

2024 OPEN ENROLLMENT



Agenda

- ✓ What is Open Enrollment
- ✓ Where do I find information
- ✓ Who participates
- ✓ When is it
- ✓ How to participate
- ✓ Definitions/Abbreviations
- ✓ What's new for 2024
- ✓ Employee Categories
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- ✓ Reference information

What is Open Enrollment?



The time period each year when you're allowed to **START, STOP, OR CHANGE** your group health benefits. This includes medical insurance, dental insurance and life insurance.

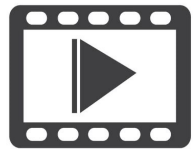
Where do I find information?



Open Enrollment emails



[Employee Benefits page](#)
of the BSD website



How-To video series



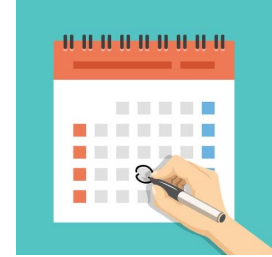
On-site Q & A Sessions and
Open Office Hours in the HR
Office

Who participates in Open Enrollment?

ALL Benefit-Eligible Employees of the Burlington School District



When is Open Enrollment?



Enrollment period

October 16, 2022 – October 31, 2023

When does coverage begin?

Coverage begins
January 1, 2024

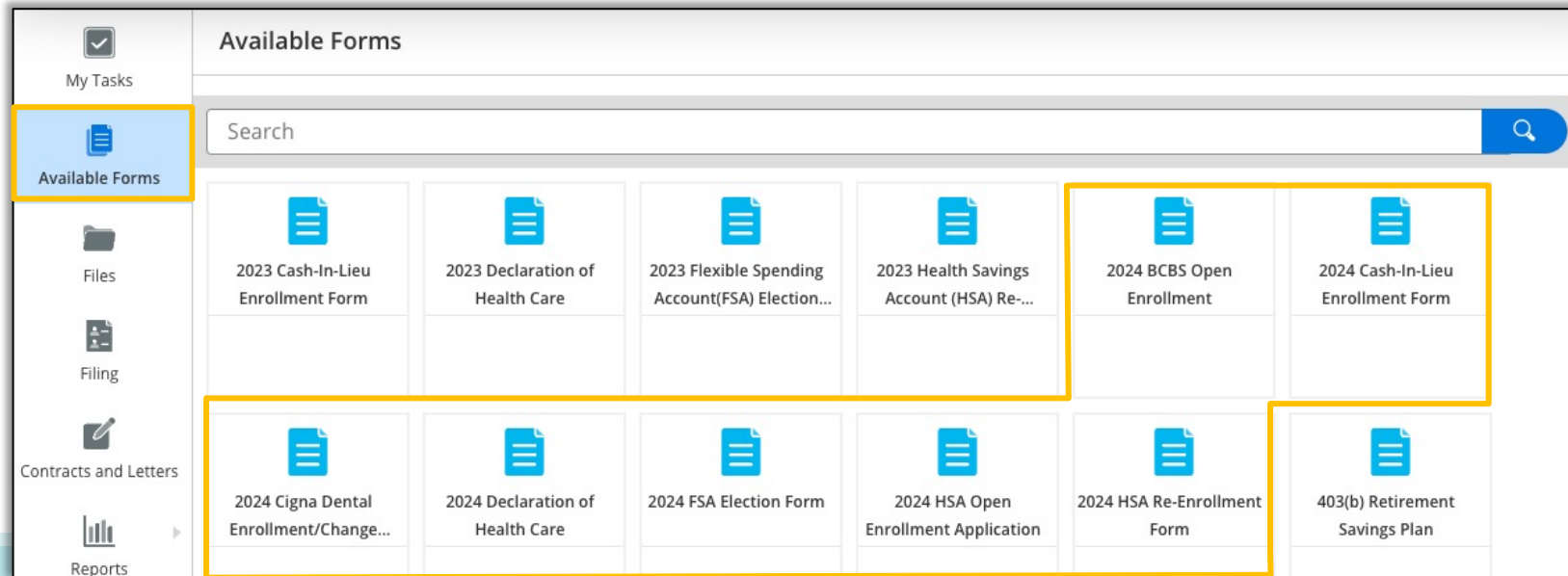
How do I participate in Open Enrollment?

