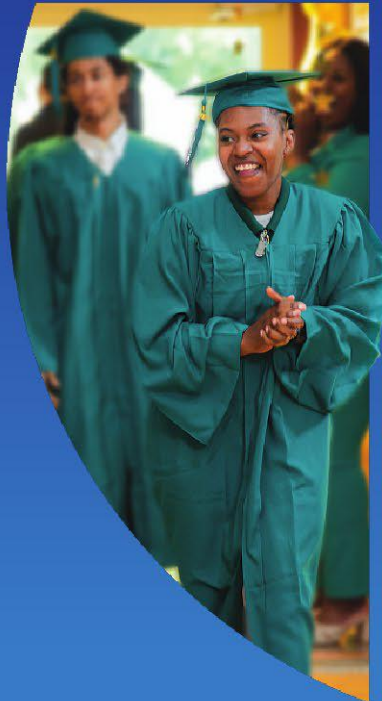


PATHWAY to HEALTH



2024 Benefits Overview



Client Workers

Updated 11/9/2023

THE
FEDCAP
GROUP

The Power of Possible

Agenda

Open Enrollment

- Eligibility
- Oracle HCM
- Benefit Service Center
- What's New in 2024?

Benefits Overview

- Medical
- The Fedcap Group Advantage
- Dental
- Vision
- FSA
- Voluntary Benefits
- Other Benefits and Resources
- Employee Assistance Program

Reminders, Recap and Q&A



Open Enrollment

Eligibility

You: Full- or part-time employees working under a government contract. Medicare eligible employees must elect or continue Fedcap medical benefit coverage.

Your Dependents: Eligible dependents are your:

- Legal spouse
- Child(ren) up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- Disabled child(ren) of any age (with documentation of disability) dependent on you for support due to physical or cognitive disability that occurred before reaching age 26

Dependents become eligible for coverage on the same date you do or on the date of a Qualified Life Event

Dependent Documentation required include marriage certificate, birth certificate, adoption papers, etc.

Open Enrollment

Open Enrollment for 2024 plan elections and changes will be held November 13 – November 22, 2023

All plan elections made during Open Enrollment will be effective January 1 - December 31, 2024

Open Enrollment is your annual opportunity to:

- Add or drop coverage
- Add or drop dependents
- Change benefit plans

Changes to your benefit elections outside of the Open Enrollment period are only permitted if you experience a Qualified Life Event such as:

- Marriage or Divorce
- Birth or Adoption
- Loss of Eligibility for Other Coverage

The Benefit Service Center must be notified within 30 days of a Qualified Life Event

- ✓ If you enroll your dependent(s) please make sure you have their SSN as well as their Date of Birth.
- ✓ In order to enroll dependents the required documents for verification are:
 - Spouse:*
 - ✓ Marriage Certificate/Affidavit
 - ✓ Prior year tax return (first page)
 - Children:*
 - ✓ Birth Certificate
 - ✓ Proof of Legal Guardianship
 - ✓ Qualify medical court support order (QMCSO)
 - ✓ Prior year tax return (first page)

Open Enrollment Hub - Internet

Open Enrollment documents will be available on the Open Enrollment Hub on the Fedcap Group page: <https://fedcapgroup.org/fedcap-employee-benefits-portal/> or scan QR code below
There is no need to login or remember passwords.



Welcome To The Fedcap Group's 2024 Benefit Information Hub

Please Review your 2024 Benefit Information

[CLICK HERE FOR 2023 BENEFITS GUIDES ▶](#)

Please Review your 2024 Benefit Information:

Benefit Guides and Webinar Information:

Fedcap All Staff ▼

Client Workers ▼

Easterseals – Upstate New York ▼



Employee Resources Portal - Intranet

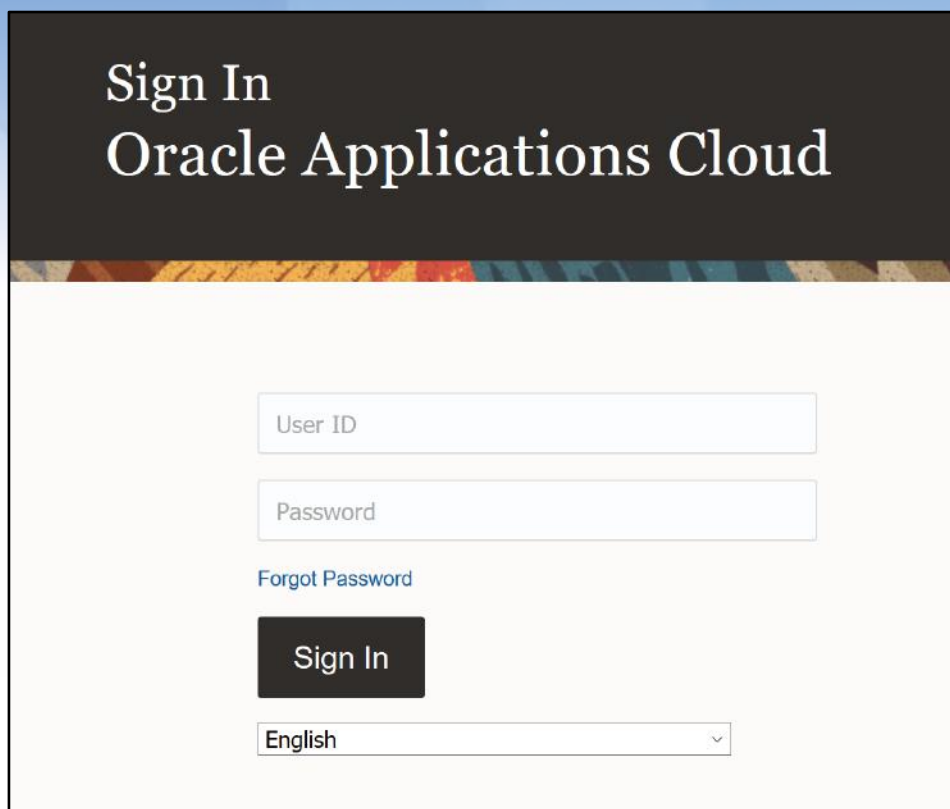
Open Enrollment documents will also be available on the Employee Resources Portal on the Fedcap Group Intranet site: <https://Fedcap.sharepoint.com/hr/SitePages/home.aspx>

