

# WELCOME TO OPEN ENROLLMENT



Plan Year: 2023

# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Switchpoint strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Switchpoint offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2023.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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#### WHO IS ELIGIBLE?

If you're a full-time employee at Switchpoint, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

- Full Time New Hire Waiting Period: Benefits- 1<sup>st</sup> of the month following 60 days of hire date. Must elect benefits within 2 weeks of receiving Benefit Notification Email.
- Part-Time moving to Full-Time Waiting Period: Eligible for benefits first day of the month after 30 days of becoming a full-time employee. Must have already been with company for at least 60 days. Must elect benefits within 2 weeks of receiving Benefit Notification Email.

#### WHEN TO ENROLL

Open enrollment begins on **November 15<sup>th</sup> and runs through December 2<sup>rd</sup>**. The benefits you choose during open enrollment will become effective on **January 1<sup>st</sup>**.

### **HOW TO MAKE CHANGES**

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

You Must notify your Human Resources Department within 30 days along with any documentation within 30 days of the event.

#### UNDERSTANDING THE LANGUAGE

- **Network**: Set of Providers that have agreed to contract with your insurance company to provide services at a discount amount. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.
- Explanation of Benefits (EOB): Every time you use your insurance, you will receive a notification of Claim filed and Explanation of Benefits from you insurance carrier. The EOB explains how the claim was paid.
- Allowed Amount: The discounted amount an In Network Provider has agreed to accept as payment in full for services.

- Balance Billing: The amount over the Allowed Amount that you may be charged when using an Out of Network Provider.
- CoPay: A fixed amount that you may pay for services such as Office Visits and Prescriptions.
- **Deductible**: The amount you are responsible for certain services before the Insurance Carrier pays anything.
- Out of Pocket Maximum: The Maximum amount that you are required to pay each year for services.

#### UNDERSTANDING THE PROCESS

When you visit a provider, present him/her with you Medical Card. The provider may ask you to pay any applicable copay, deductible, etc.

The provider will submit your claim to your insurance company.

The insurance company will process the claim.

You will receive notification of claim(s) filed from the insurance company.

The insurance company will send their payment; if any, to the provider.

The provider will send you a statement for any remaining charges. Be sure to compare your claim(s) with the provider's statement before sending payment.

# EVERY FULL-TIME EMPLOYEE MUST EITHER ENROLL OR DECLINE THE OFFERED COVERAGE DURING THEIR OPEN ENROLLMENT OR NEW HIRE WINDOW

\*\*ALL EMPLOYEES MUST VERIFY AND UPDATE THEIR ADDRESS & CONTACT INFORMATION IN EMPLOYEE NAVIGATOR

# **Employee Navigator**

# Company Identifier: FOSI

# ENROLL IN YOUR BENEFITS: One step at a time



#### Step 1: Log In

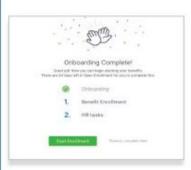
Go to www.employeenavigator.com and click LogIn

- Returning users: Log in with the username and password you selected.
   Click Reset a forgotten password.
- First time users: Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password.



### Step 2: Welcome!

After you login click Let's BegIn to complete your required tasks.



# Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

### TIP

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"



### Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

#### TIP

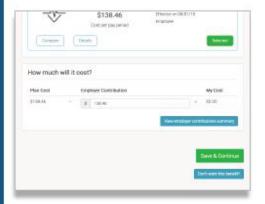
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** 

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.





Click Save & Continue at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

### Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

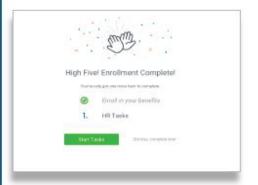


## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



#### Step 8: HR Tasks (If applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

# **2023 RATES**

Benefit	Plan	Coverage	Total Monthly Premium	Employer Monthly Contribution	YOUR Per Paycheck Contribution
Medical <b>MotivHealth</b>	H.S.A \$2,000 Wise Network	Single Employee + Spouse Employee + Child(ren) Family	\$565.02 \$1,243.16 \$1.130.03 \$1,525.61	\$565.02 \$904.09 \$847.52 \$1045.31	\$0.00 \$156.49 \$130.39 \$221.67
Dental <b>Metlife</b>	Voluntary PDP Network	Single Two Party Family	Two Party \$77.01		\$17.82 \$35.54 \$59.85
Vision <b>Metlife</b>	Voluntary PPO Network	Single Two Party Family	\$9.60 \$18.08 \$25.77		\$4.43 \$8.34 \$11.89
Voluntary Short Term Disability <b>Metlife</b>	Voluntary	Employee Only	\$.652/\$10 of covered benefit		\$.652/\$10 covered benefit Your cost will be calculated for you in Employee Navigator
Voluntay Long Term Disability <b>Metlife</b>	Voluntary	Employee Only	\$.585/\$100 of covered payroll		\$.585/\$100 of covered payroll Your cost will be calculated for you in Employee Navigator

