

# PATHWAY to HEALTH



## 2024 Benefits Overview



MVLE

Updated 11/9/2023

THE  
**FEDCAP**  
GROUP

The Power of Possible

# Agenda

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## 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

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**You:** Regular full- or part-time employees scheduled to work **30** hours per week or more are eligible to elect benefits

**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

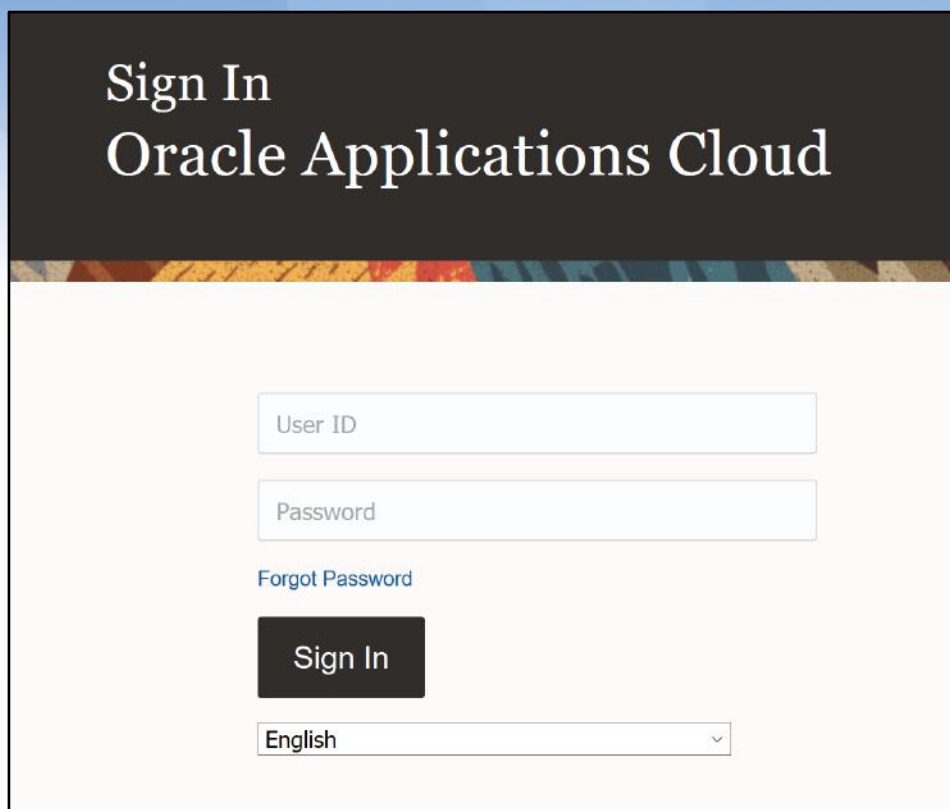
Open Enrollment documents will also be available on the Employee Resources Portal on the Fedcap Group Intranet site: <https://Fedcap.sharepoint.com/hr/SitePages/home.aspx>

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



# Open Enrollment – Oracle HCM Login

Oracle HCM URL: [www.fedcapgroup.org/oracle](http://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](mailto:oraclehelpdesk@fedcap.org).



# Open Enrollment – Oracle HCM Login

After logging in, from the “Me” tab, click on the “Benefits” icon, then click “Make Changes” to start the 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 "Proje". The "Me" tab is selected. Below the navigation bar, there are two main sections: "QUICK ACTIONS" and "APPS".

**QUICK ACTIONS:**

- Fedcap Advantage
- Personal Details
- Document Records
- Identification Info
- Contact Info

**APPS:**

- Directory
- Connections
- Journeys
- Personal Information
- Learning
- Benefits

Below the "APPS" section, there is a dark blue banner with the text: "Review your benefits package and relevant info before you enroll." A red arrow points from this text to a white button labeled "Make Changes".