Select “2024 Open Enrollment Documents” folder to view these documents.



Open Enrollment – Oracle HCM Login

Oracle HCM URL: www.fedcapgroup.org/oracle



Sign In
Oracle Applications Cloud

User ID

Password

[Forgot Password](#)

Sign In

English

User ID: work email address

Password: user generated

If you need access to your Oracle HCM account or need help to reset your password, please contact the Oracle Help Desk at oraclehelpdesk@fedcap.org.

Open Enrollment – Oracle HCM Login

After logging in, click on the “Benefits” icon in the “Me” tab, then click “Make Changes” to start the Open Enrollment process

The screenshot displays the Oracle HCM user interface. At the top, there is a navigation bar with tabs: Me, My Team, My Employees, Benefits Administration, Risk Management, and Projects. Below the navigation bar, there are two main sections: QUICK ACTIONS and APPS. The QUICK ACTIONS section lists: Fedcap Advantage, Personal Details, Document Records, Identification Info, and Contact Info. The APPS section contains a grid of icons: Directory, Connections, Journeys, Personal Information, Learning, and Benefits. The Benefits icon, which shows a gift box and a medical cross, is highlighted with a red rectangular box. Below the APPS grid, there is a dark blue banner with the text "Review your benefits package and relevant info before you enroll." and a white button labeled "Make Changes". A red arrow points from the left towards the "Make Changes" button.



Pending Actions

Address your open items to complete enrollment



Your Benefits

See your current, past, and future enrollments

Benefit Service Center


The Fedcap Group Benefit Service Center offers you a central location for your benefits questions and should always be your first point of contact for a benefits question or claims issue. The Benefit Service Center is staffed with qualified benefit representatives who understand your benefit plans and can answer your questions and assist with claims resolution.


Contact the Fedcap Group Benefit Service Center if you are looking for information about:


- Medical, Dental, Vision, Disability, Life, and Accidental Death & Dismemberment (AD&D) benefits
- Health Care and Dependent Care Flexible Spending Accounts
- Commuter Benefits
- Claim Issues
- ID Cards
- Qualified Life Status Changes
- COBRA
- Voluntary Benefits


Fedcap Benefit Service Center

Agents Available Monday-Friday 9am-5pm ET:

 **Call Toll-Free:** 1.866.533.3227

 **Live Chat:** Go to <http://myteambms.com/benefitservicecenter> and click "Start Chat"

 **Email:** benefitservicecenter@fedcap.org

 **Leave a Message:** Go to <http://myteambms.com/benefitservicecenter> and click "Leave a Message"

*Inquiries received after 5pm will be answered within one business day.

What's New For 2024?

- Empire BlueCross BlueShield is changing their name to Anthem BlueCross BlueShield. Employees who elect or continue Anthem Medical, Dental or Vision coverage will receive a new ID card at the end of 2023.
- Coinsurance changes to the EPO1, EPO2 and PPO Medical plans:
 - EPO1 coinsurance changes to 70%
 - EPO2 and PPO coinsurance changes to 80%
- Prescription Drug changes to EPO1, EPO2 and PPO Medical plans:
 - Tiers 2 and 3 will have a \$100 deductible
 - Tier 2 copays for PPO will increase to \$35 (30-day supply)/\$70 (90-day supply)
 - Tier 3 copays will increase to a maximum of \$400
- Effective January 1, 2024, a new Long Term Disability Plan will be available. The new plan will provide a monthly benefit of 60% of your salary up to \$5,000.
- Starting in the second quarter of 2024, The Standard will be the new vendor for Disability, Basic Life, AD&D and Leave Administration. Prior to the transition, Anthem will remain as the Disability vendor.
- The Fedcap Group will be introducing a new Wellness program in 2024.



