

# Welcome to Salem City Schools Annual Benefits Meeting



# City of Salem & Salem City Schools

## Anthem Medical Plan Options

Open Enrollment 2014



# HEALTH CARE REFORM

## Health Care Reform Updates

- **Changes to dollar limits**
  - Early Intervention Services will be unlimited per member per calendar year for children up to age 3
  - Private Duty Nursing will have a limit of 16 hours per member per calendar year
  - Applied Behavioral Analysis (Autism) will have no dollar limit

# KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20	KeyCare 30
Deductible (INN)	\$100 individual/ \$200 family	\$1,000 individual/ \$2,000 family
Out of Pocket Max (INN)	\$2,500 individual/ \$5,000 family	\$3,500 individual/ \$7,000 family
Deductible (ONN)	\$400 individual/ \$800 family	\$1,500 individual/ \$3,000 family
Out of Pocket Max (ONN)	\$4,000 individual/ \$8,000 family	\$5,250 individual/ \$10,500 family
Prescription Drugs	\$15/\$30/\$60 retail \$15/\$60/\$180 mail	\$10/\$30/\$60 retail \$10/\$60/\$180 mail

# KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20 (Current Plan)	KeyCare 30
Preventive Care	100%	100%
PCP Office Visit Specialist Office Visit	\$20 copay \$40 copay	\$30 copay \$50 copay
Diagnostic Lab & X-ray	20% coinsurance	20% coinsurance
Mental Health & Substance Abuse	Office Visit: \$20 copay Outpatient Facility: 20% coinsurance	Office Visit: \$30 copay Outpatient Facility: 20% coinsurance
Physical Therapy	\$40 copay plus 20% coinsurance	20% coinsurance
Spinal Manipulation/ Chiro	\$20 PCP/ \$40 Specialist	\$25 copay

# KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20	KeyCare 30
Outpatient Surgery	\$200 plus 20% coinsurance	20% coinsurance
Inpatient Stay	\$300 plus 20%; 20% for physician services	20% coinsurance
Emergency Room	\$200 plus 20%; 20% for physician services	20% coinsurance
Maternity Pre & Postnatal care	\$200 copay per pregnancy;	\$30 copay PCP \$50 copay Specialist*
Ultrasounds, diagnostic testing	20% coinsurance	20% coinsurance
Delivery Services for Inpatient Stay	\$300 plus 20%; 20% for physician services	20% coinsurance

\*If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services. (See Inpatient stay section)

# Lumenos with HSA Plan

	Lumenos with HSA Plan
Preventive Care	100% (no deductible)
Deductible (INN)	\$3,000 individual/ \$6,000 family (embedded)
Covered Medical Services	100% after deductible
Prescription Drugs (after deductible)	\$10/\$30/\$50 or 20% retail; \$10/\$60/\$150 or 20% mail order*
Out of Pocket Max (INN)	\$4,000 individual/ \$8,000 family
Out of Pocket Max (OON)	\$6,000 individual/ \$12,000 family

\*For tier 3 drugs, copay or coinsurance whichever is greater up to \$200 per script retail and \$400 per script mail.

# Blue View Vision

## Blue View Vision

- Annual vision exam copay – \$15
- Discounts on eyewear and more
  - ▣ Frames\* – 35% off retail price
  - ▣ Standard Eyeglass Lenses\*
    - Single- \$50
    - Bifocal- \$70
    - Trifocal- \$105
    - Other lens options and upgrades available
  - ▣ Conventional Contact Lenses- 15% off retail
  - ▣ Accessories & Materials (i.e. non Rx sunglasses, lens cleaning supplies)- 20% off retail