At the bottom of the interface, there are two main sections:

- 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](mailto: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 Anthem EPO1, EPO2 and PPO Medical plans.
  - EPO1 coinsurance changes to 70%
  - EPO2 and PPO coinsurance changes to 80%
- Prescription Drug changes to Anthem EPO1, EPO2 and PPO 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
- Employees who elect or continue Anthem Medical, Dental or Vision coverage will receive a new ID card at the end of 2023.
- 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

# Medical Plans – Kaiser

| Medical Plan Features                     | Kaiser DHMO In-Network Only | Kaiser HMO In-Network Only |
|-------------------------------------------|-----------------------------|----------------------------|
| Annual Deductible (individual/family)     | \$1,000/\$2,000             | \$0                        |
| Out-of-Pocket Maximum (individual/family) | \$3,000/\$6,000             | \$2,250/\$4,500            |
| Annual Preventive Physical                | Covered 100%                | Covered 100%               |
| Office Visits PCP                         | \$25 Copay                  | \$30 Copay                 |
| Office Visits Specialist                  | \$35 Copay                  | \$40 Copay                 |
| Urgent Care                               | \$35 Copay                  | \$40 Copay                 |
| Emergency Room (waived if admitted)       | \$100 Copay                 | \$100 Copay                |

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



# Kaiser Prescription Drug Coverage

All medical plans also include coverage for prescription drugs. Below is a summary of the prescription drug coverage benefits:

| Rx Plan Features                                                                                              | Kaiser DHMO                            | Kaiser HMO                             |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| <b>Kaiser Permanente Plan Pharmacy*</b><br>(30-day supply)<br>Generic<br>Brand (Formulary)<br>Non-Formulary   | \$20 copay<br>\$35 copay<br>\$50 copay | \$20 copay<br>\$35 copay<br>\$50 copay |
| <b>Community Participating Pharmacy**</b><br>(30-day supply)<br>Generic<br>Brand (Formulary)<br>Non-Formulary | \$30 copay<br>\$50 copay<br>\$75 copay | \$30 copay<br>\$50 copay<br>\$75 copay |
| <b>Mail Order (90-day supply)***</b><br>Generic<br>Brand (Formulary)<br>Non-Formulary                         | \$20 copay<br>\$35 copay<br>\$50 copay | \$20 copay<br>\$35 copay<br>\$50 copay |

\*Plan Pharmacy – Pharmacy located inside Kaiser Permanente Medical facilities. Pharmacy owned and operated by the Health Plan.

\*\*Participating Pharmacy – Community pharmacies that participate with the Health Plan, such as Rite Aid, Walgreens, Safeway.

\*\*\*Kaiser charges a discounted rate equal to 2 copays for a 90-day supply via Mail Order.

# Kaiser Permanente medical facilities (with premier hospitals)

## Maryland

- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 **FUTURE LOCATION**  
Medical Center in Aspen Hill
- 4 Kaiser Permanente Baltimore Harbor Medical Center
- 5 Bowie Fairwood Medical Center
- 6 Camp Springs Medical Center
- 7 Columbia Gateway Medical Center
- 8 Kaiser Permanente Frederick Medical Center
- 9 Gaithersburg Medical Center
- 10 Kensington Medical Center
- 11 Largo Medical Center
- 12 Lutherville-Timonium Medical Center
- 13 Marlow Heights Medical Center
- 14 North Arundel Medical Center
- 15 Shady Grove Medical Center
- 16 Silver Spring Medical Center
- 17 South Baltimore County Medical Center
- 18 **FUTURE LOCATION**  
Medical Center in Waldorf
- 19 **well** Friendship Heights  
by appointment
- 20 West Hyattsville Medical Center
- 21 White Marsh Medical Center
- 22 Woodlawn Medical Center

