



OPEN ENROLLMENT 2024

Presented by Gabriela Caetano

ExpertQuote



Snap to access your benefits website!

WHAT IS OPEN ENROLLMENT?

This is your opportunity to enroll in your benefits for the January 1st 2024 through December 31st 2024 plan year. Your Open Enrollment window is from October 26th through November 9th .

Your enrollment must be completed by November 9th, 2023.

If you are not making any changes to your current enrollment, you are not required to log into Benetrac. To re-enroll in FSA for the 2024 plan year or make changes to your FSA election amount you must log in to Benetrac to re-enroll or update.

Outside of Open Enrollment you must have a qualifying event; **qualifying events are as follows:**

- > You and/or your dependents lose other group coverage
- > Change in marital status – marriage, death of spouse, divorce, legal separation or annulment
- > Change in number of dependents – birth, death, or adoption of a child
- > You must process changes due to a qualifying life event within 30 days of the event

ELECTING BENEFITS ONLINE VIA BENETRAC

MVLA Employee Online Enrollment Guide

HIGH SCHOOL DISTRICT

- Go to <https://www.eenroller.net/login.asp?ST=MVSD1245>
- Your username is your first initial and last name (no spaces/no hyphens, up to a maximum of 16 characters)
- Your password is the last four digits of your social security number

Review your personal information on the My Family page

It is important to review all of your personal information to ensure accuracy.

Steps

- Click your name to update your personal information. You can also change your password in this area.
- Click here to add your spouse.
- Click here to add your dependents.

BENEFITS Election Summary Edit Family Resource Library News & Alerts

Your Personal Information: Jerry Abel

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

Employee							
Name	SSN	Address	DOB	Gender	Contact	Approved	
Jerry Abel	22-45-8789	345 Thurman Avenue #24, Eureka Springs, AR 72632	2/12/1979	Male		9/18/2012	

Dependents							
Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
Johnny Abel	888-00-0042	345 Thurman Avenue #24, Eureka Springs, AR 72632	Dependent Child	1/1/2000	Male	9/18/2012	

PROCEED TO MY BENEFITS >



Enroll in your benefits

If your enrollments have not been previously set up in the system, you can make your selections by following the instructions below.

Steps

- Click a link under the **Benefits** menu to review a particular category of benefits.
- In each benefit block, make a selection from your list of **Manage Benefit** options.

Quick Links (15 total)

- Medical
- Health Savings Account
- Medical Care FSA
- Dependent Care FSA
- Volunteering
- Costs
- Life Term Disability
- Short Term Disability
- Optional Life

Medical

MANAGE BENEFIT

Medical Care FSA

MANAGE BENEFIT

Costs

Total Cost of Elections	\$0.00
Total Benefit Salary	\$0.00
Out of pocket expense	\$0.00

Change existing benefits

Your current elections will appear in a similar fashion as shown in the picture below. To make a change, select an option from the list in the **Manage Benefit** section.

Steps

- Click here to select a **Manage Benefit** option. The system will guide you through the process of making changes to your elections.

Medical Sample PPO Plan

These options vary depending on the type of benefit.

Elite Health

Status: Active
 Activity: 6/1/2012
 Coverage: Employee - All Children
 Employer Cost: \$175.00 (Semi-Monthly)
 Employee Cost: \$200.00 (Semi-Monthly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
Jerry	EMP	H200_PPO		Add	6/1/2012	7/6/2012	
Johnny	DEP	H200_PPO		Add	6/1/2012	7/6/2012	

ELECTING BENEFITS ONLINE VIA BENETRAC

MVLA

HIGH SCHOOL DISTRICT

[Your Personal Information](#)]

Benefits - George Jetson

[Proceed to Log Out](#)

BENEFITS

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Unfinalized

Quick Links (15 total)

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- [Medical Care FSA](#)
- [Dependent Care FSA](#)
- [Dental](#)
- [Vision](#)
- [Core Life](#)
- [Long Term Disability](#)
- [Short Term Disability](#)
- [Optional Life](#)

Costs

Total Cost of Elections: **\$87.50**
 Total Benefit dollars: **\$0.00**
 Out of pocket expense: **\$87.50**

[Go to Review & Finalize](#)



The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, [click here](#) to make those changes now.

IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical Blue Shield of CA Access+ HMO Plan

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) | [View Questions](#) |



Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$295.80 (Bi-Weekly)
Employee Cost:	\$87.50 (Bi-Weekly)

MANAGE BENEFIT

[Change or View Plan/Options](#)

Name	Type	Group Number	Provider	Action	Decline Benefit	
George	EMP	BSHMO BS HMO		Add	11/1/2013	10/14/2013
Jane	SPS	BSHMO BS HMO		Add	11/1/2013	10/14/2013
Elroy	DEP	BSHMO BS HMO		Add	11/1/2013	10/14/2013

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BENEFITS

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Manage Medical: Change or View Plan/Options

* Required

Carefully review the information below before finalizing

Transaction Type:	Change Coverage
* Event Date:	11/1/2013
Comment:	Change or View Plan/Options
Transaction Date:	11/1/2013
Included:	George Jetson (Employee) Jane Jetson (Spouse) Elroy Jetson (Dependent)
Product:	Medical PPO
Group Number:	1234 PPO
Coverage Level:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

This Benefit is part of your company's Section 125 plan. Part or all of your portion of the premium is paid on a pre-tax basis. If you would like it changed, please contact your Benefits Administrator

[CANCEL](#)[<< GO BACK](#)[I AGREE](#)

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Benefits - George Jetson

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[Basic Life/AD&D](#)

[Long Term Disability](#)

[Voluntary STD](#)

[Voluntary Employee](#)

[Life/AD&D](#)

[Voluntary Spouse Life/AD&D](#)

Costs

Total Cost of Elections: **\$82.62**

[Go to Review & Finalize](#)



The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, [click here](#) to make those changes now.

IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical Medical PPO

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |

MEDICAL

Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
George	EMP	1234 PPO		Change	11/1/2013	Submitted	
Jane	SPS	1234 PPO		Change	11/1/2013	Submitted	
Elroy	DEP	1234 PPO		Change	11/1/2013	Submitted	

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ELECTING BENEFITS ONLINE VIA BENETRAC

Election Summary				
Employee: Jetson, George Address: 123 Milky Way Sky City, CA 90123			Hire Date: 10/2/2013 Status: Full Time Employee	
Benefits as of: 11/1/2013				
Plan Elections <small>Amounts shown are per (Bi-Weekly) pay period</small>				
Benefit Category	Plan Description	Coverage	Pre-Tax	Post-Tax
Medical	Medical PPO	Employee + Family	\$82.62	\$0.00
Dental	Assurant Dental PPO Plan	Employee + Family	\$38.20	\$0.00
Vision	Declined	Declined	\$0.00	\$0.00
Medical Care FSA	Declined	Declined	\$0.00	\$0.00
Basic Life/AD&D	Assurant Basic Life Plan	\$50,000.00	\$0.00	\$0.00
Long Term Disability	Assurant Long Term Disability Plan	\$5,000.00 (Monthly)	\$0.00	\$0.00
Summation <small>Amounts shown are per (Bi-Weekly) pay period</small>				
		Total out of pocket expense:	\$120.82	
Your Employer is contributing \$401.52 to your Benefit Package.				
Family Members				
Name	Relation	Medical	Dental	
Jane Jetson	Spouse	Y	Y	
Elroy Jetson	Dependent	Y	Y	
Primary Beneficiaries				
Benefit	Name	Relationship	%	Address
Basic Life/AD&D	Jane Jetson	Spouse	100	
Contingent Beneficiaries				
Benefit	Name	Relationship	%	Address
There are no Contingent Beneficiaries				

The above reflects benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I must notify Assurant Employee Benefits in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

10/14/2013 9:36:10 PM

ELECTING BENEFITS ONLINE VIA BENETRAC

MVLA

HIGH SCHOOL DISTRICT

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Benefits - George Jetson

Finalized

Quick Links (14 total)

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[Basic Life/AD&D](#)

[Long Term Disability](#)

[Voluntary STD](#)

[Voluntary Employee](#)

[Life/AD&D](#)

[Voluntary Spouse Life/AD&D](#)

Costs

Total Cost of Elections: **\$120.82**

[Go to Review & Finalize](#)



The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, [click here](#) to make those changes now.

IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical Medical PPO

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |

MEDICAL

Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
George	EMP	1234 PPO		Change	11/1/2013	Submitted	
Jane	SPS	1234 PPO		Change	11/1/2013	Submitted	
Elroy	DEP	1234 PPO		Change	11/1/2013	Submitted	