\*when purchased as part of a complete pair of eyeglasses

# Anthem 360° Health

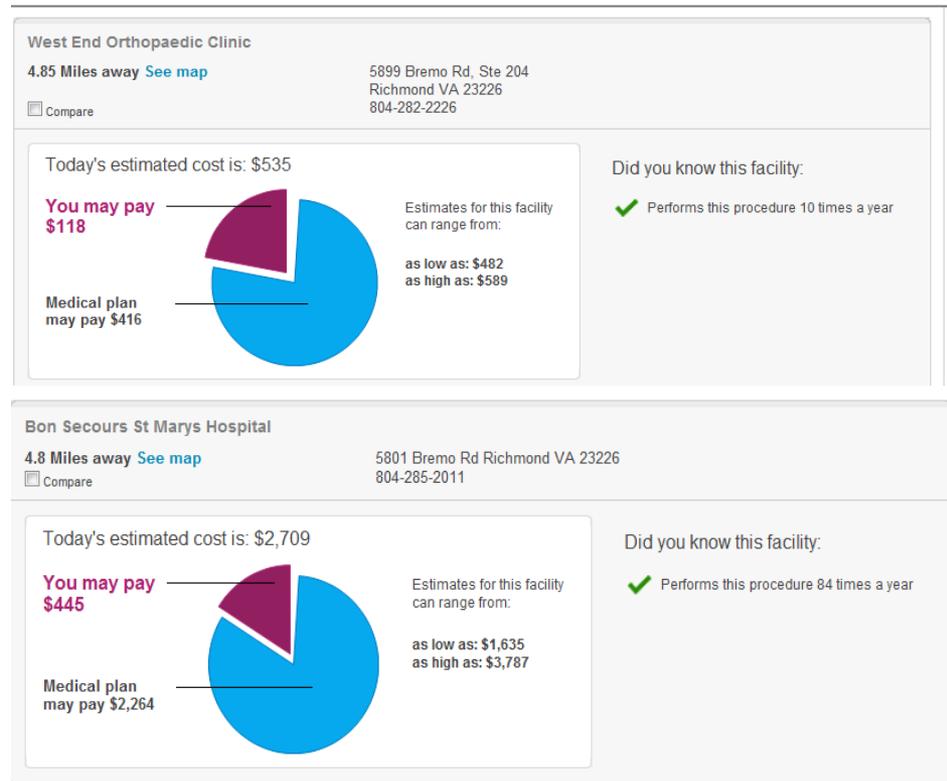
## Anthem's 360° Health Programs

- **24/7 NurseLine**
- **Future Moms**
  - A toll-free number you can use to talk to a nurse coach any time, any day, about your pregnancy. A nurse may also call you from time to time to see how you're doing.
  - A book that shows changes you can expect for you and your baby during the next nine months.
  - A screening to check your health risk for depression or early delivery.
- **ConditionCare**
- ConditionCare nurse care managers work with members of all ages who have:
  - Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD), Heart failure, & Coronary artery disease.
- When you join ConditionCare, you'll get:
  - 24-hour, toll-free access to a nurse who'll answer your questions.
  - A health assessment by phone.
  - Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
  - Educational guides, newsletters and tools to help you learn more about your condition.

# Anthem Care Comparison

Estimate Your Costs for hundreds of procedures. Shop around and save big!

- You can see cost ranges for different treatments, procedures and hospital stays. We even bundle costs together for a health event, so you get the big picture of its impact on your health- and your wallet.
- Gives you information on key quality factors such as the number of specific procedures performed, patient safety, facility complication rates, mortality rates and average length of stay.



# LiveHealth Online

Doctors are available online 7 days a week, 24 hours a day, 365 days a year!