Medical Benefits Overview

Comparing Plan Basics



Medical plans		PPO		EPO2	EPO1	HRA
		Doctors in your plan's network	Doctors not in your plan's network	Doctors in your plan's network	Doctors in your plan's network	Doctors in your plan's network
Deductible	Employee	\$1,000	\$3,000	\$500	\$2,000	\$3,000
	Employee + family	\$2,500	\$7,500	\$1,000	\$4,000	\$6,000
Coinsurance	Member	20%	40%	20%	30%	10%
Office visits	Doctor	\$20	Deductible & Coinsurance	\$25	\$35	Deductible & Coinsurance
	Specialist	\$35	Deductible & Coinsurance	\$40	\$50	Deductible & Coinsurance
Out-of-pocket limit	Employee	\$3,250	\$5,000	\$7,150	\$7,150	\$7,150
	Employee + family	\$8,125	\$12,500	\$14,300	\$14,300	\$14,300
Prescription drugs	Pharmacy deductible	\$100	Covered in-network only	\$100	\$100	Deductible applies
	Retail	\$10/\$35/20% (\$80 min/\$400 max)		\$10/\$35/20% (\$80 min/\$400 max)	\$10/\$35/20% (\$80 min/\$400 max)	\$10/\$35/20% (\$80 min/\$300 max)
	Home delivery	\$20/\$70/20% (\$80 min/\$400 max)		\$20/\$70/20% (\$80 min/\$400 max)	\$20/\$70/20% (\$80 min/\$400 max)	\$20/\$70/20% (\$80 min/\$300 max)

Home Delivery Complete



There are three options enroll in Home Delivery:

- 1) Go to www.anthem.com. Choose Order and Manage Prescriptions on the home page, then choose Request a New Home Delivery Prescription to get started.
- 2) Download the Sydney Health mobile app. Log in to the Sydney Health app, select Pharmacy, then choose Request a New Home Delivery Prescription to get started.
- 3) Call Anthem and they will help you enroll in Home Delivery.

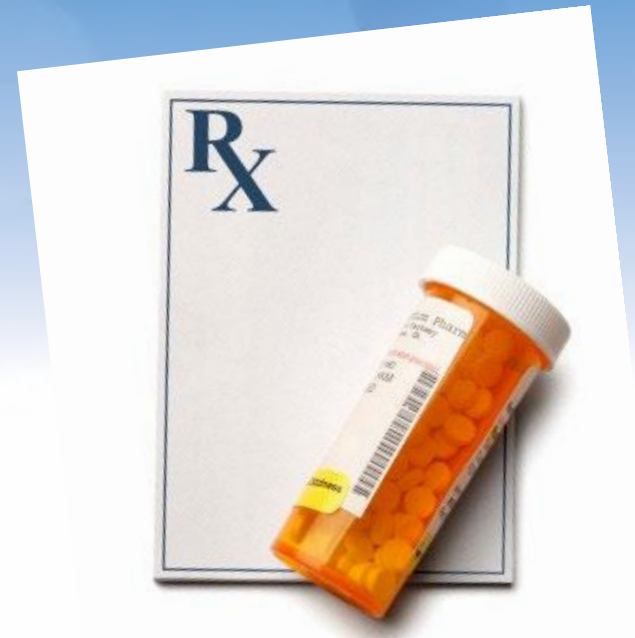
Preferred Generic Rx Program

Switching to Generic Drugs Can Save You Money!

- Generic drugs work just as well as brand-name drugs but often cost less
- If you get a brand-name drug that has a generic option, you will pay the tier 1 (generic) copay plus the difference in cost between the brand-name and generic drug
- If your doctor prescribes a brand-name drug that does not have a generic equivalent, you will pay the tier 2 copay or tier 3 coinsurance



Before you opt for a brand-name drug, remember it will cost you more money



Here's an example of why you pay more for a brand-name drug:

Your tier one (generic) drug copay:	\$ 10
Plus the brand name drug cost:	+ \$ 160
Subtotal:	<u>\$ 170</u>
Minus the generic drug cost:	- \$ 60
You pay more for a 30-day supply of the brand-name prescribed drug:	\$ 110

Health Reimbursement Account (HRA)

If you choose the HRA3000 medical plan, The Fedcap Group will provide you with an employer funded HRA (Health Reimbursement Account) you can use to offset your deductible.

The HRA will be administered by Anthem and incoming claims are first paid by the HRA.

Coverage Level	Stipend Amount
Employee Only	\$750
Employee + Child(ren)	\$1,000
Employee + Spouse	\$1,000
Employee + Family	\$1,250

Present your Anthem ID and your HRA debit card when you visit the doctor or pick up your prescriptions

Once you have exhausted your HRA stipend, you will pay out of pocket until you pay your entire deductible

After you have satisfied your deductible, you will pay coinsurance or copays* until you reach your out-of-pocket maximum

Anthem Medical

How to Find a Doctor Online

STEP 1

Visit anthem.com/find-care/ (or anthem.com, and then click “Find Care”

- Existing members should “**Log in for Personalized Search**”
- New members should “**Basic search as a guest**”

The screenshot shows two search options. The first is 'Log in for Personalized Search' with a 'Log In to Find Care' button. The second is 'Use Member ID for Basic Search' with a 'Continue' button and a field for 'ID number or prefix (first three letters or ...)'. Below these is a link to 'Select a plan for basic search'.