MEDICAL PLAN: KAISER DHMO

Medical Benefits	
Calendar Year Deductible	\$1,500 (individual) / \$3,000 (family)
Office Visits	\$40 Copay (deductible waived)
Carrier Coinsurance	30%
Out-of- Pocket Maximum	\$4,000 (individual) / \$8,000 (family)
Lifetime Maximum	Unlimited
Hospital Expenses	
Inpatient Services	30% (after deductible)
Outpatient Surgery/Services	30% (after deductible)
Emergency Room Visit / Urgent Care	30% Coinsurance (after deductible)/\$40 Copay (deductible waived)
Physician Services	
Diagnostic, Lab and X-Ray	\$10 copay/encounter (after deductible)
Well Child Exams	No Charge
Well Woman Exams	No Charge
Adult Physicals	No Charge
Infertility Services	
Office Visits	\$40 Copay (deductible waived)
Diagnosis/Treatment	50% (deductible waived)
Prescriptions	
Generic	\$20 Copay (100 day)
Formulary Brand Name	\$60 Copay (100 day)
Non-Formulary Brand Name	\$60 Copay (100 day)
Out of Pocket Maximum	None
Short Term Rehabilitation	
Physical Therapy	\$40 Copay (after deductible)
Chiropractic/Acupuncture	Chiro Not Covered/ \$40 (deductible waived)
Mental Health	
Inpatient Services (Non - Severe)	30% (after deductible)
Outpatient Services (Non-Severe)	\$40 Copay (deductible waived)
Chemical Dependency	
Inpatient Services	30% (after deductible)
Outpatient Services	\$40 Copay (deductible waived)



MEDICAL PLAN: KAISER HMO

MEDICAL BENEFITS	
Calendar Year Deductible	None
Office Visits	\$10 Copay
Out-of- Pocket Maximum (Individual/Family)	\$1,500 / \$3,000
Hospital Expenses	
Inpatient Services	No Charge
Outpatient Surgery/Services	\$10 Copay
Emergency Room Visit / Urgent Care	\$50 Copay/\$10 Copay
Physician Services	
Diagnostic, Lab and X-Ray	No Charge
Well Child Exams	No Charge
Well Woman Exams	No Charge
Adult Physicals	No Charge
Infertility Services	
Office Visits	\$10 Copay
Diagnosis/Treatment	\$10 Copay
Prescriptions	
Generic	\$10 Copay (100 day)
Formulary Brand Name	\$15 Copay (100 day)
Non-Formulary Brand Name	\$15 Copay (100 day)
Short Term Rehabilitation	
Physical Therapy	\$10 Copay
Chiropractic/Acupuncture	Chiro Not Covered/\$10 Copay
Mental Health	
Inpatient Services (Non - Severe)	No Charge
Outpatient Services (Non-Severe)	\$10 Copay



MEDICAL PLAN: KAISER HSA

Benefit Description	Employee Experience with MVLA Funding	In Network Only
Deductible (Individual/Family)	\$0/\$0	\$2,000 / \$4,000
Out of Pocket Max (Individual/Family)	\$0/\$0	\$4,000 / \$6,850
Office Copay	\$0 using the HSA card assuming card is used for in network medical expenses only	20% after deductible
Hospital Charges		
Physician Charges		
Outpatient Surgery		
Diagnostic/Lab/X-ray		
Maternity		
Urgent Care		
Emergency Room		\$10/ \$30/ 20% (not to exceed \$150) after deductible
Prescriptions (generic/brand/specialty)		

*This is a summary of some benefits and their copayments and coinsurance. Please see your *Evidence of Coverage* for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.



WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

- > The **IRS** determines how you can use the funds in your HSA.
- > Use your **HSA** to pay for **qualified medical expenses** for yourself and your dependents:
 - > The funds in your HSA are **not** considered part of your wages, so they're **not** subject to federal income taxes.
 - > HSA funds **used to pay** for qualified medical expenses are **not** subject to taxes.
 - > Any investment earnings in an HSA are **tax-free** so long as they're used for qualified medical expenses.
 - > Take money out penalty-free **after** age 65, such withdrawals are **taxable** if they're **not** for a qualifying medical expense.
- > An HSA is a **savings account** that works with the KAISER HSA or CIGNA HSA plans only.
- > Your employer will **contribute** money to your **HSA** each year and use those funds to pay for qualified medical expenses, now or in the future.
- > **You own** the money in this account, which you can grow and take with you, even if you change jobs or retire. **H.S.A. is not F.S.A.**

KAISER HSA

Your 2024 HSA funding

Employer Contribution	January to June	July to December	Total
Employee Only	\$2,075	\$2,075	\$4,150
Employee + Dep	\$4,150	\$4,150	\$8,300

KAISER HSA

Out of Pocket Maximum

Your annual out-of-pocket maximum offers peace of mind by **limiting the total amount you'll pay** for all covered services each year.

Your **copays, coinsurance, and deductible** payments count towards your out-of-pocket maximum.

After you **reach your** out-of-pocket maximum, **Kaiser Permanente** will pay the **full amount** for all covered services for the rest of the calendar year.

