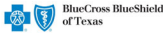
Some benefit elections such as, [life insurance](#) or [disability insurance](#), require proof of good health.

- An EOI is an application process in which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage.
- **You will be required to initiate the EOI process** by requesting the EOI to be sent electronically to the email on file with ERS.
  - Once received, the carrier will determine whether or not you're eligible for the coverage and ERS will update your benefits accordingly.
- If your coverage is denied, your previously elected coverage level will remain in effect.



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## Comparing Health Plans



	HealthSelect of Texas	Consumer Directed
	Point-of-Service Plan	High Deductible Plan with HSA
<b>Key Advantages</b>	<ul style="list-style-type: none"> <li>Lower out-of-pocket costs for in-network care.</li> <li>Copays for certain in-network service, like Primary Care office visits or specialist visits.</li> </ul>	<ul style="list-style-type: none"> <li>The University makes monthly contributions to employee's Health Savings Account (HSA).</li> <li>Employees can reduce taxable income by contributing funds pre-tax to your HSA.</li> <li><b>Referrals are not required.</b></li> </ul>
<b>Key Downsides</b>	<ul style="list-style-type: none"> <li><b>Referrals are required</b> for most specialty care.</li> <li>Premiums are higher for dependent coverage and part-time employees.</li> </ul>	<ul style="list-style-type: none"> <li>The plan pays nothing until the deductible is met.</li> <li>Employees must meet IRS guidelines to participate in a HSA.</li> </ul>

To review more information, please visit <https://healthselect.bcbstx.com/>

## Comparing Health Plans

Blue Cross Blue Shield will remain as our Medical carrier.

The HealthSelect of Texas plan is a Point-of-Service Plan. This means that you will have lower out-of-pocket costs for in-network care, such as copays for certain in-network service like a primary care visit or specialist visit. However, referrals are required for most specialty care. For example, if you need to see a back specialist, you must meet with your primary care physician first and then they can refer you to go see a back specialist and refer you to get a MRI.

The HS premiums are higher for dependent coverages and part-time employees.

The Consumer Directed Health Select plan is a high deductible plan with an HSA. This means you will be automatically enrolled in an Health Savings Account (HSA) and the University will deposit monthly contributions to this account.

- If you are covering just yourself, the university will deposit \$45 into your account.

- If you are covering yourself and at least one (1) eligible dependent the university will deposit \$90 into your account.

You can also contribution pre-tax dollars to your HSA through a payroll deduction which can reduce your taxable income.

A great advantage to this plan is that referrals are not required, so if you need to see a back specialist, you can see the specialist without having to go through your PCP.


*Just remember, to stay in-network to save the most money.*

As mentioned before, the Consumer Directed plan is a high deductible plan which means you are responsible for all of your health and RX expenses until the annual deductible is met.

After the deductible has been satisfied, the plan will begin to pay 80% of your claims until your out-of-pocket maximum is reached, then the plan will pay 100% of your claims until the end of the calendar year.


To be eligible to enroll in this plan, you much meet the IRS guidelines to participate in a HSA.

To review more information, review the BCBS ERS website. <https://healthselect.bcbstx.com/>



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## Comparing Dental Plans



	Dental HMO (DeltaCare)	Dental Choice (PPO)
Can I go to any dentist?	You must designate a DeltaCare USA primary care dentist (PCD) and visit this dentist to receive benefits.	You can visit any licensed dentist to receive coverage.
How much do I have to pay?	<ul style="list-style-type: none"> <li>Most covered services provided by your DeltaCare USA PCD have preset copayments (dollar amounts), which are listed in the online plan booklet.</li> <li>For specialty treatment you'll pay 75% of the in-network's dentist's usual fee.</li> </ul>	<ul style="list-style-type: none"> <li><b>Diagnostic &amp; Preventive services:</b> Your plan pays 100%, you pay nothing.</li> <li><b>Basic services:</b> Your plan pays 90%, you pay 10% after meeting the basic services deductible.</li> <li><b>Major services:</b> Your plan pays 50%, you pay 50% after meeting the major services deductible.</li> </ul>
How much does orthodontic treatment cost?	You pay 75% of the in-network orthodontist's total cost and the plan pays 25%.	The plan pays 50% of the dentist's charges up to the <b>lifetime maximum of \$2,000.</b>