STEP 2

Complete the following fields:

- Select the type of plan or network
 - Select “**Medical Plan or Network**”
- Select the state where the plan or network is offered
 - Select a **State**
- Select how you get health insurance
 - Select “**Medical (Employer-Sponsored)**”
- Select a plan or network
 - Inside NY - Blue Access Network**
 - Outside NY - National PPO (BlueCard PPO)**
- Then click “**Continue**”

The form is titled 'Select a plan for basic search'. It has four sections: 1. 'Select the type of plan or network' with a dropdown menu set to 'Medical Plan or Network (may also include dental, vision, o... Care Providers for Behavioral Health & Substance Use Disorder Medical plan or network.' 2. 'Select the state where the plan or network is offered. (For where your employer's plan is contracted in. Most of the t' with a dropdown menu set to 'New York'. 3. 'Select how you get health insurance' with a dropdown menu set to 'Medical (Employer-Sponsored)'. 4. 'Select a plan or network' with a dropdown menu set to 'Blue Access Network Empire EPO'.

STEP 3

Enter in your **zip code**, Search by doctor name or specialty or Search by Care Provider

The screenshot shows the search results page. At the top, there is a search bar with '10016' entered and a search icon. Below the search bar, there are several filters and categories. The 'Search by Care Provider' section is highlighted, showing icons for Primary Care, Behavioral Health, Lab (Blood Work), Imaging (MRI or X-ray), and Hospital.

STEP 4

View your **search results**.

The screenshot shows the search results for 'Physicians & Medical Professionals'. It displays 13698 results within 20 miles of 10016. The results are sorted by distance. Two results are shown: 1. WILFREDO TALavera, M.D., In-Network Medical Plan, 205 Lexington Ave, New York, NY 10016, (212) 213-3073. 2. JESSICA L. LEVATINO, M.D., In-Network Medical Plan, 205 Lexington Ave, New York, NY 10016, (212) 684-4700. Both results include a 'Get Directions' link.

Anthem Health Guides



Anthem Health Guides answers your questions and walks you through the healthcare system so you can:



Find the right benefits for your needs.



Save money on prescriptions.



Stay on top of appointments.



Compare costs for healthcare services.

Reach an Anthem Health Guide at the number on the back of your member ID card. You can also go to [anthem.com](https://www.anthem.com) to send a secure email or chat online.



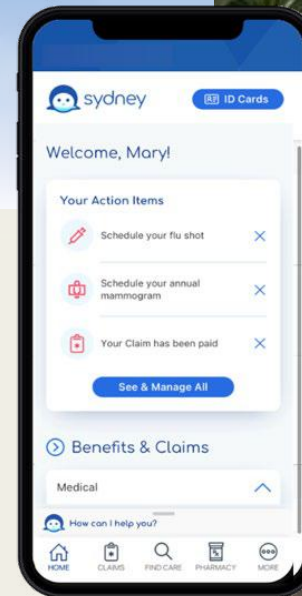
Sydney Health mobile app



Download Sydney Health and register on the app to take full advantage of your Anthem plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescription orders and refills.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.



Virtual Care



Connect with care anywhere

- Telehealth appointments on your mobile phone, tablet, or computer with a camera
- Board-certified doctors available 24/7 for advice, treatment, and prescriptions
- See a licensed therapist or psychiatrist.
- Appointments are available 7 days a week and usually cost the same as an in-person visit.
- Cost is less than or equal to an in-person office visit

To make a virtual care appointment, go to [anthem.com](https://www.anthem.com) or the Sydney Health app and choose **Virtual Visit With A Provider** under **Care**.



Telehealth with Virtual Primary Care



Access to routine care and chronic condition management

Services available through the Sydney Health app

Virtual primary care includes preventive care, wellness checks, lab work referrals, new prescriptions and refills, specialist referrals, and care management for conditions including:¹

- Asthma
- High blood pressure
- Diabetes
- High cholesterol
- Heartburn or GERD²
- Migraines
- Irritable bowel syndrome
- Musculoskeletal issues

Appointment hours

- 9 a.m. to 9 p.m. ET, Monday through Friday
- 9 a.m. to 5 p.m. ET, Saturday and Sunday

¹ Available to members 18 to 64 years old.

² GERD = gastroesophageal reflux disease.

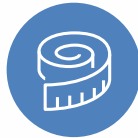
Health and Wellness Programs



Become more engaged in your health.



Make better healthcare decisions.



Reach your health goals.



Save money on health-related products and services.



After your benefits start, visit [anthem.com](https://www.anthem.com) or call the Member Services number on your ID card or mobile app to take part in our programs.

Engagement Package 700

You can earn up to \$700 by engaging in programs designed to encourage participation in health-related activities and support those with chronic conditions.

Preventive care		Condition management		Wellness	
Annual preventive wellness exam or well-woman exam	\$20	ConditionCare	\$225*	Complete action plans	\$20*
Annual eye exam	\$20	Building Healthy Families	\$125*	Connect a device	\$5
Colorectal cancer screening	\$25	Well-being Coach Telephonic: Tobacco Cessation Program	\$60	Log into anthem.com or app	\$5
Mammogram	\$25	Well-being Coach Telephonic: Weight Management Program	\$60	Complete Health Assessment	\$20
Flu shot	\$10			Track steps	\$60*
Cholesterol test	\$5			Update contact information	\$15
				Use Well-being Coach Digital	\$20*

Note: Engagement Package 700 for 100+ subscribers.