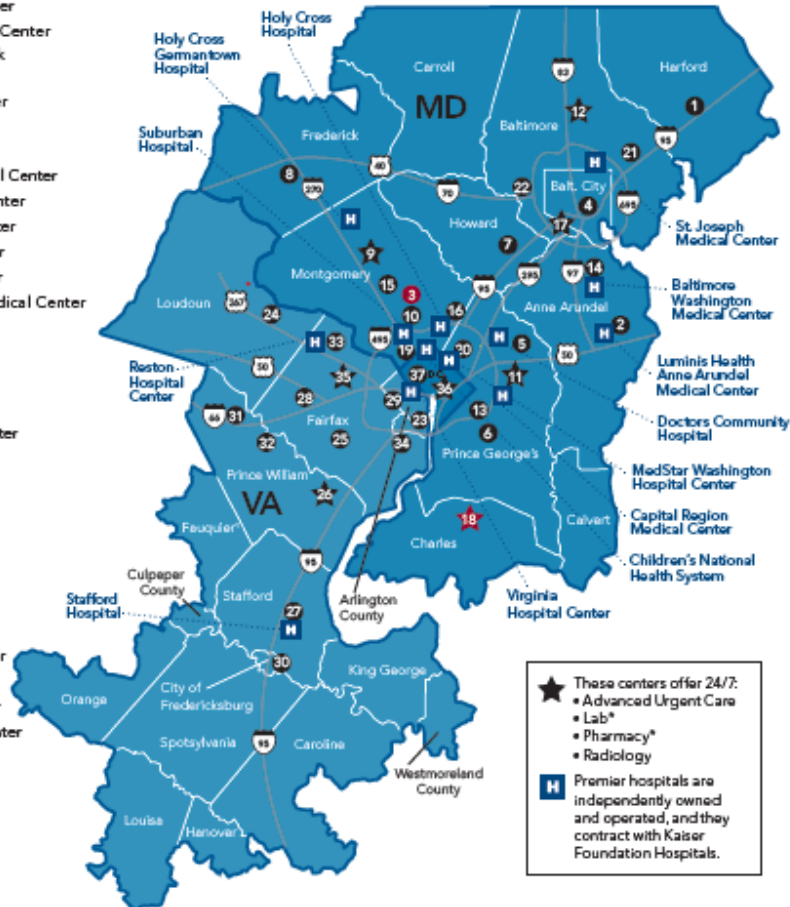
## Virginia

- 23 Alexandria Medical Center
- 24 Ashburn Medical Center
- 25 Burke Medical Center
- 26 Caton Hill Medical Center
- 27 Colonial Forge Medical Center
- 28 Fair Oaks Medical Center
- 29 Falls Church Medical Center
- 30 Fredericksburg Medical Center
- 31 Haymarket Crossroads Medical Center
- 32 Manassas Medical Center

- 33 Reston Medical Center
- 34 Springfield Medical Center
- 35 Tysons Corner Medical Center

## Washington, DC

- 36 Kaiser Permanente Capitol Hill Medical Center
- 37 Northwest DC Medical Office Building



\*Extended pharmacy hours at Gaithersburg and Lutherville-Timonium and extended lab hours at Tysons Corner.

For our most up-to-date listing of facilities and services available, please check [kp.org/facilities](http://kp.org/facilities).

\*Kaiser Permanente's service area in Fauquier County, includes the following ZIP codes: 20115, 20116, 20117, 20119, 20120, 20127, 20128, 20129, 20140, 20168, 20191, 20194, 20195, 20196, 20197, 20198, 20199, 22804, 22854, 22829, 22840, 22842, 22720, 22728, and 22729

# 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              | <b>20%</b>                            | <b>40%</b>                         | <b>20%</b>                            | <b>30%</b>                            | 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 | <b>\$100</b>                          | Covered in-network only            | <b>\$100</b>                          | <b>\$100</b>                          | Deductible applies                    |
|                     | Retail              | \$10/\$35/20%<br>(\$80 min/\$400 max) |                                    | \$10/\$35/20%<br>(\$80 min/\$400 max) | \$10/\$35/20%<br>(\$80 min/\$400 max) | \$10/\$35/20%<br>(\$80 min/\$300 max) |
|                     | Home delivery       | \$20/\$70/20%<br>(\$80 min/\$400 max) |                                    | \$20/\$70/20%<br>(\$80 min/\$400 max) | \$20/\$70/20%<br>(\$80 min/\$400 max) | \$20/\$70/20%<br>(\$80 min/\$300 max) |

# Home Delivery Complete

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There are three options enroll in Home Delivery:

- 1) Go to [www.anthem.com](http://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.

