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Employee
Benefits



DSEHP
**DEARBORN SCHOOLS EMPLOYEE
HEALTHCARE PROGRAM**
DFT - DEARBORN FEDERATION OF TEACHERS
DFSE - DEARBORN FEDERATION OF SCHOOL EMPLOYEES
ADSA - ASSOCIATION OF DEARBORN SCHOOL ADMINISTRATORS
CSOEA - DEARBORN SCHOOLS OPERATING ENGINEERS ASSOCIATION

DFSE

A Complete
Benefits Package
for Your Complete
Life

Confidentiality Statement

At Gallagher Benefit Services, Inc. we pride ourselves on the skills, experience and integrity of our employees, our intellectual capital, and the results we achieve for our clients and their enrollees. We work diligently to ensure the work we do meets and exceeds your objectives as our client.

The intent of this presentation is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Agenda

- I. Open Enrollment
- II. Benefit Overview
- III. Next Steps
- IV. Q. & A.



VERIFY VERIFY VERIFY



**REMEMBER TO REVIEW AND VERIFY WHAT
YOU ENROLLED IN.**

**THE DSEHP CANNOT BE RESPONSIBLE FOR
MISSING DEPENDENTS OR COVERAGE.**

ONLY YOU ARE.

Open Enrollment

- ❑ May 2nd to May 31st
- ❑ All Employees Must Complete an On-line Enrollment Form including those with Medical Waivers. This is due to the change from a paper enrollment to a computerized enrollment.
- ❑ Enrollment Elections are Locked in unless a federally approved change of status occurs.
- ❑ **Failure to submit a 2016 Enrollment Form will result in NO COVERAGE (i.e. opting out of the plan for the 2016 plan year and no Cash in Lieu payment)**

“The contents of this presentation is intended for use as an easy to read summary only. It does not constitute a contract. Additional limitations and exclusions may apply. For an official description of benefits, please refer to each carrier’s official certificate/benefit guide.”

Benefit Review

PA 152 & Plan Cost – Current Medical Plan Per Month



HAP- DFSE, DSOEA	July 2015 through June 2016	July 2016 through June 2017	Difference as a Percent	PA 152 2015 Increase
Single	\$542.32	\$575.56	6.13%	2.5%
Two Person	\$1084.65	\$1151.13	6.13%	2.5%
Family	\$1479.08	\$1569.74	6.13%	2.5%

Benefit Review

PA 152 & Plan Cost – Current Medical Plan Per Month

HAP-DFSE, DSOEA	July 2015 through June 2016	July 2016 through June 2017	Rate Difference in Dollars	PA 152 2016 Increase	Census	Variance
Single	\$542.32	\$575.56	\$33.24	\$12.48	154	\$20.76
Two Person	\$1084.65	\$1151.13	\$66.48	\$26.11	150	\$40.37
Family	\$1479.08	\$1569.74	\$90.66	\$34.05	160	\$56.61

This variance amounts to

\$219,723.28

that would be the responsibility to the members with no changes to benefits.

What's Changing in Benefit Design?

- Medical –
 - No Change in Coverage
- Dental
 - No Change in Coverage
- Vision
 - No Change in Coverage
- Medical Waivers
 - Enrollment to be Completed by May 31st
 - No Change in Amount: \$720 Single, 1,600 Two Person \$2,000 Family

Refer to Employee Packet for Details

Deductible - REMINDER

- Calendar Year
 - January 1, 2015 to December 31, 2015
 - Deductible Starts Over
 - Single Deductible \$250.00
 - Two Person/Family \$500.00
 - January 1, 2016 to December 31, 2016
 - Deductible Starts Over
 - Single Deductible \$250.00
 - Two Person/Family \$500.00

Co-Pay Changes

HAP- DFSE, DSOEA	SERVICE TYPE	July 2015 through June 2016	July 2016 through June 2017
Medical	PHP/MHSA Visit	\$20	\$20
	Specialist	\$30	\$30
	Urgent Care	\$40	\$40
	Emergency Room	\$200	\$200
	SNF	100 days	100 days
Prescription	Deductible	\$250/500	\$250/500
	Generic	\$10	\$10
	Preferred	\$30	\$30
	Non-Preferred	\$50	\$50