* To reach full earning potential, an individual must complete certain milestones.

24/7 NurseLine



Registered nurses can:

- Answer health questions.
- Help you decide where to go for care.
- Find doctors or other healthcare professionals near you.

Call (800) 337-4770 to connect with a nurse.

Autism Spectrum Disorder Program

Community resources, family support, and coordinated care.



Support for your whole family.



Resources for finding and using available care.



Guidance for navigating the healthcare system and using benefits effectively.

ConditionCare

A dedicated nurse team that offers support if you're living with:



Asthma



Diabetes



Heart disease or heart failure



Chronic obstructive pulmonary disease (COPD)



You also have additional support from dietitians, health educators, and pharmacists.

Diabetes Prevention Program



Anthem and Lark have come together to offer this 12-month weight loss program that can help you lose weight and reduce your risk for diabetes.

Get personalized 24/7 coaching to help you:

- Lose weight
- Manage stress
- Eat healthier
- Sleep better
- Increase activity



Use the Sydney Health mobile app to complete the Lark prediabetes survey by going to **My Health Dashboard** and searching for **Lark Diabetes Prevention Program** under *Programs*.

Fertility Support



If you need help with pregnancy, Fertility Support offers:

- 24/7 access to specially trained nurse care managers.
- Help selecting the right doctor for your needs.
- Information about testing, types of infertility, and treatment and medication options.
- Authorizations, care recommendations, pharmacy assistance, and specialist referrals.

Building Healthy Families



Access to screenings, tools, and trackers for preconception/fertility, pregnancy, and children through age five (and beyond).



Available 24/7 through our SydneySM Health app.



Extensive content library covering topics to support diverse families on their path to parenthood, including single parents and same-sex or multicultural couples.



Gym Reimbursement



Your plan covers part of your fitness membership fees when you:

- 1 Track your workouts.

- 2 Meet the minimum gym visit requirement for a six-month period.



You May Have Other Options Available to You:

- If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Fedcap, there is a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP program. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

The Fedcap Group Advantage

Powered by Single Stop

The Fedcap Group is committed to helping its employees succeed and understand that life's challenges can come at any time. With The Fedcap Advantage, you can discover your eligibility for federal, state, and local benefits like **food assistance**, **tax credits**, and **lower internet costs**. Plus, you'll be connected to other free local community resources that are ready to provide additional help.

How Do I Find Out What Free and Confidential Resources I'm Eligible For?



DO IT YOURSELF SCREENING

- Available on any device, 24/7



GUIDED SCREENING

- Monday - Friday 9AM - 5PM ET

Community Resource & Benefits



Education



Healthcare



Food



Finances



Housing



Tax Prep

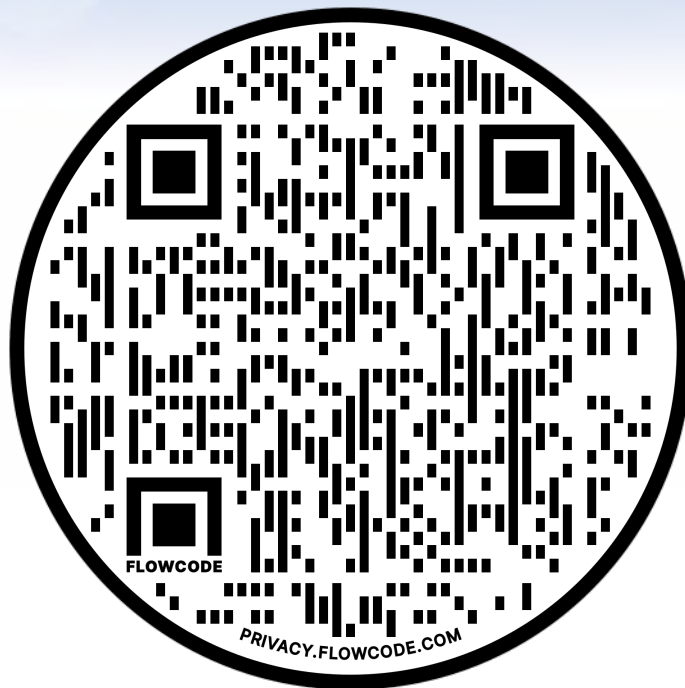
The Fedcap Group Advantage

Powered by Single Stop

Let's Get Started

SCAN THE QR OR VISIT:

fedcapgroup.org/advantage



DEDICATED &
CONFIDENTIAL SUPPORT

Reach out to our dedicated consultant if you have any questions or need assistance.

 (646) 931-2400

 fedcapadvantage@fedcap.org

se Habla Español



Dental Benefits Overview

Dental

Dental Plans	PPO1	PPO2
Carrier	Anthem	Anthem
Plan Type	PPO	PPO
Out-of-Network Reimbursements	80th% UCR ⁽¹⁾	In-network MAC ⁽²⁾
Deductible	Individual: \$50 Family: \$150	Individual: \$100 Family: \$300
Deductible Waived for Preventive Care	Yes	Yes
Preventive / Basic / Major	In-Network: 100% / 80% / 50% Out-of-Network: 100% / 80% / 50%	In-Network: 100% / 60% / 50% Out-of-Network: 100% / 50% / 50%
Endodontics / Periodontics / Oral Surgery	Basic	Basic
TMJ Benefits	Covered Under Oral Surgery (Basic)	Covered Under Oral Surgery (Basic)
Crowns / Bridges / Dentures / Implants	Major	Major
Implants	Covered	Covered
Annual Maximum	\$1,500	\$1,000
Orthodontia	50%	50%
* Ortho Eligibility	Dependent Children Only (must be banded before age 19)	Adults and Dependent Children
* Ortho Lifetime Maximum	\$1,500	\$1,000
Dependent Age Limit	26	26

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.