To review more information, please visit [https://www.deltadentalins.com/group\\_sites/ERS/](https://www.deltadentalins.com/group_sites/ERS/)

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## Comparing Dental Plans

Delta Dental will remain as our Dental carrier.

HMO

**Under the HMO plan,** You must designate a DeltaCare USA primary care dentist (PCD) and visit this dentist to receive benefits. Or designate your dentist online or by calling Customer Service.

Most covered services provided by your DeltaCare USA PCD have preset copayments (dollar amounts), which are listed in the online plan booklet. For specialty treatment you'll pay 75% of the in-network's dentist's usual fee.

For orthodontic service, you will pay 75% of the in-network orthodontist's total cost and the plan pays 25%.

- It is best to double check with Delta Dental that your orthodontist is within the DeltaCare USA network, as some orthodontist travel to different dental offices and may not be in-network.


## PPO


**Under the PPO plan,** you can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.

- **For Diagnostic & Preventive services:** the plan pays 100%.
- **For Basic services:** the plan pays 90% of the service up to \$2,000 per calendar year and you pay 10% after meeting the deductible.
- **For Major services:** plan pays 50% of the service up to \$2,000 per calendar year and you pay 50% after meeting the deductible.

For orthodontic services, the plan pays 50% of the charges up to the **lifetime maximum of \$2,000** and you would pay for any remaining charges.

To review more information, please visit the Delta Dental ERS website, linked here:  
[https://www.deltadentalins.com/group\\_sites/ERS/](https://www.deltadentalins.com/group_sites/ERS/)



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## Comparing TexFlex Accounts

	Health Care FSA	Health Care Limited FSA	Commuter Spending	Dependent Care
<b>Annual Contribution</b>	Minimum \$180 Maximum \$2,750	Minimum \$180 Maximum \$2,750	Minimum \$15 Maximum \$270	Minimum \$180 Maximum \$5,000
<b>Eligible Expenses</b>	Use to pay eligible medical, dental, vision, hearing, and prescription drug expenses.	Use to pay eligible dental and vision expenses <i>only</i> .	Use to pay eligible parking expenses or transit expenses. *Toll Tags, Toll expenses, and Fuel costs are not eligible	Use to pay eligible expenses including child daycare and in home care programs.
<b>Employee Eligibility</b>	You must be enrolled in the <b>HealthSelect medical plan</b> or have <b>waived medical coverage</b> .	You must be enrolled in the <b>Consumer Directed medical plan</b> .	This is a month by month benefit. You can enroll and disenroll anytime throughout the year.	You may use funds for dependent children under age 13 or for in home care for eligible dependents.

9 Month Employees: You must certify that you are a 9mo employee when electing a TexFlex benefit. This ensures that you are deducted the correct premium and will meet your annual election by June 2021.

For more information, please visit <https://texflex.spendingaccounts.info/>

## Comparing TexFlex Accounts

WageWorks will continue as the TexFlex carrier.

TexFlex account participation allows employees to set aside money, pre-tax from your paycheck, to cover eligible out-of-pocket health care, dependent care, and commuting expenses.

You can participate in one or more TexFlex accounts at the same time.

TexFlex accounts are a use-it or lose-it benefit per the IRS. If you do not use all your funds by the end of the plan year, your funds will be forfeited.


### So, How do TexFlex Accounts Work?

- During enrollment you will elect an annual contribution amount. This annual amount will be divided by 12 or 9 depending on if you are a 12 mo or 9mo employee.
- Each month, your contribution is automatically withdrawn from your paycheck pre-tax and deposited into your TexFlex account.