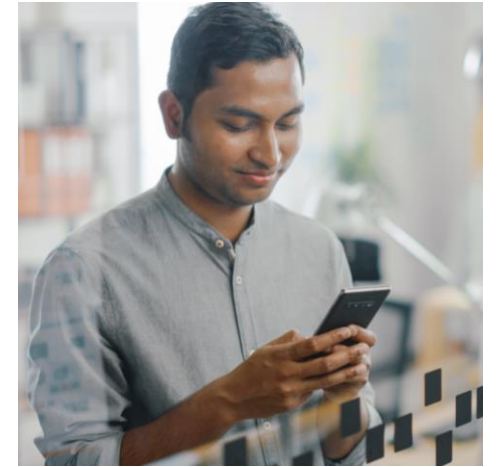
Use your H.S.A. funds to make payments under Out-of-Pocket Max

	Individual	Family
Annual out-of-pocket maximum	\$4,000	\$6,850
MVLA Funding	\$4,150	\$8,300
Net excess funds (Assuming funds NOT used for dental or vision)	\$150	\$1,450

ONLINE HSA RESOURCES

Click the following links that will guide you to videos and other online resources for more details on using your Kaiser HSA account and investment options.

- > [HSA Overview](#)
- > [Investment Options](#)
- > Online access, 24/7: Check your account balance, make contributions and payments, manage your investments, print statements, and more at kp.org/healthpayment.



KAISER HSA

How does this work?

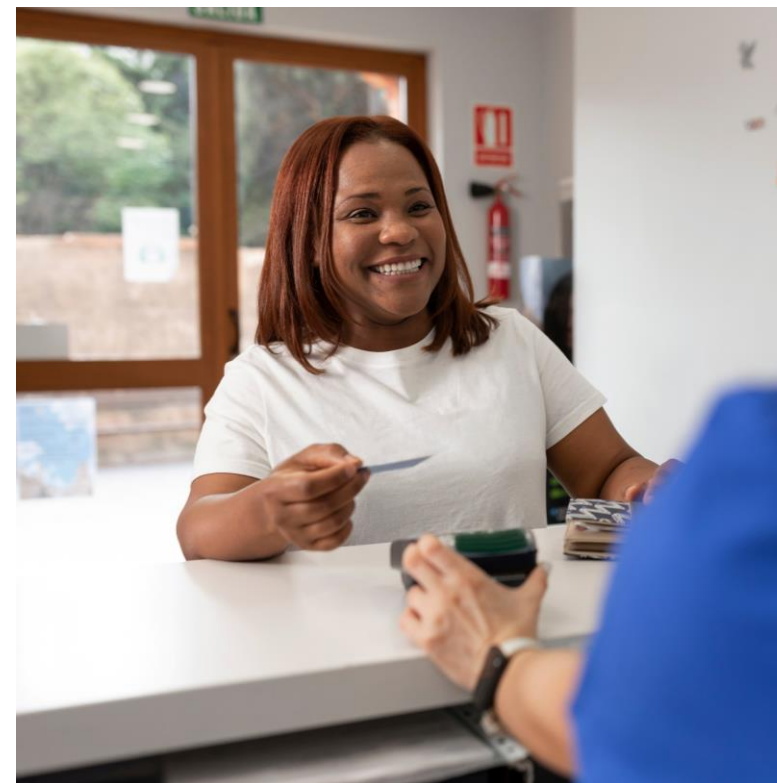
Medical Plan Usage

Kaiser Permanente service fees	
Annual physical exam	\$0
Office visit	\$150
Prescription	\$65
You Pay with HSA card	
Annual physical exam	\$0
Office visit	\$150
Prescription	\$65
Employee Out of Pocket Cost	\$0

KAISER HSA

Employees choose when and how to access their money

- > Use the HSA debit card to pay for out-of-pocket expenses
- > Pay expenses directly from the HSA
- > Purchase and write checks to pay for out-of-pocket expenses
- > Kaiser will automatically pay eligible medical expenses from your HSA



KAISER HSA

How do you pay for your service?

Payment method	Action required
1. HSA Health Payment Card to pay for care	None. You won't need to request a distribution from your HSA
2. Another payment method at point of service.	Submit a request for distribution from your HSA.
3. Split a payment between your HSA Health Payment Card and another payment method at the point of service.	After more funds have been deposited into your HSA, submit a claim for reimbursement for the amount paid with the other payment method.
4. Receive Kaiser Permanente bill after service and pay accordingly.	Write your HSA Health Payment Card number in the credit card section of the bill and return it to Kaiser Permanente. If you don't have sufficient funds on this card, please use another credit card to pay for the remaining balance. Please refer to payment method above to receive reimbursement for the amount available in your HSA.