- LiveHealth Online is a convenient way for you to talk with and get treatment from a doctor at [livehealthonline.com](http://livehealthonline.com) or on your smartphone or tablet.
- You use two-way video conferencing, along with instant messaging with U.S. Board Certified doctors.
- Enroll for free at [livehealthonline.com](http://livehealthonline.com) or on the free app (in the App Store or Google Play), and choose a doctor to see your cost. Without enrolling, your health plan won't be able to cover your visit.
- You can see a doctor using LiveHealth Online for the same cost as your regular doctor visits!
- Employees and family who aren't members can use it, too, but pay the full price for the visit (\$49).
- LiveHealth Online accepts Visa, MasterCard and Discover cards.
- Some of the most common uses include:
  - Cold and flu symptoms such as a cough, fever and headaches
  - Allergies
  - Sinus infections
  - Family health questions



# Questions?





HealthSavings  
ADMINISTRATORS

# ***HEALTH SAVINGS ACCOUNTS OVERVIEW***

*2014 Plan Year*

# WHAT IS A HEALTH SAVINGS ACCOUNT?

**Coupling of high deductible health insurance**

**(HDHP)**

**+**

**A tax-free medical IRA**

***It's use it or keep it!***

# BENEFITS OF AN HSA

**An HSA provides several financial benefits:**

- Tax deductible contributions to your savings account
- Tax free dollars to pay for qualified medical expenses
- Tax free growth of your investment
- Keep the savings you don't use
- Take the plan with you if you change jobs

# OTHER POTENTIAL ADVANTAGES

- Lower insurance premiums
- Employer Contribution
- Opportunity to control expenses by being more aware of the true cost of medical treatments
- Supplement retirement - in your retirement years (after age 65) your HSA can be used for non-medical expenses without a penalty, just taxes

# ELIGIBILITY FOR ENROLLED EMPLOYEE

- Covered under a qualified high deductible health plan on the first day of the month
- Not covered by any other health plan, including spouse's health insurance
- Not covered by spouse's Medical FSA
- Not enrolled in Medicare or Tricare
- No Veteran's health benefits in past 90 days
- Not claimed as dependent on another person's tax return

The background features a white central area with abstract geometric shapes in green and dark blue. A large green triangle points from the top right towards the center. A dark blue triangle points from the bottom left towards the center. The text is centered in the white area.

***GETTING MONEY INTO THE  
ACCOUNT***

# HSA CONTRIBUTIONS

- Employee can contribute through payroll withholding, saving State, Federal and FICA taxes (7.65%)
- May contribute directly, cannot avoid FICA
- Employees may change their payroll withholding election no more than once a month
- No minimum employee contribution

# HSA MAXIMUM ANNUAL CONTRIBUTION

	<i>2014</i>	<i>2015</i>
Single – one person covered	\$3,300	\$3,350
Family – more than one person on health insurance	\$6,550	\$6,650

- **Catch-up provision**
  - Age 55 and over by December 31 of tax year
  - \$1,000 per year
- **Limits include any employer contribution**

# HSA CONTRIBUTIONS

- Employee contributions can be made anytime up to April 15 of following tax year
- There is a penalty for over contributing:
  - Income tax **plus** 6% of excess contribution **every year** excess remains in account

# HSA INVESTMENT OPTIONS

## The Vanguard Group<sup>®</sup> of no-load mutual funds

- Select from 22 funds.
- No minimum investment.
- No broker fees.
- No transaction fees.
- Funds range from low to high risk
- All are self-directed – you make your own fund choices
- These funds may lose value as the market changes
- Can get reimbursement online or by paper reimbursement form

# HSA INVESTMENT OPTIONS

## Debit Card *(always use like credit card)*

- A standard Visa Debit Card
- One free additional card for an authorized signer
- Paper checks are available (50 checks for \$7.95)
- Interest varies depending upon balance
- Bills can be paid with debit card or paper check



***GETTING MONEY OUT OF THE  
ACCOUNT***

# YOUR VISIT TO THE DOCTOR

- Show the insurance card
  - Get credit towards your deductible
  - Pay the negotiated (allowable) rate
- Doctor sends the bill to the insurer
- Insurer checks deductible and applies discount
- You and the Doctor get the EOB
- Don't pay for services until you see the EOB

# WHEN TO REIMBURSE YOURSELF

- Not required to withdraw from the HSA in the same tax year
- Can pay with personal funds and hold receipts
- Can carry unreimbursed expenses forward if account balance is insufficient