- All enrollment forms are available in the TalentEd Records portal
- [CLICK HERE](#) To access the TalentEd Records portal
- All forms must be submitted electronically

How do I participate in Open Enrollment?

Once you are logged in to TalentEd Records,

1. Click Available Forms
2. In the Available Forms tab, click on the document you wish to submit. The 2024 documents are specifically for Open Enrollment!
Your view may appear slightly different depending on the size of your computer screen.



Helpful Definitions & Abbreviations

HRA – Health Reimbursement Account: Employer money made available to the employee to pay medical expenses.*

FSA – Flexible Spending Account: Employee's money set aside through payroll deductions used to cover medical expenses, not covered by other health insurance.*

HSA – Health Savings Account: Employer or Employee money that can be used to pay for qualified medical expenses.*

Premium – The cost to purchase medical insurance.

OOP - Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Tiers – Levels of coverage available for medical insurance, that include Single, Two-Person, Parent + Child(ren) and Family.

* Click highlighted text to access a video for more information

What is NEW for 2024?



Medical Insurance



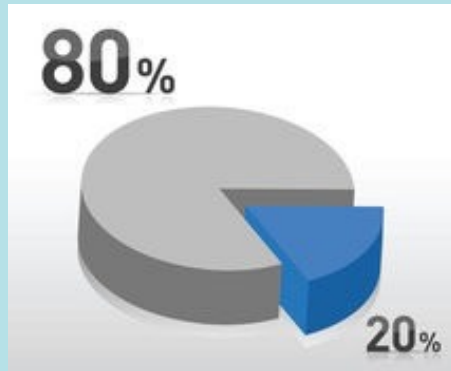
BlueCross BlueShield
of Vermont

1. No major changes for 2024.
2. Change to ***premium sharing*** for Paraeducators on Single coverage: 87% > 86% employer contribution.

A Reminder of 2023's changes in case you missed them last year:

1. Change to HRA/HSA Employer contributions for employees in the Licensed category.
2. No **Annual Election of Flexible Benefits** form.
3. All Benefit Eligible Employees must complete the **FSA Election** task.

Premium Sharing: Licensed & Non-Licensed



Paraeducators ONLY – BSD will contribute 86% of the premiums for Single coverage only for Gold CDHP and Silver CDHP. This is down from CY23's 87%. Part of Union agreement to move all premium shares to 80/20% across all of Vermont.

For employees enrolled in the **Gold CDHP** or **Silver CDHP** plan, BSD will contribute 80%* of the premiums for all tiers. The employee is responsible for 20%.

For employees enrolled in the **Platinum** or **Gold** plan, BSD will contribute the dollar value equivalent to 80% of the Gold CDHP plan for all tiers. The employee is responsible for the remainder of the premium.

All About Premiums

Premiums are split with the district based on your employee category. Employees pay their premiums through pre-tax payroll deductions

HRA Employer Contributions for 2024



Health Reimbursement Arrangement (HRA)

For Licensed & Non-Licensed employees

BSD's contribution will be first dollar and will be provided through a Health Reimbursement Arrangement (**HRA**) only if employee enrolls in Platinum, Gold or Gold CDHP plans

Employees who enroll in the Silver CDHP plan may choose to have the same district \$ contribution made to a Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA)

Licensed employees *2024 AMOUNTS*

BSD will contribute
Single: \$1900
Two Person: \$4000
Parent + Child(ren): \$4000
Family: \$4000

Non-Licensed employees

BSD will contribute
Single: \$2,200
Two Person: \$4400
Parent + Child(ren): \$4200
Family: \$4200

How Out-of-Pocket Expenses are Paid

Calendar Year 2024

BSD pays first
from HRA \$1900

Employee
pays
second
\$600

*Example based on Licensed
Employee with Single Gold CDHP

Employee Categories

Employees are categorized into two (2) groups

1. **Licensed:** Your role requires a Vermont teacher's or administrator's license.

OR

2. **Non-Licensed:** Your role does not require a Vermont teacher's or administrator's license.

No Annual Election Form

This year, there will not be an Annual Election of Flexible Benefits Form. Instead, the Flexible Spending Account (FSA) Election task will be required for all benefit-eligible employees. Making this change will result in less duplicate information and a streamlined process for employees.