KAISER HSA

Know what to expect

Step 1: During your visit — What to expect

- > When you check-in for your visit, **you'll be asked to make a partial payment** for your scheduled services toward your deductible, copay, or coinsurance requirements.
- > You can use your HSA **Health Payment Card** to pay for qualified medical expenses.

Step 2 After your visit — Receiving your bill

- > You'll receive a bill in the mail if your payment at check-in didn't cover the full cost of the services you received during your visit and/or you received additional services during your visit.
- > You can pay it by writing your HSA Health Payment Card number in the credit card section of the bill.

Step 3: Any time — Track your expenses

- > You'll also receive a Summary of Accumulation (SOA) in the mail. It shows how close you are to reaching your deductible and out-of-pocket maximum.

MEDICAL PLAN: CIGNA HMO

MEDICAL BENEFITS	
Calendar Year Deductible	None
Office Visits	\$10/\$20 Copay
Out-of- Pocket Maximum (Individual/Family)	\$1,000/\$2,000
Hospital Expenses	
Inpatient Services	No Charge
Outpatient Surgery/Services	No Charge
Emergency Room Visit / Urgent Care	\$50 Copay/\$25 Copay
Physician Services	
Diagnostic, Lab and X-Ray	No Charge
Well Child Exams	No Charge
Well Woman Exams	No Charge
Adult Physicals	No Charge
Infertility Services	
Office Visits	\$20 Copay
Treatment/Surgery	Coverage varies based on place of service
Prescriptions	
Generic	\$7 Copay (30 day)
Formulary Brand Name	\$15 Copay (30 day)
Non-Formulary Brand Name	\$35 Copay (30 day)
Short Term Rehabilitation	
Physical Therapy	\$20 Copay
Chiropractic/Acupuncture	\$20 Copay
Mental Health	
Inpatient Services (Non - Severe)	No Charge
Outpatient Services (Non-Severe)	\$10 Copay



MEDICAL PLAN: CIGNA POS

MEDICAL BENEFITS	NETWORK	NON-NETWORK
Calendar Year Deductible (Individual/ Family)	None	\$250/\$500
Office Visits	\$25/\$45 Copay	20% after deductible
Out-of- Pocket Maximum (Individual/Family)	\$1,000/\$2,000	\$2,000/\$4,000
Hospital Expenses		
Inpatient Services	No Charge	20% after deductible
Outpatient Surgery/Services	No Charge	20% after deductible
Emergency Room Visit / Urgent Care	\$50 Copay/\$25 Copay	\$50 Copay/\$25 Copay, deductible waived
Physician Services		
Diagnostic, Lab and X-Ray	No Charge	20% after deductible
Well Child Exams	No Charge	20% after deductible
Well Woman Exams	No Charge	Not Covered
Adult Physicals	No Charge	Not Covered
Infertility Services		
Office Visits	\$45 Copay	Not Covered
Treatment/Surgery	Coverage varies based on place of service	Not Covered
Prescriptions		
Generic	\$15 Copay (30 day)	Not Covered
Formulary Brand Name	\$30 Copay (30 day)	Not Covered
Non-Formulary Brand Name	\$50 Copay (30 day)	Not Covered
Short Term Rehabilitation		
Physical Therapy	\$45 Copay	20% after deductible
Chiropractic/Acupuncture	\$45 Copay	20% after deductible/
Mental Health		
Inpatient Services (Non - Severe)	No Charge	20% after deductible
Outpatient Services (Non-Severe)	No Charge	20% after deductible



MEDICAL PLAN: CIGNA HSA

Benefit Description	Employee Experience		
	In Network with MVLA Funding	Out of Network	
Calendar Year Deductible (Individual/Family)	\$0/\$0	\$2,000 / \$4,000	
Out of Pocket Max (Individual/Family)	\$0/\$0	\$3,000 / \$5,000	
Office Copay	\$0 using the HSA card assuming card is used for in network medical expenses only	20% after deductible	
Hospital Charges			
Physician Charges			
Outpatient Surgery			
Diagnostic/Lab/X-ray			40% after deductible
Maternity			
Urgent Care			
Emergency Room			
Prescriptions	\$20/\$40/\$80 after deductible	Not Covered	

*This is a summary of some benefits and their copayments and coinsurance. Please see your Evidence of Coverage for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.