# HOW TO WITHDRAW VANGUARD FUNDS

- From the Vanguard fund - submit reimbursement form to Health Savings Administrators (online, fax, or mail)
- Shares will be redeemed and direct deposited to your home checking account.
- Approximate 5 business day turnaround

# HOW TO WITHDRAW DEBIT CARD FUNDS

- Can be used as debit or credit
- If used as a DEBIT, there will be a \$2 transaction fee
- **Use as CREDIT to avoid transaction fee**

# HSA TAX-FREE WITHDRAWALS

- All qualified expenses as defined by IRS publications 969 and 502
- Eligible medical expenses before insurance deductible
  - Doctor bills, prescriptions, hospital visits, lab tests
- Generally, anything therapeutic that returns you to a normal state of health
- Eyeglasses, contact lenses, contact lens solution, Lasik eye surgery
- Dental expenses: cleanings, braces, crowns, and fillings

# HSA ELIGIBLE INSURANCE PREMIUMS

- Qualified LTC, COBRA, and health care coverage while receiving unemployment compensation
- Medicare eligible may pay ER-sponsored health premiums and Medicare premiums
- Cannot use HSA for Medigap premiums
- Cannot reimburse yourself for HDHP premiums deducted from paycheck

# ALL FAMILY MEMBERS CAN USE HSA

- HSA can pay for eligible medical expenses for the following individuals:
  - Account holder
  - Spouse of account holder
  - Tax dependents of account holder
- Insurance status does not impact distributions

# HSA TAXABLE WITHDRAWALS

- May withdraw at any time for any reason
- These withdrawals are subject to income tax
- **Taxable withdrawals taken before age 65 or disability are subject to additional 20% penalty**

***OTHER ISSUES***

# WHAT IF I TERMINATE OR RETIRE?

- Account belongs to you - take it with you
- Can continue to pay medical expenses tax free - even after Medicare eligibility
- Always available for self, spouse, and tax dependents' medical expenses
- You cannot make further contributions unless covered by another HSA insurance policy

# HSA FEES

- No account setup fee
- Administration fee \$45.00 / year -
- Account Maintenance Fees
  - Vanguard Funds - .0008 times account balance each quarter (80 cents per \$1000)
  - Debit Card – No monthly fee (other bank fees may apply)

# HOW DO I SIGN UP?

- Confirm you are eligible (no FSA, no VA health benefits, no Medicare)
- Decide on investment option
- Complete online enrollment form
- Decide on payroll deduction

# ADDITIONAL INFORMATION

In Richmond: 804-378-7756

Toll free: 888-354-0697

Email: [info@HSAadministrators.com](mailto:info@HSAadministrators.com)

Website: [www.HSAadministrators.com](http://www.HSAadministrators.com)

# Need guidance on which plan to choose for you and your family?



Choosing has never been simpler.

Introducing *myclearview*, a simple tool to help you select the **right health plan**.

Selection of a health plan is a major financial decision...as significant as a car or home purchase... **So, what's the right plan?**

*The best plan choice is not necessarily the least expensive or even the most rich in coverage. It's the plan that provides the **anticipated medical services for the lowest total cost**. Answer a few simple questions and in 5 minutes or less, a customized recommendation is developed.*

To access *myclearview*:

Go to: [www.clearviewlogix.com/salem](http://www.clearviewlogix.com/salem)

User name: salem

Password: salem1802

[my clearview video](#)

*Watch the video then answer the questions to see the plan that works best for you and your family!!*

# Salem City Schools Dental Benefits

# Dental Plan Summary

	Coinsurance
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$80/Lifetime Type 2 & 3 Waived Type 1
<b>Maximum</b> <i>(per person)</i>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	None
<b>Ortho Coverage</b>	
<b>Coinsurance</b>	50%
<b>Lifetime Maximum</b> <i>(per person)</i>	\$1000
<b>Waiting Period</b>	None

# Dental Plan Summary (continued)

Sample Procedure Listing		
Type 1	Type 2	Type 3
Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under	Sealants (age 16 and under) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia	Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for.