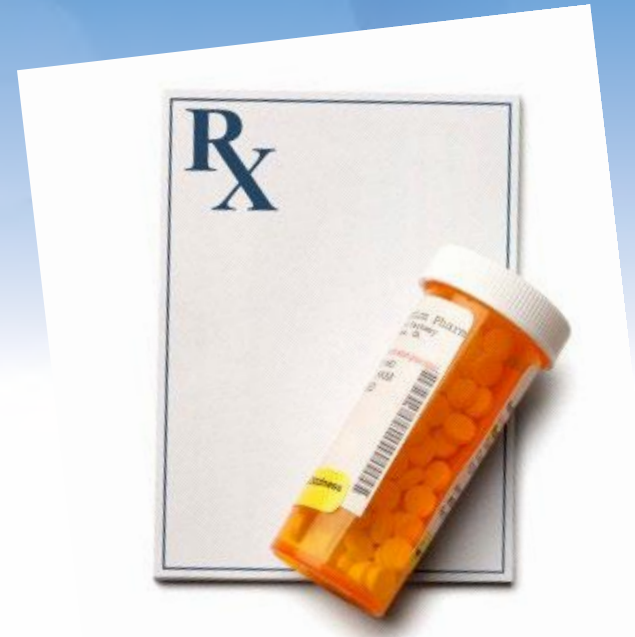
# Preferred Generic Rx Program

## 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: | <b>\$ 110</b> |



# 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/](https://www.anthem.com/find-care/) (or visit [anthem.com](https://www.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 main search paths. On the left, 'Log in for Personalized Search' includes a 'Log in to Find Care' button. On the right, 'Use Member ID for Basic Search' has a text input field for an ID number and a 'Continue' button. 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 shows the following selections: 'Medical Plan or Network' for the plan type, 'New York' for the state, 'Medical (Employer-Sponsored)' for the insurance type, and 'Blue Access Network Empire EPO' for the specific plan.

## STEP 3

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

The screenshot shows a search interface with a zip code of 10016. Below the search bar, there are five filter buttons: 'Primary Care', 'Behavioral Health', 'Lab (Blood Work)', 'Imaging (MRI or X-ray)', and 'Hospital'.

## STEP 4

View your **search results**.

The screenshot displays search results for 'Physicians & Medical Professionals' within 20 miles of 10016. It lists two doctors: Wilfredo Talavera, M.D. (Family/General Practice, Internal Med) and Jessica L. Levatino, M.D. (Family Medicine). Each entry includes their address, phone number, and 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.



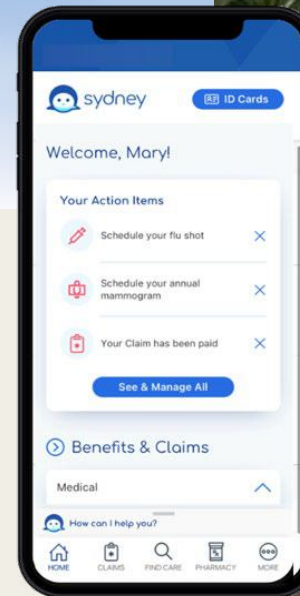
# Sydney Health mobile app



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:<sup>1</sup>

- Asthma
- High blood pressure
- Diabetes
- High cholesterol
- Heartburn or GERD<sup>2</sup>
- 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.

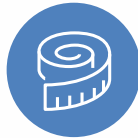
# Health and Wellness Programs



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<br>Telephonic: Tobacco Cessation Program | \$60   | Log into anthem.com or app   | \$5   |
| Mammogram                                          | \$25 | Well-being Coach<br>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 Sydney<sup>SM</sup> 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.

