



2023 Employee Benefit Summary

Open Enrollment

Coverage Effective 1/1/2023



Agenda

- What is Open Enrollment
- Who is eligible for coverage?
- Benefits covered in full by VLGS
- Benefits that you share the cost with VLGS
- Benefits that staff & Faculty pay the full cost of
- Benefit Review
 - Medical
 - Dental
 - Vision
 - Pre-Tax Accounts
 - Other Voluntary Benefits
- Questions

What is Open Enrollment?

- A dedicated time to educate yourself on the benefit package offered to you as part of your overall compensation
- Your chance to enroll in plans
- When you can add or drop family members from your plans
- **This year's Open Enrollment is from November 14 to November 18, 2022**
- Coverage elected during this year's open enrollment goes into effect on January 1, 2023
- To make changes to your coverage **after** open enrollment is over you must have a qualifying event

Sample of Qualifying Events:

- Marriage/Divorce
- Birth or adoption of a child
- Loss of other coverage
- Medicare eligibility

Who is Eligible?

- Faculty and Staff working a minimum of 30 hours per week are eligible for benefits
- Employees working the minimum number of hours are eligible for benefits on the date of hire
- If more than 1 person in the family is employed by VLGS you must enroll as a multi-person contract.

Benefits With Shared Cost

- Medical Premiums
- Dental Premiums

Medical Plan

\$4,000 CDHP	
Type	Stacked
Explanation of Deductibles	Coverage once any individual meets individual deductible
Deductible/Out-of-Pocket Maximum	
Individual	\$4,000
Couple	\$8,000
Family	\$8,000
Co-Insurance	100% Paid by Cigna
Medical and Rx Separate/Combined	Combined
HSA Qualified	Yes
Preventive	Plan pays 100%
Office Visit	The Plan pays 100% after the deductible.
Primary Care/Specialists/ Chiropractic/Therapies	
Diagnostics/X-rays/Blood	
CT, PET and MRI Scans	
Outpatient Surgery	
ER/Ambulance	
Inpatient Hospitalization	
Rx	
Generic	The Plan will pay 100% after the deductible.
Preferred Brand	
Non-preferred Brand	
Preventive Care Drugs	
Generic	The Plan will pay 100% before deductible.
Preferred Brand	

- VLGS will continue to fund \$2500 to HSA or HRA if ineligible for an HSA account. If both work for VLGS they will received \$5000 into 1 HSA Account
- Health Equity will remain the vendor

Dental Plans

Service Category	Dental Low	Dental High
Diagnostic and Preventive – Coverage A	100%	100%
Basic Restorative – Coverage B	70%	80%
Major Restorative – Coverage C (After a 6-month Waiting Period)	50%	50%
One-Time Deductible per Person/Family (Applies to Basic and Major Only)	\$75/\$225	\$100/\$300
Calendar Year Maximum per Person/Double-Up Max per Person	\$1,500/ up to \$3,000	\$2,000/ up to \$4,000
Orthodontia – Coverage D (After a 6-month Waiting Period)	50%	50%
Orthodontia Lifetime Maximum per Person (child and adult)	\$1,250	\$1,500

Both Plans come with HOW® Program
 Access to EyeMed discount vision program

Benefits You Pay the Full Cost Of

- Vision Premiums
- Voluntary Life Insurance
- Accident Insurance
- Critical Illness Insurance

Benefit	Description	Member Out-of-Pocket	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	\$150 allowance for a wide selection of frames	Included in Prescription Glasses	Every 24 months
	\$170 allowance for featured frame brands		
	20% savings on the amount over your allowance		
	\$150 Walmart/Sam's Club frame allowance		
	\$80 Costco® frame allowance		
Lenses	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every 12 months
	Polycarbonate lenses for dependent children		
Lens Enhancements	Standard progressive lenses	\$0	Every 12 months
	Premium progressive lenses	\$80 - \$90	
	Custom progressive lenses	\$120 - \$160	
	Average savings of 35-40% on other lens enhancements		
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply	Up to \$60	Every 12 months
	Contact lens exam (fitting and evaluation)		

Vision Plan

	Employee
Individual	\$4.80
Two-Person	\$6.96
Family	\$12.48



Voluntary Life & AD&D Insurance

- For Yourself
 - Increments of \$10,000 up to 5x your earning or \$500K whichever is less
 - Guarantee issue is \$200K
 - EOI required for late enrollees
 - Current enrollees eligible to enroll in an additional \$10,000 under the Guarantee Issue without EOI
- For your Spouse
 - Increments of \$5,000
 - Guarantee Issue is \$30K
 - Limited to 100% of employee election or \$250K whichever is less
 - EOI required for late enrollees
 - Current enrollees eligible to enroll in an additional \$10,000 under the Guarantee Issue without EOI
- For your Children
 - Birth to 6 months \$1000
 - 6 months to 19 years (26 years if Full-Time Students) \$2000 increments up to \$10,000

Accident Insurance

BENEFITS	AMOUNTS
Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office Visit	\$100
Ambulance	Up to \$1,500
Specified Injuries^{1,2}	
Fractures (Surgical / Non-surgical)	Up to \$6,000/Up to \$3,000
Dislocations (Surgical / Non-surgical)	Up to \$9,000/Up to \$4,500
Lacerations	Up to \$800
Burns	Up to \$15,000
Dental	Up to \$300
Hospital, Surgical & Diagnostic^{1,3}	
Admission	\$1,500
Daily Confinement (Up to 365 days per accident)	\$300 per day
ICU Confinement (Up to 15 days per accident)	\$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$150 per day
Surgical	Up to \$2,000
Diagnostic	Up to \$300
Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$75; Up to 6 per accident
Therapy Services	\$25; Up to 6 per accident
Medical Device	\$100
Prosthetic Device(s)	\$750; Up to 2 per accident

Voluntary Accident Premiums Per Pay Period			
Employee	Employee & Spouse	Employee & Child	Family
\$6.50	\$10.25	\$12.82	\$16.92

Critical Illness Insurance

BENEFIT CATEGORY ¹	CONDITION	% OF CI PRINCIPAL SUM
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%
Childhood/Developmental <small>*benefits only available to children</small>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
Cancer	Cancer (Invasive)	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%
ADDITIONAL BENEFITS		
Policy Benefit Maximum	The maximum payout amount is 300% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.	
Health Screening Benefit	Pays a flat, annual benefit of \$75 for a health screening test.	

For yourself: \$10,000 increments, Max \$50,000, GI \$30, 000
 Your Spouse: 100% of Employee Amount GI \$30,000
 Your Children 25% of Employee amount up to \$10,000
 At age 70 benefits reduce to 50%

VLGS Paid Benefits

- Life & AD&D Insurance
 - 2 times your annual earning to a maximum of \$300,000
 - Coverage amount reduces to 50% of original at age 70
- Short-term Disability -
 - 70% of pre-disability earnings to a max of \$1500 per week
 - Waiting periods:
 - 1st day if due to an accidental injury
 - 8th day if due to an illness
 - Maximum Benefit Period
 - 26 weeks
- Long-Term Disability
 - 66.67% of your annual salary to a maximum of \$9,500 monthly
 - 180 Day Elimination period
- Employee Assistance Program