# Dental Rewards

**This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.**

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

# Your Flexible Spending Account

2014-2015



## KEY INFORMATION

Plan Year:

**Oct 1, 2014 – Sept 30, 2015**

Run-Out period for Filing:

**12/29/2015**

Available Accounts:

**Healthcare Reimbursement**

**Dependent Care Reimbursement**

**Your FBA Debit Card is automatically issued at time of enrolling in the plan**

### **Benefits Card**

FSA Medical/Dependent Care  
on ONE Card

Cards valid for 3 years

### **FBA Customer Service**

Contact Us at 800-437-3539  
Monday-Friday 8:30a-5:00p EST  
Email: [flexdivision@flex-admin.com](mailto:flexdivision@flex-admin.com)

# HealthCare Eligible Items

Fees/Co-pays/Deductibles

Prescription Drugs

Glasses/Contacts/Contact Lens  
Supply

Diabetic Supplies

Orthodontic Expenses

Fertility Treatments

Chiropractic Expenses

Mileage to your medical appts.



**The Healthcare  
Maximum is  
\$2,500**

# Dependent Care Eligible Items

Babysitters or Nannies

Licensed day care centers

Private Preschools

Before and after school care

Summer Day Camp

Day care for elderly or disabled dependent



**The Dependent  
Care Annual  
Maximum is  
\$5,000**

# Submitting for Reimbursement of Manual Claims

## Follow These Easy Steps

1. Gather your documentation for eligible expenses
2. Complete the appropriate Claim Form
3. Submit your Form and documentation to FBA as instructed on the form

### Documentation Must Include:

- Date of Service
- Provider Name/Patients Name
- Amount Charged
- Nature of the Expense

The image shows two overlapping forms from FlexibleBenefit Administrators. The top form is the 'FSA Dependent Care Reimbursement Claim Form' and the bottom form is the 'FSA Medical Reimbursement Claim Form'. Both forms include sections for 'How to File', 'Account Holder Information', and 'Claims For Out-Of-Pocket Expense'. The 'Claims For Out-Of-Pocket Expense' section contains a table for listing expenses.

Person treated and Relationship	Type of Eligible Expense	Date of Treatment	Amount of Expense
1			\$ 0
2			\$ 0
3			\$ 0
4			\$ 0
5			\$ 0
6			\$ 0
Total \$			0

Note: Orthodontia expenses are reimbursed as designated by the provider. We must have a copy of your orthodontic contract on file.  
**YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE.** For the amounts listed above. To the best of my knowledge, I request reimbursement from my Health Flexible Spending Account (Health FSA) for the amounts listed above. I understand that I cannot use my statements are complete and true. I certify these expenses are not covered or reimbursable from any other source, nor will I seek reimbursement for these expenses from any other source and that the expense is not for cosmetic purposes. I further certify that the expenses submitted on this claim are for myself and/or my qualified tax dependents for health coverage purposes as defined under the Internal Revenue Code 125.

I, the participant, further certify that the expense(s) noted above have not been previously paid for by use of my Benefits Card.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# FBA Debit MasterCard

## Convenience Features

- Cards are ordered upon your request
- Works like a pre-paid credit card; no pin number required
- Your card will be activated upon the first swipe
- Additional cards are available for your spouse and dependents over age 18
- Monitor your account balance, transaction history at [www.flex-admin.com](http://www.flex-admin.com)
- Your Healthcare account is pre-funded with your annual election on the card
- Your dependent care account is funded as payroll deposits are taken



Please visit [www.sig-is.org](http://www.sig-is.org) for a list of  
**IIAS Merchants**

# Auto-Substantiation Features



## For Benefits Card Transactions

### 1. Recurring Expenses (allergist, chiropractic)

- FBA will not request repeat documentation once audited the first time. Expenses must match the exact same amount provider.