CIGNA HSA

Your 2024 HSA funding

Employer Contribution	January to June	July to December	Total
Employee Only	\$2,075	\$2,075	\$4,150
Employee + Dep	\$4,150	\$4,150	\$8,300

CIGNA HSA

Your 2024 HSA funding

Out of Pocket Maximum

- > Your annual out-of-pocket maximum offers peace of mind by **limiting the total amount you'll pay** for all covered services each year.
- > Your **copays, coinsurance, and deductible** payments count towards your out-of-pocket maximum.
- > After you **reach your** out-of-pocket maximum, **Cigna** will pay the **full amount** for all covered services for the rest of the calendar year.
- > **Use your H.S.A.** funds to make payments under **Out-of-Pocket Max**

	Individual	Family
Annual out-of-pocket maximum (in network)	\$3,000	\$5,000
MVLA Funding	\$4,150	\$8,300
Net Excess Funds (Assuming funds are used in network only and not used for dental and vision expenses)	\$1,150	\$3,300

CIGNA HSA

How does this work?

Medical Plan Usage

Cigna service fees	
Annual physical exam	\$0
Office visit	\$150
Prescription	\$65
You pay with HSA card	
Annual physical exam	\$0
Office visit	\$150
Prescription	\$65
Employee Out of Pocket Cost	\$0

CIGNA HSA

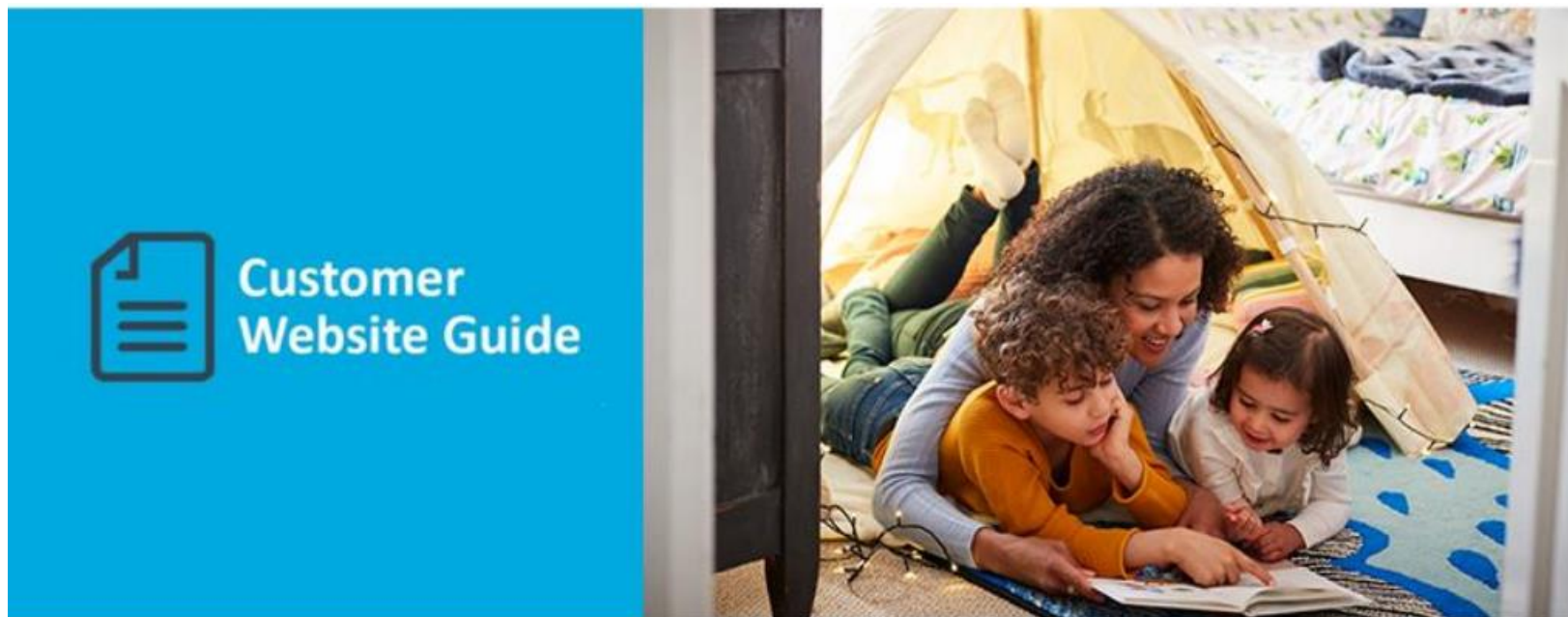
Opening your account at HSA bank

- > If you elect to enroll in the HSA plan offered by your employer, a bank account will automatically be opened for you at HSA Bank
- > HSA Bank assigns you an account number and performs a Customer Identification Process (CIP)
- > Once your account is opened, you will be sent a Welcome Brochure and debit card(s)



ACCESS YOUR HSA FUNDS THROUGH MYCIGNA ONLINE

By clicking on the [user guide](#) you will find step by step instructions on pages 4 and 5 to access your online account.