Finding In-Network Dental Providers

To find an in-network dental provider go to www.anthem.com/find-care/, click on **“Basic search as a guest”**. Under **“Select the type of plan or network”**, select **“Dental Plan or Network”**. Under **“Select plan or network”**, select **“Dental Complete”**. Click **“Continue”** to enter your zip code and select the type of dentist under the **“Search by Care Provider”** section. A list of in-network dentists will appear. You can also search using the Sydney app by clicking on the **“Find Care”** icon and selecting **“Dental Professionals”**.

Web Search

→ **Select a plan for basic search**

Select the type of plan or network

Dental Plan or Network

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

New York

Select how you get health insurance

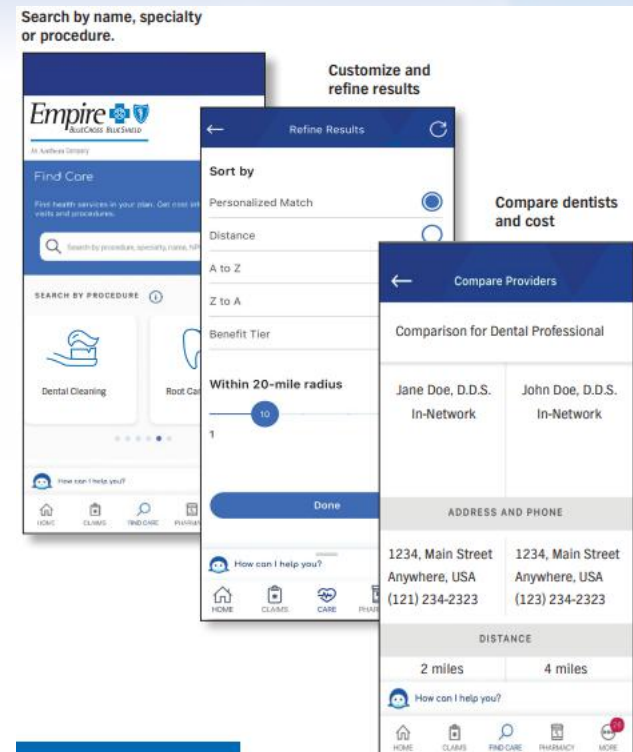
Dental

Select a plan or network

Dental Complete

Cancel Continue

Sydney Health app





Vision Benefits Overview

Vision

Anthem BCBS	In-Network	Out-of-Network	Frequency Period (calendar year)
Exam	\$5 Copay	\$30 Reimbursement	12 months
Lenses			
Single Vision	\$10 Copay	\$25 Reimbursement	12 months (either pair of eyeglass lenses OR 1 order of contact lenses)
Bifocal	\$10 Copay	\$35 Reimbursement	
Trifocal	\$10 Copay	\$45 Reimbursement	
Contact Lenses			
Conventional	\$120 Allowance Additional 15% off balance over allowance	\$120 Reimbursement	12 months (either pair of eyeglass lenses OR 1 order of contact lenses)
Disposable	\$120 Allowance No additional discount	\$120 Reimbursement	
Medically Necessary	\$0 Copay	\$200 Reimbursement	
Frames			
Any Frames	\$120 Allowance Additional 20% off balance over allowance	\$120 Reimbursement	24 months

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.



FSA Benefits Overview

Flexible Spending Accounts (FSAs)

FSA programs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds
Health Care FSA For yourself or any dependent claimed on your federal tax return	<ul style="list-style-type: none"> • Medical plan deductibles and coinsurance* • Copays • Prescription drugs • Dental Expenses, including orthodontia and implant expenses • Vision exams • Glasses/contact lenses • Laser eye surgery 	Up to \$3,200	Immediate access to your entire, annual contribution amount as of January 1
Dependent Care FSA For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13	<ul style="list-style-type: none"> • Dependent/childcare centers • Adult day care • Nursery school /pre-school • After school /summer day camp 	Up to \$5,000 (\$2,500 if married and filing separately)	<ul style="list-style-type: none"> • Funds are added to your Dependent Care FSA account on every pay date • Submit claims up to your year-to-date accumulated amount in your account

*** Note for the HRA3000 Medical Plan:** If you are enrolled in the HRA3000 medical plan and elect Health Care FSA, you must meet your annual deductible before you receive reimbursement for medical expenses.

Budget Appropriately: FSAs are considered “**use it or lose it.**” This means you will forfeit your remaining balance if you do not use all of the funds by March 15 of the following year. You have until March 31 of the following year to submit all claims. It is important you budget appropriately and use all of the funds within the FSA plan year.

