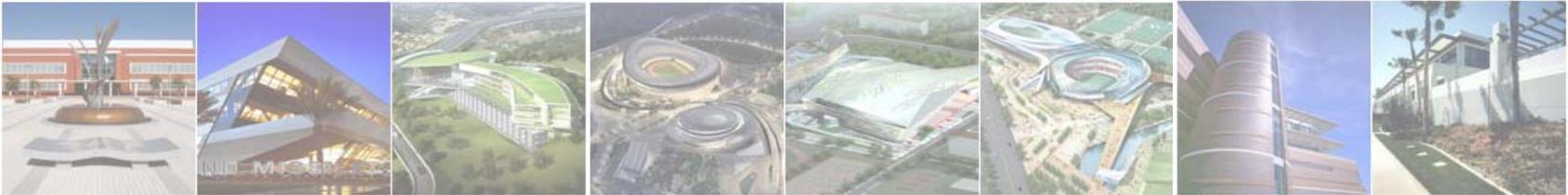


Filice Insurance Presents

# OPEN ENROLLMENT 2015

**NADEL**  
ARCHITECTURE + PLANNING



# What is Open Enrollment?

**Your once-a-year opportunity to make election changes to your benefit plans**

- Change Plans
- Add or drop coverage for yourself
- Add or drop coverage for your dependents
- The changes you make remain in effect for the entire plan year



## The Affordable Care Act: Individual Mandate

The ACA requires for individuals and their dependents to have health insurance or they will face a penalty. For 2015 the penalty will be \$325 per uninsured person or 2 percent of household income. For 2016 and beyond, \$695 per uninsured person or 2.5 percent of household income.

# Mid-Year Qualifying Events

## When am I allowed to make changes outside of Open Enrollment?

- If you do not make changes during open enrollment, the only time you can make an election change is if you experience a qualifying event as defined by the IRS.
- Some common examples of qualifying events include, but are not limited to the following:

- ✓ Marriage
- ✓ Divorce or Legal Separation
- ✓ Birth or Adoption of a Child

- ✓ Loss of Prior Coverage
- ✓ Change in Employment Status
- ✓ Change in Employment Status of Your Spouse



# What's New?

## Medical

- No changes to the plan designs offered through Cigna
- Employees will now be responsible for premium differential between the HMO and OAP plan. Nadel will contribute 100% of the employee premium towards the HMO.

## Dental

- Open enrollment for the dental plan is currently closed as the plan renewed on 7/1/15, and is effective until 8/31/16. We will review the plan design and answer any questions.

## Vision

- New vision plan through The Standard! Nadel will contribute 100% of the employee premium.

## Life/AD&D/LTD

- New carrier: The Standard! Nadel will now contribute 100% of the cost for the LTD coverage.





## Medical Plan Options

Medical Plan Features	In-Network	Out-of-Network	In-Network
<b>Calendar Year Deductible:</b>			
Per Person	\$300	\$900	\$0
Per Family	\$900	\$2,700	\$0
<b>Annual Out-of-Pocket Max:</b>			
Per Person	\$2,300	\$4,900	\$1,000
Per Family	\$4,900	\$10,700	\$2,000
<b>Preventive Care:</b>			
Physical Exams	\$0	30% after deductible	\$0
Labs/X-rays/Screenings	\$0	30% after deductible	\$0
<b>Office Visits:</b>	\$15 Copay	30% after deductible	\$10 Copay
<b>Lab &amp; X-ray Outpatient:</b>	10% after deductible	30% after deductible	\$0
<b>Hospital Medical Services:</b>			
Inpatient/Outpatient	10% / 10% after deductible	30% / 30% after deductible	\$0 / \$0
<b>Mental Health / Substance Abuse Services:</b>			
Inpatient	10% after deductible	30% after deductible	\$0
Outpatient	10% after deductible	30% after deductible	\$10 Copay
<b>Emergency:</b>	\$150 Copay		\$100 Copay
<b>Prescription Drugs (Rx):</b>			
Generic	\$10 Copay	Not Covered	\$10 Copay
Preferred Brand Name	\$20 Copay		\$20 Copay
Non-preferred Brand name	\$40 Copay		\$40 Copay

### No Changes to Current Medical Plan Designs

- Benefit Enhancement:**  
 RX Copays will now accumulate towards your annual Out-of-Pocket Maximum.
- For OAP Members:**  
 You have the freedom to seek care from both in and out of network providers. You will maximize your benefits by seeking services in-network.
- For HMO Members**  
 HMO members must seek care within the network/designated medical group. You must assign a PCP who will coordinate your care and refer you to specialists, when needed. Remember, you can change your PCP at any time by contacting Cigna.





## Dental Plan

Services	In-Network	Out-of-Network
<i>Calendar Year Deductible</i>	\$50 / Individual \$150 / Family	\$100 / Individual \$300 / Family
Preventative <i>Cleanings, Exams, X-Rays</i>	100% No deductible	80% After deductible
Basic Services <i>Simple Extractions, Diagnostics</i>	90% After deductible	80% After deductible
Major Services <i>Crowns, Bridges, Dentures</i>	50% After deductible	50% After deductible

### Annual Maximum

**\$2,500**

After you reach the annual maximum, you will received 30% coinsurance on preventive, basic and major services for the rest of the plan year.