ONLINE HSA RESOURCES

Click the following links that will guide you to videos and other online resources for more details on using your HSA account and investment options.

- A. [What is an HSA?](#)
- B. [Investment Options](#)
- C. [FAQs](#)
- D. [Website Demos](#)



MYCIGNA

By phone – 800.Cigna24 (800-244-6224)

- > Call anytime day or night for live customer service
- > Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 200 languages
- > Speak with a nurse anytime, day or night through the 24-Hour Health Information Line

myCignaSM – online or through the app

- > Directory of doctors, hospitals, facilities with cost and quality information
- > Useful tools to help you:
 - > Review your coverage
 - > Manage and track claims
 - > Track account balances and deductibles, and sign-up for email notifications
 - > Find quality of care information for common procedures and treatments
 - > Get Claims and Balances statements on demand to view claim history and account transactions
 - > View prescription drug prices
 - > Save money when you order through Cigna Home Delivery PharmacySM (myCigna.com only)



DENTAL

	In Network	Out of Network
Deductible - Individual	\$0	
Deductible - Family	\$0	
Preventive	Carrier pays 70% of the Premier contract allowance during the 1 st year. The coinsurance percentage will increase by 10% each year (to a max of 100%) for each enrollee. *	
Cleanings Frequency	Unlimited	
Basic Endo/Perio	Carrier pays 70% of the Premier contract allowance during the 1 st year. The coinsurance percentage will increase by 10% each year (to a max of 100%) for each enrollee. *	
Major		
Waiting Period	None	
Annual Maximum (Per Member)	\$2,000 per person each year	
Pays out of network	Maximum allowable charge	
Orthodontia (Child and Adult)	50%	
Ortho Wait	None	
Ortho Lifetime Max	\$1,000 lifetime	

*Each enrollee must visit the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year.

VISION

	In Network
Comprehensive Exam	Once every plan year*
Eye Exams	\$5
Lenses	Once every plan year*
Single Vision	Combined with exam
Bifocal	
Trifocal	
Frames	Once every plan year*
	\$130 allowance + 20% discount above allowed amount (\$150 allowance for featured frame brands)
Contacts (In lieu of glasses)	Once every plan year*
Elective	\$130 allowance