An extended list of covered expenses can be found in **IRS Publication 502** (<https://www.irs.gov/pub/irs-pdf/p502.pdf>)



Voluntary Benefits

Voluntary Supplemental Health Plans

Financial protection when you need it the most

Accident, Specified Disease & Hospital Indemnity Insurance



Pay lump-sum benefits when covered events happen



No pre-existing condition limitations²



Can help pay for out-of-pocket medical costs



Extended continuation¹



Cash benefit paid to you, so you decide how to use the money

¹ Extended continuation may not be available in all states. Remains in place as long as the group policy is not terminated.
² Covered accidents or illness must occur after the effective date of coverage.

Accident plan (24 hour coverage)



	Accident plan covers you on or off the job ²
Emergency room	\$250
Hospital admission	\$1,500
Ambulance (ground)	\$400
Urgent care	\$200
X-ray	\$200
Physical therapy (up to 10 visits/within 90 days)	\$50
Concussion	\$300
Laceration (2 to 6 inches)	\$200

¹ Centers for Disease Control and Prevention, National Center for Health Statistics: *National Hospital Ambulatory Medical Care Survey (2014)*: [cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf](https://www.cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf).

² This is a partial listing of benefits. Please see plan documents for additional details.

Specified Disease plan



	\$20,000²
Cancer (invasive/non-invasive)	\$20,000 / \$5,000
Stroke	\$20,000
Heart attack (myocardial infarction)	\$20,000
Coronary Artery Disease	\$5,000
Major Organ Failure	\$20,000
End-Stage Renal Disease	\$20,000
Skin Cancer Benefit (Lifetime Benefit)	\$250
Health Screening benefit for each covered member (annually)	\$50

Note: Specified Disease benefits for covered spouse and dependents are 50% of the amount shown above. Specified Disease rates are based on the employees age at five-year increments.

¹ Centers for Disease Control and Prevention: *Heart Disease Facts* (updated November 28, 2017): cdc.gov/heartdisease/facts.htm.

² This is a partial listing of benefits. Please see plan documents for additional details.

Hospital Indemnity plan



	Benefit²
Hospital confinement first day	\$165
Hospital confinement daily benefit	\$165
Intensive Care Unit (ICU) confinement first day	\$165
Daily Intensive Care Unit (ICU) confinement	\$165
First-day hospital confinement annual max	5 day
Daily hospital confinement annual max	90 days
Pregnancy waiting period	None

¹ U.S. Centers for Medicare & Medicaid Services: *Protection from High Medical Costs* (accessed May 2, 2018): healthcare.gov.

² This is a partial listing of benefits. Please see plan documents for additional details.

Auto-Notification

We know you're busy so Anthem will let you know when to file a claim for your Accident, Specified Disease and Hospital Indemnity plans.

- 1 Log in at [anthem.com](https://www.anthem.com) and register using your member ID number
- 2 Your provider files a medical claim
- 3 Anthem analyses your claims data and determines if it's related to a supplemental claim
- 4 Anthem emails you when your medical claim is approved and include a notification to file your supplemental claim and how to start the claims process
- 5 You connect with Anthem member services department, and they will guide you through the claims process

Voluntary Life and AD&D

Employee benefit	\$10,000 increments to a maximum of \$1,000,000 or 5x your annual earnings, whichever is less
Spouse benefit	\$5,000 increments to \$250,000, limited to 100% of employee benefit
Child benefit (to age 29)	\$1,000 increments to \$20,000, limited to 100% of employee benefit; one rate covers all children
Guaranteed issue	Employee: \$200,000 or 3x annual earnings, whichever is less; Spouse: \$30,000; Child(ren): \$20,000
Conversion/portability	If your employment ends, you can apply to convert to another Anthem plan without a health exam/Evidence of Insurability
Age reduction	Benefit is reduced by 35% at age 65; 50% at age 70
AD&D	Automatically included for employees, spouse and children and equal to Voluntary Life benefit elected
Living benefit	Up to 50% of Voluntary Life benefit



Other Benefits and Resources

Basic Life and AD&D

Employee Life & AD&D Benefit	1 times annual salary to a maximum of \$100,000
Age reduction	Benefit is reduced by 50% at age 70
Conversion	If your employment ends, you can apply to convert to an individual AnthemLife plan without a health exam / Evidence of Insurability
Living benefit	50% up to \$100,000

Long-Term Disability – New for 2024!

LTD Monthly benefit amount	60% of monthly earnings, up to maximum of \$5,000
Benefit begins	90 days
Maximum benefit period	Normal Social Security retirement age
Pre-existing conditions	3 months look-back/within 12 months from the effective date

New York DBL and PFL Benefits

NY DBL benefit amount	50% of weekly earnings, up to maximum of \$170
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks (in any consecutive 52-week period)
Company-provided benefit	60% of weekly earnings for a total weekly maximum of \$400 (inclusive of NY DBL)
Buy Up STD	60% of weekly earnings for a total weekly maximum of \$1,500 (inclusive of \$400)

New York Paid Family Leave (PFL)

Benefit Amount: The benefit amount is 67% of your average weekly wages, up to a maximum weekly benefit of \$1,151.16, with a maximum benefit period for up to 12 weeks in any consecutive 52-week period.