### 2. Mail Order Prescriptions

- FBA will not request documentation.

### 3. Orthodontic Contracts

- Submit a copy of the orthodontic contract in order for FBA to note this expense as recurring; then no additional requests will be generated.

# Quick Tips!

## ✓ **Claims/Substantiation Requests:**

Remember to file your claims with a completed claim form and to respond to all requests for card substantiation. Please allow 2-3 business days for the processing of your submitted claims once they have been received.

## ✓ **Weekly Reimbursements:**

Reimbursement checks will be mailed directly to your home address. Direct Deposit reimbursements are available within 1-2 business days after processing.

## ✓ **Sign-up for Free Direct Deposit** by completing the form on FBA's website

**FlexibleBenefit ADMINISTRATORS**  **Direct Deposit Form**

1-800-457-3333 or 757-346-4607  
10000 Regency Center, VA Beach  
VA 23462

(Please complete this form if you are a new FBA participant or if your bank account information has changed in the past year. You don't need to complete this form if you had direct deposit in the last year and your bank account information hasn't changed.)

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**Employee Information**

Employee Name:  Social Security # or Employee ID:   
Home Telephone:  Alternate Telephone (work/cell):   
Address:   
City:  State:  Zip:   
Email:  Name of Employer:   
Help us go green! If provided, we will use your email as our primary method of contact.

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**Bank Account Information**

Bank Name:   Checking Account\*\*  
 Savings Account\*\*  
Bank Address:   
City:  State:  Zip:   
Name on the Account:   
Routing Number:    
Account Number:   
\*Please provide a voided check, we will not process without a voided check.  
\*\*Please provide a copy of your Savings account deposit slip.

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**Authorization**

I authorize reimbursements from my Section 125 FSA, Dependent FSA, Individual Health Premium, Limited Purpose FSA, or my Section 105 Health Reimbursement Arrangement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Section 125/105/132 administrator to debit my account(s) not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

The IRS regulations state four conditions: 1) Any expenses you incur must be within the plan year, 2) Any expenses you incur must not be covered by any other source, such as insurance, 3) You must provide proper documentation to receive payment, 4) You cannot change or revoke your elections during the plan year unless there is a specific change in status and your employer allows such changes. Please see the Summary Plan Description for details.

Signature:  Date:

Please fax, email, or mail completed form with a voided check to:  
Fax: 757-431-1155 Email: FlexDivision@flex-admin.com  
Flexible Benefit Administrators, Inc. P.O. Box 8183, Virginia Beach, VA 23450

Print Form

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# Your Self-Service Technology

[www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba)