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





# You May Have Other Options Available to You:

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- 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](http://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](http://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

- Mon-Fri 9AM-5PM

### Community Resource & Benefits



Education



Healthcare



Food



Finances



Housing



Tax Prep

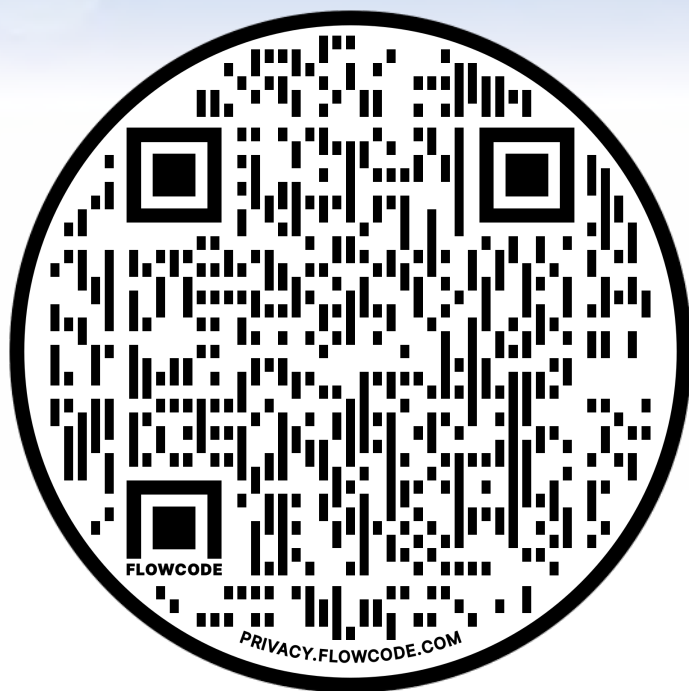
# The Fedcap Group Advantage

Powered by Single Stop

## Let's Get Started

SCAN THE QR OR VISIT:

[fedcapgroup.org/advantage](https://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](mailto: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 <sup>(1)</sup>                                         | In-network MAC <sup>(2)</sup>                                    |
| Deductible                                | Individual: \$50<br>Family: \$150                                | Individual: \$100<br>Family: \$300                               |
| Deductible Waived for Preventive Care     | Yes                                                              | Yes                                                              |
| Preventive / Basic / Major                | In-Network: 100% / 80% / 50%<br>Out-of-Network: 100% / 80% / 50% | In-Network: 100% / 60% / 50%<br>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<br>(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/](http://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