## **HEALTH INSURANCE**

# **motivhealth**™

	H.S.A \$2,000		
Services	In Network	Out of Network	
Physician Visit Copay (Primary/Specialist)	20% AD	40% AD	
Deductible (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	
Hospitalization	20% AD	40% AD	
Preventive Care	Covered 100%	40% AD	
Emergency Room Copay	20% AD	20% AD	
Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	
Prescription Drugs - Generic - Preferred - Non-preferred	20%AD	40%AD	

<sup>\*\*</sup>Full-Time employees that decline health insurance because they are covered under a spouse or parent's QUALIFYING plan, may be eligible to receive a \$125 per paycheck Opt-Out Contribution.

<sup>\*\*</sup> This contribution will begin no sooner than the month the employee is eligible for benefits, and not until the Opt-Out Contribution form + Proof of insurance is received by HR/Payroll.



# HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

## WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

It saves you money. HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.

**It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.

**It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage.

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

"Switchpoint will contribute \$50 per paycheck to the HSA of Full-Time employees that elect Motivhealth HSA \$2000 plan"

Access Account: www.motivhealth.com

Member Services: Provider Search: www.motivhealth.com

Member Services: #844-234-4472

# **DENTAL INSURANCE**



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no cost changes to your dental benefits for 2023. The following chart outlines the dental benefits we offer.

TYPE OF SERVICE	AMOUNT YOU PAY	
Preventive Services	Exams, cleanings, X-rays Preventive: <b>Covered 100%</b>	
Deductible	Annual Deductible: \$50/\$150	
Basic Services	Fillings, simple extractions 20% AD	
Major Services	Oral surgery, root canal, crowns 50% AD	
Annual Maximum	Calendar Year Maximum: \$1,500	



# **VISION INSURANCE**



Switchpoint vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

Services	In Network	Out of Network
Exams	\$10 Co-Pay	\$45 Allowance
Lenses: Single Bifocal Trifocal	\$10 Co-Pay \$10 Co-Pay \$10 Co-Pay	\$30 Allowance \$50 Allowance \$65 Allowance
Frames	\$150 Allowance	\$70 Allowance
Contact Lenses	\$150 Allowance	\$105 Allowance



# Voluntary Life and AD&D

	Employee	Spouse & Child		
		Spouse <sup>1</sup>	Child	
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	
Non Medical Maximum	\$50,000	\$25,000	\$10,000	
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000	
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	
Employee Contribution	100%	100%	100%	

Employee Age	Employee & Spouse Coverage Monthly Premium For:						
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000	
Under 30	\$0.10	\$1.00	\$2.00	\$4.00	\$5.00	\$10.00	
30-34	\$0.13	\$1.27	\$2.54	\$5.08	\$6.35	\$12.70	
35-39	\$0.15	\$1.51	\$3.02	\$6.04	\$7.55	\$15.10	
40-44	\$0.19	\$1.92	\$3.84	\$7.68	\$9.60	\$19.20	
45-49	\$0.26	\$2.56	\$5.12	\$10.24	\$12.80	\$25.60	
50-54	\$0.46	\$4.58	\$9.16	\$18.32	\$22.90	\$45.80	
55-59	\$0.76	\$7.57	\$15.14	\$30.28	\$37.85	\$75.70	
60-64	\$1.13	\$11.32	\$22.64	\$45.28	\$56.60	\$113.20	
65-69	\$1.81	\$18.08	\$36.16	\$72.32	\$90.40	\$180.80	
70+	\$3.40	\$34.01	\$68.02	\$136.04	\$170.05	\$340.10	

Dependent Child Coverage <sup>2</sup> Monthly Premium For:		
\$1,000	\$0.29	
\$2,000	\$0.58	
<b>\$4,000</b> \$1.16		
<b>\$5,000</b> \$1.46		
\$10,000	\$2.91	

<sup>\*\*</sup>Your cost will be calculated for you in Employee Navigator\*\*

# Voluntary Short-Term Disability

All Full-time
60% of Salary up to \$750per week
Benefits begin on the 15 <sup>th</sup> day after loss of work and earnings due to an accident or illness
Coverage lasts for 11 weeks
\$.652/\$10 covered benefit

# Voluntary Long-Term Disability

Eligibility	All Full-time
Weekly Benefit Amount	60% of Salary up to \$4,000 per month
Elimination Period	90 days
Benefit Duration	Coverage lasts for 24 weeks
Rates	\$.585/\$100 of covered payroll

<sup>\*\*</sup>Your cost will be calculated for you in Employee Navigator\*\*

# Notes