Eligibility for Part- Time Employees

Calendar Year 2024



17.5 hours
per week

Employees working on average a minimum of 17.5 hours/week during the school or calendar year are eligible to receive medical insurance coverage at a pro-rated contribution.

Reference: What to consider when thinking about your health plan

Out-of-pocket costs

Service Breakdown

Monthly Premiums

VEHI Health Plans FY24 Rates		VEHI Plan Comparison Grid				
Type of Service	VEHI Platinum Deductible / Maximum		VEHI Gold Deductible / Maximum		VEHI Gold - CDHP* Deductible / Maximum	VEHI Silver - CDHP* Deductible / Maximum
Medical Deductible (Single / All other Plans)	\$500 / \$1,000	Stacked^	\$1,200 / \$2,400	Stacked^	\$1,800 / \$3,600	Aggregate** \$3,000 / \$6,000
Prescription Drug Deductible	\$0		\$0		Included in Medical	Included in Medical
Medical Out-of-Pocket Maximum (Single / All other Plans)	\$1,500 / \$3,000		\$1,800 / \$3,600		\$2,500 / \$5,000	\$4,000 / \$8,000
Prescription Drug Out-of-Pocket Maximum (Single / All other Plans)	\$1,300 / \$2,600		\$1,300 / \$2,600		\$1,400 / \$2,800	\$1,400 / \$2,800
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Single / All other Plans)	\$2,800 / \$5,600		\$3,100 / \$6,200		\$2,500 / \$5,000	\$4,000 / \$8,000
Service Category	Copay / Coinsurance		Copay / Coinsurance		Copay / Coinsurance	Copay / Coinsurance
Preventive Care	\$0		\$0		\$0	\$0
Primary Care Office Visit	\$25		\$25		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Mental Health / Substance Abuse Office Visit	\$25		\$25		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Specialist Office Visit	\$35		\$35		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Urgent Care	\$75		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Ambulance	deductible, then 20% coinsurance		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Durable Medical Equipment			deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Emergency Room	\$250		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Radiology (MRI, CT, PET)	deductible, then 20% coinsurance		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Outpatient	deductible, then 20% coinsurance		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Inpatient	deductible, then 20% coinsurance		deductible, then 20% coinsurance		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Vision Exam	\$20		\$20		\$20	\$20
Prescription Drug Benefits	Copay / Coinsurance		Copay / Coinsurance		Copay / Coinsurance	Copay / Coinsurance
Wellness Drugs #	n/a		n/a		100%	100%
Generic Tier 1	\$4		\$4		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Generic Tier 2	\$10		\$10		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Preferred Brand	\$20		\$20		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Non-Preferred Brand	50%		50%		deductible, then 20% coinsurance	deductible, then 20% coinsurance
Compatible with: Health Reimbursement Arrangement (HRA) - ◊ Health Savings Account (HSA) - -	◊		◊		◊ • (HSA not allowed for public school employees)	◊ •
Below is the FY 24 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2023 through June 30, 2024.						
FY 24 Rates	VEHI Platinum		VEHI Gold		VEHI Gold - CDHP*	VEHI Silver - CDHP*
Single (Self)	\$1,039.81		\$1,016.01		\$944.43	\$869.01
Self & Spouse	\$2,079.64		\$2,032.02		\$1,773.69	\$1,738.05
Parent/Child(ren) (1 adult & 1 or more children)	\$1,738.72		\$1,700.35		\$1,460.13	\$1,464.93
Family (2 adults and 1 or more children)	\$2,941.62		\$2,876.05		\$2,616.09	\$2,472.95
*CDHP- Consumer Directed Health Plan ^Stacked- Plan pays for an individual once the individual deductible is met. **Aggregate- Full single or entire family deductible must be satisfied before benefits are paid. #Wellness Drug List can be found at www.bluecrossvt.org						
Updated 8.09.23						

Reference: How Do I Compare Plans & Costs?

[View the cost comparison tool for Licensed Employees here.](#)

[View the cost comparison tool for Non-Licensed Employees here.](#)

Click the link above to go to the VEHI Decision Tool

Please note: Before using the tool, you will need to know:

1. Your employee group (Licensed or Non-Licensed)
2. Your current health plan name (Platinum, Gold, Gold CDHP, Silver CDHP)
3. Whether or not you have HRA funding (Most employees do, **unless** you have an HSA)
4. What percentage of the health insurance premium you pay (Most positions are 20%)