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Employee Contributions - Monthly 2015-2016

	Single	Two Person	Family
Medical	\$49.10 Monthly (Per Pay \$29.46 based on 20 pays *)	\$98.10 Monthly (Per Pay \$58.86 based on 20 pays *)	\$133.70 Monthly (Per Pay \$80.22 based on 20 pays *)
Dental	\$0	\$0	\$0
Vision	\$0	\$0	\$0

* Regardless of how you seek care from July 2015 to June 2016, these amounts will be deducted from your pay starting in October 2015 and ending June 2016.

The UNKNOWN is what services or care you and your family will seek from slide above.

Employee Contributions - Monthly July 2016-2017

	Single	Two Person	Family
Medical	\$51.00 Monthly (Per Pay \$30.60 based on 20 pays *)	\$103.00 Monthly (Per Pay \$61.80 based on 20 pays *)	\$140.00 Monthly (Per Pay \$84.00 based on 20 pays *)
Dental	\$0	\$0	\$0
Vision	\$0	\$0	\$0

* Regardless of how you seek care from July 2016 to June 2017, these amounts will be deducted from your pay for 20 pays from September 2016 and ending June 2017.

The UNKNOWN is what services or care you and your family will seek from slide above.

What's New?

- Open Enrollment period is now the month of May.
- Recognition of all marriages with a valid original marriage license
- F.S.A. is part of the DSEHP for enrollment purposes only
- Voluntary Life, STD, Critical Illness & Accident are available
- Dental/Vision dependent coverage available through End of Month they turn 26

Refer to Employee Packet for Details

Flexible Spending Account (F.S.A.)

- ❑ Health Care F.S.A. is Available Within the DSEHP
 - ❑ Plan Year
 - ❑ July 2016 through June 2017
 - ❑ Open Enrollment May 2nd to May 31st
- ❑ Save Yourself Tax Dollars on Health Care Cost that Your Insurance Plan Doesn't Pay

Flexible Spending Account (Pro-rated Maximum)

- Health Care FSA: \$2,550 Maximum
- Dependent Care FSA: \$5,000 Maximum



The amount of savings you will enjoy by participating in a FSA

*will depend on your individual tax
bracket and the amount of money
that is withheld from your
paycheck on a tax-free basis.*



For example:

*Let's assume you earn **\$32,000** annually and you have out-of-pocket health care expenses of **\$1,000** and daycare expenses of **\$3,000** **WITHOUT** participating in the FSA*

Annual Salary

\$32,000



Federal Tax (15%)

-\$4,800



Social Security Tax (7.65%)

-\$2,448



State Tax (4.35%)

-\$1,392

Net Income

\$23,360



Health Care Expenses

-\$1,000



Daycare Expenses

-\$3,000

Leaves you with

\$19,360

Now:
Let's look at the same set of
circumstances
WITH the use
of the FSA



Annual Salary **\$32,000**



Daycare Expenses -\$ 3,000



Health Care Expenses -\$1,000

Adjusted Gross Income **\$28,000**



State Tax (4.35%) -\$1,218



Social Security Tax (7.65%) -\$2,142



Federal Tax (15%) -\$4,200

Leaves you with	\$20,440
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Let's Compare Those Totals

Take Home Pay

Without

An FSA

\$19,360

Take Home Pay

With

An FSA

\$20,440

That's a tax savings of **\$ 1,080 !**

Voluntary Benefits-Optional

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer provided benefits or our Collective Bargaining Agreement.

- Critical Illness
- Accident Insurance
- Short Term Disability
- Life Insurance

Next Steps

- Review the Benefit Summaries Packet That Will Be emailed to your email on file with NGE.
- Contact Information If You Have Any Questions Will be Available On-line
- Complete the Appropriate Enrollment Form Between May 2nd and May 31st Utilizing One of These Methods
 - On-line
 - By Phone
 - On-Site, By Appointment Only



**Failure to submit the 2016 Enrollment Form will result in NO COVERAGE
(i.e. opting out of the plan for the July 2015 through June 2016 plan year)**

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Q & A