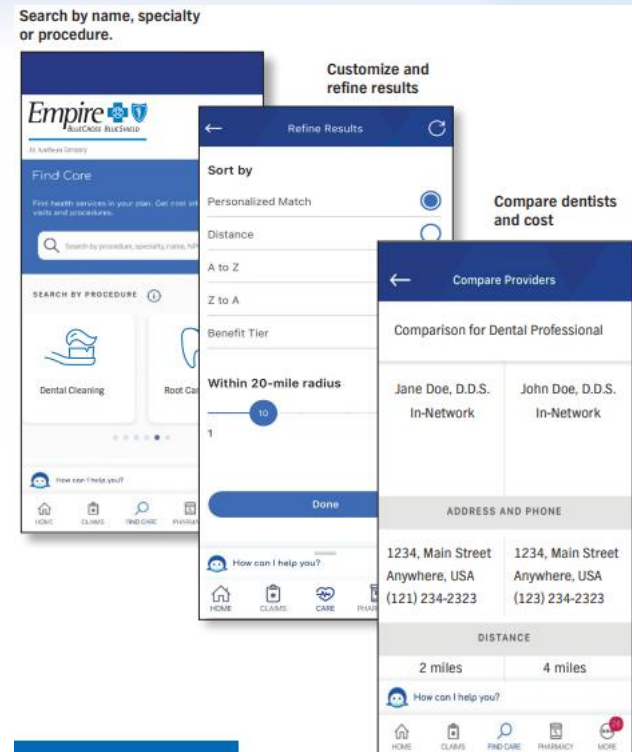
Dental

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<br>(calendar year)                                              |
|-----------------------|-----------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|
| Exam                  | \$5 Copay                                                       | \$30 Reimbursement  | 12 months                                                                        |
| <b>Lenses</b>         |                                                                 |                     |                                                                                  |
| Single Vision         | \$10 Copay                                                      | \$25 Reimbursement  | 12 months<br>(either pair of eyeglass<br>lenses OR 1 order of contact<br>lenses) |
| Bifocal               | \$10 Copay                                                      | \$35 Reimbursement  |                                                                                  |
| Trifocal              | \$10 Copay                                                      | \$45 Reimbursement  |                                                                                  |
| <b>Contact Lenses</b> |                                                                 |                     |                                                                                  |
| Conventional          | \$120 Allowance<br>Additional 15% off balance over<br>allowance | \$120 Reimbursement | 12 months<br>(either pair of eyeglass<br>lenses OR 1 order of contact<br>lenses) |
| Disposable            | \$120 Allowance<br>No additional discount                       | \$120 Reimbursement |                                                                                  |
| Medically Necessary   | \$0 Copay                                                       | \$200 Reimbursement |                                                                                  |
| <b>Frames</b>         |                                                                 |                     |                                                                                  |
| Any Frames            | \$120 Allowance<br>Additional 20% off balance over<br>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                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Health Care FSA</b><br>For yourself or any dependent claimed on your federal tax return                                   | <ul style="list-style-type: none"> <li>• Medical plan deductibles and coinsurance *</li> <li>• Copays</li> <li>• Prescription drugs</li> <li>• Dental Expenses, including orthodontia and implant expenses</li> <li>• Vision exams</li> <li>• Glasses/contact lenses</li> <li>• Laser eye surgery</li> </ul> | <b>Up to \$3,200</b>                                                      | Immediate access to your entire, annual contribution amount as of January 1                                                                                                                                  |
| <b>Dependent Care FSA</b><br>For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13 | <ul style="list-style-type: none"> <li>• Dependent/childcare centers</li> <li>• Adult day care</li> <li>• Nursery school /pre-school</li> <li>• After school /summer day camp</li> </ul>                                                                                                                     | <b>Up to \$5,000</b><br><i>(\$2,500 if married and filing separately)</i> | <ul style="list-style-type: none"> <li>• Funds are added to your Dependent Care FSA account on every pay date</li> <li>• Submit claims up to your year-to-date accumulated amount in your account</li> </ul> |

**\* 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 limitations<sup>2</sup>



Can help pay for out-of-pocket medical costs



Extended continuation<sup>1</sup>



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

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

# Accident plan (24 hour coverage)



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

<sup>1</sup> 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).

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

# Specified Disease plan



|                                                             | <b>\$20,000<sup>2</sup></b> |
|-------------------------------------------------------------|-----------------------------|
| 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.

<sup>1</sup> Centers for Disease Control and Prevention: *Heart Disease Facts* (updated November 28, 2017): [cdc.gov/heartdisease/facts.htm](http://cdc.gov/heartdisease/facts.htm).  
<sup>2</sup> This is a partial listing of benefits. Please see plan documents for additional details.

# Hospital Indemnity plan



|                                                 | Benefit |
|-------------------------------------------------|---------|
| 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    |

<sup>1</sup> U.S. Centers for Medicare & Medicaid Services: *Protection from High Medical Costs* (accessed May 2, 2018): [healthcare.gov](http://healthcare.gov).

<sup>2</sup> 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](http://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 We email 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 our member services department and they will guide you through the claims process

# Voluntary Life and AD&D

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



# Other Benefits and Resources

# Basic Life and AD&D

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|                              |                                                                                                                                     |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                 |

# Short Term Disability and Paid Family Leave Benefits

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| Weekly benefit amount                 | 60% of weekly earnings, up to maximum of \$400                                    |
| Benefit begins for illness & accident | 8 <sup>th</sup> 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/>

# Long-Term Disability (LTD)

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|                            |                                                             |
|----------------------------|-------------------------------------------------------------|
| 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 |



# Family and Medical Leave Act (FMLA)

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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

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## **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](http://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

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## 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?

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- Empire is changing their name to Anthem.
- Coinsurance changes to Anthem EPO1, EPO2 and PPO Medical plans.
  - EPO1 coinsurance changes to 70%
  - EPO2 and PPO coinsurance changes to 80%
- Prescription Drug changes to Anthem EPO1, EPO2 and PPO 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
- Employees who elect or continue Anthem Medical, Dental or Vision coverage will receive a new ID card at the end of 2023.
- 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

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