*plan year is December through November



VITA FLEX: FLEXIBLE SPENDING ACCOUNT

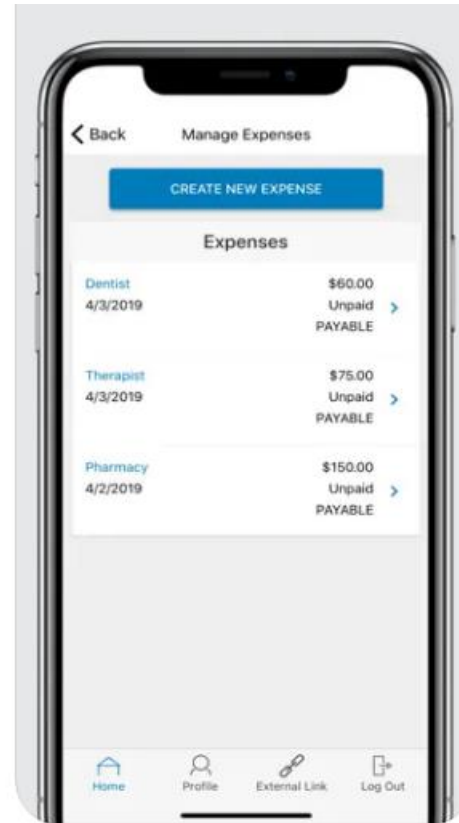
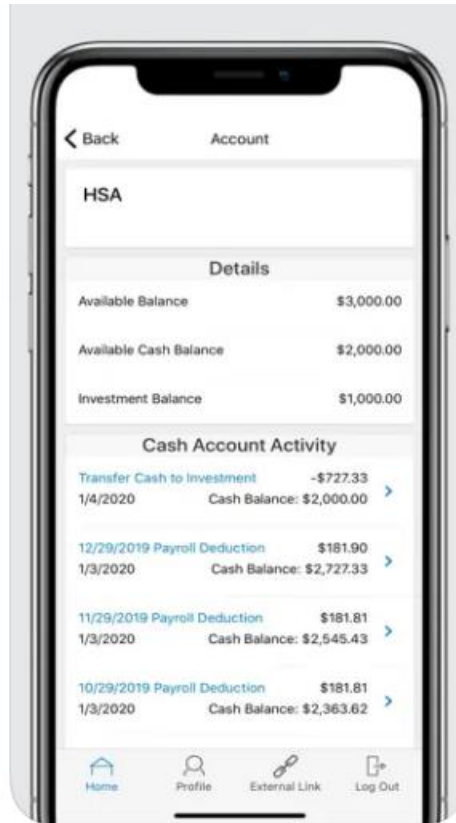
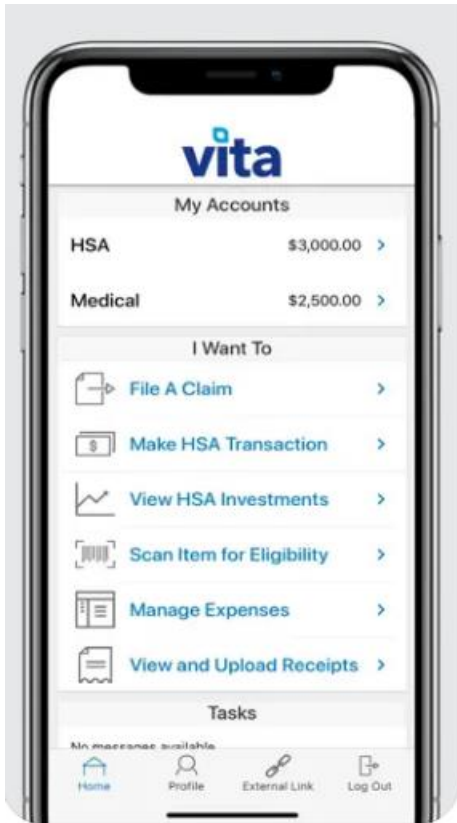
- > 2024 Dependent Care FSA Maximum is **\$5,000**
- > 2024 HealthCare FSA maximum is **\$3,050**
- > **Minimum** election for Health Care FSA is **\$500**
- > 2023 FSA participants with active accounts on 12/31/2023 will be able to rollover up to **\$570** for the 2024 FSA plan year.
- > You will have access to a Limited FSA for Dental and Vision expenses for those enrolled in the **HSA**.

Claims may be submitted as expenses are incurred, or they may be bundled and filed on a periodic basis. All claims for the current Plan Year must be received for processing by March 31st of the next plan year. For example, claims for 2023 are to be submitted by 3/31/2024.

Claims may be submitted online by visiting: VitaCompanies.com

VITA FLEX MOBILE

- > Quickly check available balances 24/7
- > File a claim towards your medical FSA
- > Take or upload a picture of a receipt and submit for a new or existing claim



MVLA BENEFITS SITE

For additional information on your HSA and all other benefits offered at MVLA, please visit your custom website:

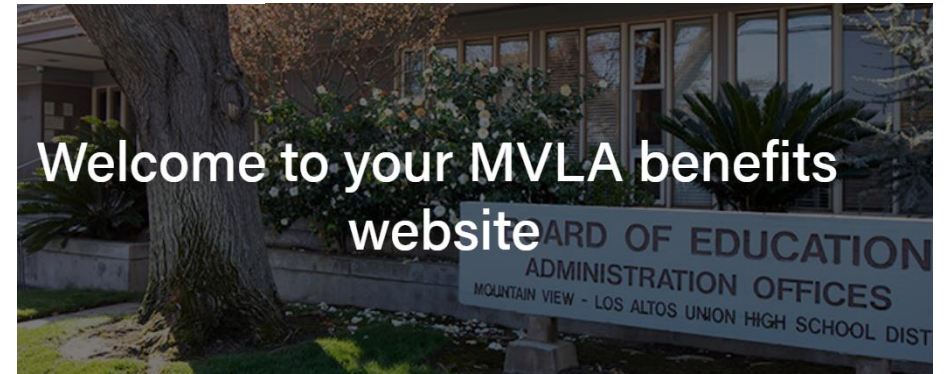
<https://www.eqmvlabenefits.com/>



Snap to access your benefits website!



Contact Us



WHAT HAPPENS NEXT?

We're here to help

- > To enroll, please visit: Benetrac.com | MVLA Group ID# MSVD1245. Enroll by November 9th , 2023
- > ID cards will be available in approximately 7 – 10 business days after the new enrollment has been completed.
- > Please visit EQMVLABenefits.com for access to all benefits information
- > Questions? Contact:

Laura Beasley
Account Manager Support
Laura@ExpertQuote.com