To learn more, visit <https://paidfamilyleave.ny.gov/>

New Jersey TDB and PFL Benefits

NJ TDB benefit amount	85% of average weekly wages, subject to a maximum of 70% of the Statewide average weekly wages paid to workers by employers, not to exceed \$1,055
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks

New Jersey Family Leave

Benefit Amount: The benefit amount is 85% of your average weekly wage, and the maximum weekly benefit increases to \$1,055 per week (effective January 1, 2024, with a maximum benefit period for 12 consecutive weeks within a 52-week period).

To learn more, visit <https://myleavebenefits.nj.gov/worker/fli/>

Outside NY / NJ DBL and PFL Benefits

Weekly benefit amount	60% of weekly earnings, up to maximum of \$400
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks
Buy Up STD	60% of weekly earnings for a total weekly maximum of \$1,500 (inclusive of \$400)

District of Columbia Paid Family Leave:

Benefit Amount: The maximum weekly benefit amount is \$1,049.00 with a maximum benefit period of 8 weeks during a 52-week period.

To learn more, visit <https://dcpaidfamilyleave.dc.gov/>

Family and Medical Leave Act (FMLA)

The Federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

If you are absent for more than three consecutive days, **on the fourth day** you must contact Anthem at 888-868-7046 to file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager/Supervisor and HR.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with Fedcap.

Eligible leaves under FMLA: Birth or Placement of a Child, Care for an Immediate Family Member, Employee's Own Serious Health Condition, Qualifying Exigency Leave, Care of Spouse or Next of Kin Injured While on Active Duty in the Armed Forces

Additional Benefits

Commuter Benefit – Beniversal through Benefit Resource Inc.

- IRS regulated benefit allows employees to use pre-tax dollars for transit and parking expenses commuting to and from work up to \$315 per month
- Commuter elections can be changed at any time throughout the year

Legal Plan – MetLaw

- Provides legal services from qualified attorneys for employee and dependents
- Enrollees must remain in the plan for the full year

**Refer to Benefits Guide for
Details**

Employee Assistance Program (CCA)



CCA is a provider of programs that enhance individual and organizational performance and well-being

- No cost
- Confidential
- Available to you and your family members
- Staffed by caring professional counselors and work/life specialists with a depth of expertise
- Types of Assistance
 - Information, resources and referrals
 - In-the-moment support
 - Solutions-focused, short-term counseling
 - Referrals to longer term and/or specialized care

TOLL-FREE:
800-833-8707

WEBSITE:
www.myccaonline.com

COMPANY CODE:
fedcap

Areas of Assistance for Employees and Family Members



CHILD CARE	ADULT AND ELDER CARE	DAILY LIVING	LEGAL AND FINANCIAL	EMOTIONAL WELL-BEING
Locating Child Care	Aging	Home Improvement	Identity Theft	Stress, Anxiety, Depression
Parenting/Child Development	Housing Options	Pet Care	Wills and Estate Planning	Life Transitions
Pre/post-Natal Health	Caregiver Support	Health/Fitness	Divorce and Custody	Relationship and Family Concerns
Adoption	Medicare and Medicaid	Moving and Relocation	Bankruptcy	Grief and Trauma
Education	Community Resources	Event Planning	Budgeting and Debt/Credit Management	Addiction and Recovery
Work/Family Balance	Adults with Disabilities	Travel/Leisure	Saving for the Future	Workplace Issues
		Disaster Recovery		

Open Enrollment Reminders

Open Enrollment Check List

- ✓ Log into the Oracle HCM between November 13 and November 22
- ✓ Answer the Medicare eligibility question
- ✓ If you want a Health Care FSA or Dependent Care FSA for 2024, you must enroll, even if you enrolled for 2023
- ✓ Only act if you want to make a change to your elections – if you take no action, your current elections will roll over (except for FSA)
- ✓ If you do not want medical coverage, check the box to waive coverage and provide a reason
- ✓ Designate a beneficiary for Life Insurance and AD&D
- ✓ If you are adding dependents, you must provide SSN and DOB along with dependent verification documentation by December 31, 2023. After December 31, 2023, unverified dependents will not be covered.
- ✓ Consider participating in the 403(b) Thrift Plan

Recap: What's New For 2024?

- Empire BlueCross BlueShield is changing their name to Anthem BlueCross BlueShield. Employees who elect or continue Anthem Medical, Dental or Vision coverage will receive a new ID card at the end of 2023.
- Coinsurance changes to the EPO1, EPO2 and PPO Medical plans:
 - EPO1 coinsurance changes to 70%
 - EPO2 and PPO coinsurance changes to 80%
- Prescription Drug changes to EPO1, EPO2 and PPO Medical plans:
 - Tiers 2 and 3 will have a \$100 deductible
 - Tier 2 copays for PPO will increase to \$35 (30-day supply)/\$70 (90-day supply)
 - Tier 3 copays will increase to a maximum of \$400
- Effective January 1, 2024, a new Long Term Disability Plan will be available. The new plan will provide a monthly benefit of 60% of your salary up to \$5,000.
- Starting in the second quarter of 2024, The Standard will be the new vendor for Disability, Basic Life, AD&D and Leave Administration. Prior to the transition, Anthem will remain as the Disability vendor.
- The Fedcap Group will be introducing a new Wellness program in 2024.

Questions