**Non-participating dentists can bill you for charges above the amount covered by your dental plan (balance billing). To maximize your benefits, we encourage you to visit a participating provider.**

### No Changes to Current Dental Plan Design

- **Remember:**  
The dental plan year will run 7/1/2015 - 8/31/2016.
- **PPO Network:**  
You have the freedom to seek care from both in and out of network providers. You will maximize your benefits by seeking services in-network.
- **MyHumana:**  
View your benefits, find doctors, hospitals and other providers, check claims and more when you register for a MyHumana account. Visit: [www.humana.com](http://www.humana.com)





## Vision Plan

Services	In-Network	Out-of-Network
Deductibles	\$10 for Exam \$25 for Lenses <b>or</b> Frames	\$10 for Exam \$25 for Lenses <b>or</b> Frames
Exam	\$0 \$10 deductible applies	Up to \$45
Lenses (per pair)	Covered in full: Single, Bifocal, Trifocal, Lenticular (\$25 deductible applies)	\$30 - \$100
Frames	\$130 Allowance	Up to \$70
Contact Lenses		
Fitting & Follow Up Exams	Up to \$60 Copay	Not Covered
Elective	\$130 Allowance	Up to \$105
Medically Necessary	Covered in Full	Up to \$210

New Vision Plan Through  
The Standard Effective  
9/1/2015



- **VSP Choice Network:**  
Your plan utilizes the VSP Choice Network
- **Plan Frequency Limits:**  
Exams – 12 months  
Lenses – 12 months  
Frames – 24 months  
\*Based on Date of Service
- **Member Discounts:**
  - 20% off any amount over the frame allowance of \$130
  - 20% off an additional pair of complete glasses
  - 15% off LASIK vision correction



## Life and Disability Benefits

PLAN OFFERED	BENEFIT AMOUNT
Group Life/AD&D	Employee: Flat \$25,000
Long Term Disability	Monthly benefit of 66.67% of your pre-disability earnings Up to a maximum of \$8,000 per month Benefits Duration: SSNRA Elimination Period: 90 days

New Carrier, Same Benefits!



**Nadel will now contribute 100% towards LTD premiums.** All regular, full time employees working 30+ hours per week are eligible.



# Your New Employee Benefits Portal: [www.filice.com/benefits/nadel](http://www.filice.com/benefits/nadel)

## Your One-Stop-Shop to Your Benefits

- **Plan Information**  
You will find detailed plan descriptions, summaries, group numbers and carrier contact information
- **Provider Listings**  
Search for medical, dental and vision providers
- **Download Forms**  
If you have a mid-year change and need to make changes to your benefits, you can download forms anytime!

**NADEL**

Home | Benefits | Required Postings | Forms | Your Service Rep

### Employee Benefits

Nadel Inc. is committed to providing emp benefits package that includes health and your family healthy and safe. This website is designed to provide y the information you need to make your benefit decisions. It contain plan designs, forms, links to provider websites, evidence of covera brochures, and more.

If you have questions or unresolved issues after contacting Membe Services for any of our benefits providers, you are welcome to cont Filice Insurance Agency Service Representative, Jasmine Perez. J will answer any questions you may have concerning your employe claim problems and administrative issues.

**HumanaDental PPO 09**

	IF YOU ARE NOT NETWORK PROVIDER	IF YOU ARE OUT-OF-NETWORK PROVIDER
<b>Calendar-year deductible</b> (includes orthodontic services)	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000
<b>Annual maximum</b> (includes orthodontic services)	\$1,500	When you reach the annual maximum amount, you will receive 80% coinsurance for all services for the rest of the plan year. (Deductible and orthodontic excluded)
<b>Preventive services</b>	100% no deductible	80% after deductible of in-network fee schedule
<b>Basic services</b>	50% after deductible	80% after deductible of in-network fee schedule
<b>Major services</b>	50% after deductible	80% after deductible of in-network fee schedule

**Form 1099-MISC**

Nonparticipating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit participating PPO Network dentists.

# What Now?

## Medical

- No changes = No Forms
- If you are switching plans, you must complete a Cigna Change Form
- HMO Enrollees: You will need to designate a PCP or Cigna will assign one based on your area

## Dental

- Open enrollment is currently closed; nothing is required at this time

## Vision

- If you are enrolling you must complete an enrollment form. Your current vision election will not carry forward

## Payroll Deduction Form

- Required for anyone who is enrolling in benefits

**All forms are due by Monday, August 17, 2015 and must be returned to  
Marissa Acuña**



# Employee Advocacy

Filice Insurance is here to help! Contact your dedicated Client Services Manager for assistance with general benefit questions, eligibility, claims issues, finding a provider and more. We are your advocate and liaison in the ever-changing world of benefits.

**Jasmine Perez**  
**Client Services Manager**  
**925-385-5306**  
**[jasmine@filice.com](mailto:jasmine@filice.com)**



Q

Questions