Downloadable App for iPhones and android smartphones & tablets

Sign-up for email/ text messages

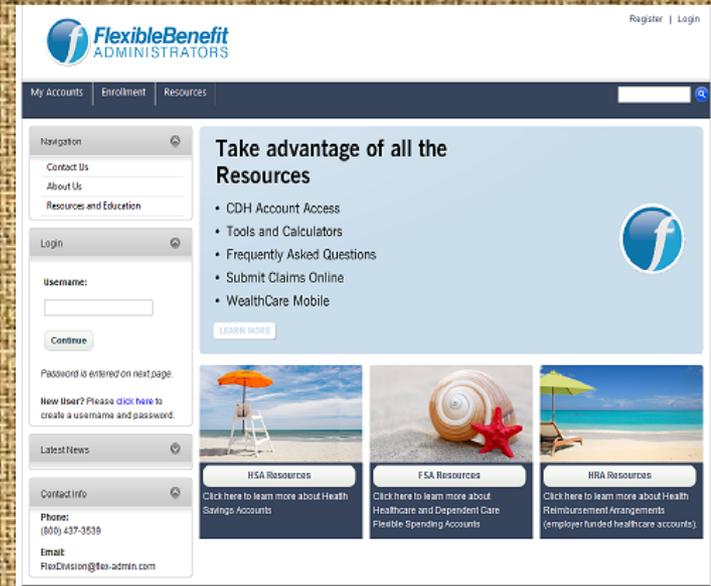
FSA Calculator

Eligible Expense Listing

View 2 years of account of history

Claim Submission online/by phone

Report a benefits card lost/stolen



The screenshot shows the FlexibleBenefit Administrators website. At the top, there is a navigation bar with 'My Accounts', 'Enrollment', and 'Resources' tabs. A search bar is located on the right. Below the navigation, there is a 'Login' section with fields for 'Username:' and a 'Continue' button. A note states 'Password is entered on next page.' Below the login section, there is a 'Latest News' section and a 'Contact Info' section with phone number (800) 437-3539 and email FlexDivision@flex-admin.com. On the right side, there is a main content area titled 'Take advantage of all the Resources' with a list of services: CDH Account Access, Tools and Calculators, Frequently Asked Questions, Submit Claims Online, and WealthCare Mobile. Below this list are three featured resource boxes: 'HSA Resources', 'FSA Resources', and 'HRA Resources', each with a brief description and a 'Click here' link. The background of the website features a beach scene with a lifeguard stand, a seashell, and a beach chair.

Create a user ID and Password to access your account anywhere!



# FSAStore.com Partnership

- ✓ Shop for FSA Eligible products online
- ✓ Search for FSA Eligible Services in your area
- ✓ Online Pharmacy
- ✓ Free shipping for orders over \$50
- ✓ 24/7 customer support

**FlexibleBenefit ADMINISTRATORS**

**Open Enrollment is here!**

Flexible Benefits Administrators is partnered with FSA Store, the only e-commerce site exclusively stocked with FSA eligible products, to help you spend down and manage your FSA. FSA Store and Flexible Benefits Administrators work together to eliminate your guesswork behind what is reimbursable by an FSA and HSA.

Our partnership gives you access to tools such as a Dynamic Eligibility List, an FSA Calculator, and a Learning Center to help answer all your FSA/HSA questions.

- medco | fsastore.com | Dr. Scholl's | MyPharmCare**  
Exclusively stocked with eligible products.
- FSA Eligibility List**  
Eliminate eligibility guessing games.
- FSA Calculator**  
Estimate your annual FSA spending.
- 31 FSA Deadline Tracker**  
Receive deadline reminders.
- FSA Learning Center**  
Get answers to all your FSA questions!

**FSA Store** THE FLEXIBLE SPENDING ACCOUNT SITE

Visit [www.fsastore.com](http://www.fsastore.com) to spend down and manage your FSA. Code **FBAR2015** exp. 12/31/15

**\$5 OFF** 100+ purchases

# Wrap Up



 **Contact Us** 

It is our pleasure to assist you with your questions!  
**Monday through Friday 8:30 am to 5:00pm EST**  
Toll Free 800-437-3539  
Fax Number 757-431-1155  
On the Web [www.flex-admin.com](http://www.flex-admin.com)

For more detailed information on any of the plans offered, visit [www.flex-admin.com](http://www.flex-admin.com)

# Points of Interest

- This is the time to when you may enroll or change your health or dental insurance, sign-up for a Flexible Spending Accounts, or make changes to your voluntary deductions.
- The 2014-15 rates have been emailed to all employees but copies are available as well as applications if changes need to be made.

## Points of Interest - Online Enrollment

- The new plan year begins October 1, 2014 through September 30, 2015.
- The open enrollment process will be completed through Kronos. Directions will be sent to your worksite.
- All benefited employees must complete open enrollment by Friday, September 12, 2014, whether you are participating or not.

# Points of Interest - Employee Health & Wellness Clinic

- Salem Employee Health & Wellness Clinic is located on 15 E. Clay Street.
- Use of the clinic is free for all employees and dependents who are on the school's health insurance plan and can more than offset the cost of medical services you would incur at a doctor's office, urgent care, or emergency room.

# Questions & Answers