- When you sign-up for Healthcare or Commuter Spending TexFlex, you'll receive a free debit card in the mail to pay for eligible expenses. You can purchase eligible items using your TexFlex Debit Card to have the expense pulled directly from your account.
  - Reminder, if you are currently enrolled in a TexFlex account, you will continue to use the same debit card until it expires.
- When you elect Dependent Care, you will *not* receive a debit card to pay for eligible expenses. You will pay out of pocket for any expenses incurred and will submit reimbursement claims online through the WageWorks employee portal. Employees can choose to submit a claim every month or can wait for the account to build a balance.
  - **Just be sure to submit your claims before the end of the plan year!**
- Because the TexFlex accounts are tax-free, the IRS requires all purchases with TexFlex funds to be validated. You may be asked to submit proof that you used your card for an eligible expense so be sure to SAVE YOUR RECEIPTS!

To review more information, check out the ERS TexFlex website.





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## Family Status Changes During Enrollment

If you experience a **Qualifying Life Event** (listed below) anytime between **June 19 – August 31**, you must update your benefit elections either by **calling ERS** or by **requesting an enrollment form** from the HR benefits team.

- Marriage
- Divorce – including court orders for health coverage.
- Birth of a child
- Death
- Employment Changes
- Insurance Eligibility changes

### Family Status Changes During Enrollment

When you experience a qualifying life event, you have the opportunity to add or change coverage for yourself or additional family members for the current plan year.

If you experience a **Qualifying Life Event** anytime between **June 19 – August 31**, you must update your benefit elections either by **calling ERS** or by **requesting an enrollment form** from the HR benefits team.

- Just remember, you have 31 days from the qualifying life event date to make any changes, otherwise you will only be able to make a change during Summer Enrollment.



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## How Do I Enroll?

- Call ERS at 1-877-275-4377
  - Monday – Friday 8 a.m. to 5 p.m. CT
- Go online to [www.ers.state.tx.us](http://www.ers.state.tx.us)
  - Log into your account
  - Click on “Benefits Enrollment” and follow the prompts




**Don't need to make benefit changes?**  
No action is needed; your current elections will roll over into the new plan year.

## How Do I Enroll?

You may call ERS or go online to complete your Summer Enrollment.

### Don't need to make benefit changes?

No action is needed as your current elections will roll over into the new plan year. However, it is always a good idea to login and review your ERS account to ensure all your personal information is up to date.



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## Q&A Open Forums

Summer Enrollment Q&A Forum Schedule	
Date	Time
Tuesday, 06/23/2020	10:00 AM
Thursday, 06/25/2020	12:00 PM
Monday, 06/29/2020	4:00 PM
Thursday, 07/02/2020	8:00 AM
Tuesday, 07/07/2020	4:00 PM
Thursday, 07/09/2020	12:00 PM
Monday, 07/13/2020	10:00 AM
Wednesday, 07/15/2020	8:00 AM
Wednesday, 07/15/2020	3:00PM

To access the meeting links, please visit: <https://hr.untsystem.edu/benefits>

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The HR Benefits team will be hosting nine (9) online Q&A forums for employees to ask any questions they may have regarding their **benefits** and **Summer Enrollment**.

The online forums that will be hosted in Zoom. Employees may come and go as they please during the 1 hour sessions.

To access the meeting links, please review the HR Benefits website: <https://hr.untsystem.edu/benefits>



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## CONTACT US



Human Resources – Benefits  
940-369-7650 (opt 2) Phone  
940-369-5530 Fax  
Email: [hrbenefits@untsystem.edu](mailto:hrbenefits@untsystem.edu)

Thank you for attending the Summer Enrollment presentation.

As always, employees are encouraged to contact the Benefits team anytime by emailing [hrbenefits.untsystem.edu](mailto:hrbenefits.untsystem.edu) or by calling 940-369-7650 (opt 2) Monday-Friday between 8 and 5.